



CHAPTER 2

Policy and the Policymaking Process

LEARNING OBJECTIVES

By the end of this chapter, you will be able to:

- Describe the concepts of policy and policymaking
- Describe the basic function, structure, and powers of the legislative branch of government
- Describe the basic function, structure, and powers of the executive branch of government
- Explain the role of federal and state governments in the policymaking process
- Explain the role of interest groups in the policymaking process

INTRODUCTION

The first steps for any student of health policy are to understand what policy is generally and to learn about the policymaking process. It is vital to consider policy questions in the particular context in which they arise, both in terms of the general politics of the issue and the values and powers of the policymaker. As you will discover, there is no single definition of policy. Even so, this chapter arms you with the information needed to know what issues to consider when thinking about a public policy problem, how to account for a variety of competing policy views, and what policy options are possible given the political process in the United States.

The chapter first defines what policy is and then moves to a discussion of the policymaking process by examining the roles and powers of two of the political branches of government—the legislative and executive branches. As part of this discussion, we introduce you to federal and state agencies

that make up the healthcare and public health bureaucracy. We conclude with a discussion about the roles of interest groups in policymaking and the influence they wield in the policymaking process.

DEFINING POLICY

In this section we consider various aspects of what we mean by the term *policy*. Before delving into the policymaking process, we identify which issues fall within the realm of a public policy decision and, generally, what kinds of decisions might be made by policymakers.

Identifying Public Problems

Scholars have defined policy in many different ways. Consider a few of them:

Authoritative decisions made in the legislative, executive, or judicial branches of government that are intended to direct or influence the actions, behaviors, and decisions of others.^{1(p243)}

A course of action adopted and pursued by a government, party, statesman, or other individual or organization.^{2(p124)}

Authoritative decisions and guidelines that direct human behavior toward specific goals either in the private or the public sector.^{3(p125)}

The differences in these definitions raise several important issues. The first question to consider is whether private actors make policy or whether policymaking is an activity for the government only. The first definition refers only to

governmental policymakers, the second definition allows for both public and private policymakers, and the third definition is unclear on this issue. Of course, the government is a key player in any policy field, and it is certainly true that decisions by government entities represent public policy. However, in this text we also focus on private actors who make policy, such as commercial insurance companies, private employers, influential individuals, and others who can all be part of health policy. For example, when a major health insurance company decides to cover obesity prevention measures, or when the Bill and Melinda Gates Foundation provides grants to develop crops that are high in essential vitamins and minerals to improve the nutrition of people in developing countries, they are making health policy decisions.

Regardless of whether the policymaker is a public or private figure, it is necessary that the decision being made is an *authoritative* decision. These are decisions made by an individual or group with the power to implement the decision, and there are a variety of levels where these kinds of decisions can take place. For example, within government, authoritative decisions may be made by the president, cabinet officials, agency heads, members of Congress, governors, state legislatures, public health commissioners, and many others.

But all decisions by public and private individuals or entities are not necessarily policy decisions. The key issue to determining whether a “decision” represents a “policy” is whether the question at hand is an individual concern or a public policy problem. A public policy problem goes beyond the individual sphere and affects the greater community. Whereas an individual might decide to take advantage of employer-sponsored health insurance, a public policy question is whether all employers should be required to offer health insurance to their employees. Whereas an individual might decide to purchase a generic (as opposed to a brand name) drug to save money, a public policy question is whether patients should be induced to buy less expensive generic drugs. When deciding whether something is a public policy decision, the focus is not only on who is making a decision, but also on what kind of decision is being made.

Furthermore, just because a problem is identified as a public policy problem does not necessarily mean the only solution involves government intervention. For example, consider the problem of an influenza vaccine shortage. Although there are government-oriented solutions to this problem, such as expanding public research and development or creating production incentives (through tax cuts or subsidies) to encourage private manufacturers to produce more vaccine, other solutions may rely solely on private actors. Private companies may

decide to invest in the research and development of new ways to produce vaccines, or to build new plants to increase production capacity, because they believe they can make a profit in the long run. Just as private individuals and entities can make policy decisions for their own benefit, they can also play a central role in solving public policy problems. A lengthier discussion about options for solving public policy problems and arguments for and against government intervention is found in a review of health economics.

Structuring Policy Options

Considered broadly, there are different ways to approach public policy problems. For example, some policy options are voluntary, whereas others are mandatory. It is important to recognize that authoritative decisions do not always *require* others to act or refrain from acting in a certain way. Some of the most important and effective policies are those that provide incentives to others to change their behavior. Indeed, the power of persuasion is very important to public officials, particularly at the federal level, which is limited in its ability to force states and individuals to take certain actions. This stems from the fact that the 10th Amendment of the U.S. Constitution limits Congress and the executive branch to specific powers and reserves all other powers for the states. However, members of the federal government may use their enumerated powers, such as those to tax and spend, to persuade states and others to act in desired ways.

For example, the Constitution does not give the legislative or executive branches the power to protect the public's health, meaning that the area is primarily within the purview of states to regulate. As a result, Congress and the president cannot require states to create emergency preparedness plans. Yet, Congress may provide incentives to states to do so by offering them federal money in return for state preparedness plans that meet certain criteria established by the federal government.

In addition, it is important to remember that inaction can also be a policy decision. Deciding to do nothing may be a decision to keep a prior decision in place or not to engage in a new issue. For example, a governor could decide against trying to change a restrictive abortion law or a state legislature could choose not to pass a law expanding the allowable scope of practice for nurse practitioners. Both of these inactions result in important policy decisions that will affect the choices and opportunities available to individuals, advocacy organizations, and others.

This brief discussion about policy has raised several important issues to consider when identifying policy options. The next section provides a detailed discussion of the

policymaking process, providing you with the background knowledge necessary to identify and understand the roles and powers of various policymakers.

PUBLIC POLICYMAKING STRUCTURE AND PROCESS

The public policymaking structure refers to the various branches of government and the individuals and entities within each branch that play a role in making and implementing policy decisions. In this section, we review the structure, powers, and constituency of these branches, with a focus on the U.S. House of Representatives, the U.S. Senate, and various commissions and agencies that assist Congress, the president, White House staff, and federal executive branch administrative agencies. In addition to reviewing the policymaking structure, we discuss the processes used by these various individuals and entities for making public policy decisions.

State-Level Policymaking

The federal government does not have a monopoly on policymaking. Indeed, important policy decisions are regularly made at the state level as well, especially in the healthcare arena. However, because state governments are similar to the federal government in many ways, the policymaking duties and powers that we discuss below can often be applied to a state-level analysis. At the same time, there is a significant amount of variation in how states structure their legislative and executive branches, agencies, and offices, and it is not possible to review the differences that exist among all 50 states. Accordingly, after a brief discussion of state-level policymaking, this chapter focuses primarily on the federal policymaking structure and process.

Like the federal government, each state has three branches of government. State legislatures pass laws, appropriate money within the state, and conduct oversight of state programs and agencies. States also have their own judiciary with trial and appellate courts. The governor is the head of the state executive branch and can set policy, appoint cabinet members, and use state administrative agencies to issue regulations that implement state laws. Although there are limits to a state's power to regulate healthcare issues, state regulation is an extremely important aspect of health policy. Just a few examples of the healthcare matters states can regulate include provider licensing, accreditation, some aspects of health insurance, and most public health concerns.

At the same time, it is also important to realize that all state governments are not exactly alike. The governor has more power in some states than others, agencies are combined

in different ways among the states, state legislatures may meet annually or biannually, state legislators may be full-time or part-time employees, and so on. Because these differences exist, it is essential for policy analysts to understand the specific structure of the state in which their client resides.

Furthermore, there are important differences between the federal government and the states. Unlike the federal government, almost all states are required to have a balanced budget, and most states cannot borrow money for operating expenses. These rules mean that states must act to raise revenue or cut programs if they project that their budget will be in deficit by the end of the fiscal year. In addition, in 2008, 30 states had at least one tax and expenditure limit rule that restricts the growth of government revenues or spending to a fixed numerical target, sometimes using changes in population level or the inflation rate as guideposts. In addition, 16 states require a legislative supermajority or voter approval to raise taxes (a supermajority means that more than a simple majority—over 50%—is required; for example, a two-thirds majority vote could be required).⁴ As a result, state officials may be more likely than federal officials to make the difficult choice to either limit programs or cut resources from one program to fund another.

As is evident from this brief discussion, state level policymaking is both a rich area for discussion and a difficult area to make generalizations about because each state is unique. Having highlighted some of the key differences and similarities among the states and between the states and the federal government, we now turn to the legislative and executive branches of the federal government.

The Federal Legislative Branch

Article 1 of the U.S. Constitution makes Congress the lawmaking body of the federal government by granting it “All legislative Powers” and the right to enact “necessary and proper laws” to effectuate its prerogatives.⁵ Congressional responsibilities are fulfilled by the two chambers of Congress, the Senate and the House of Representatives (“the House”). The Constitution grants specific powers to Congress, including but not limited to the power to levy taxes, collect revenue, pay debts, provide for the general welfare, regulate interstate and foreign commerce, establish federal courts inferior to the Supreme Court, and declare war.⁶ The Senate has the specific power to ratify treaties and confirm nominations of public officials.

The Senate consists of two elected officials from each state, for a total of 100 senators.^a Each senator is elected in a statewide vote for a six-year term, whereas representatives in the House sit for two-year terms. Due to the lengthy term of its

members, the Senate is considered less volatile and more concerned with long-term issues than the House. A senator must be at least 30 years old, a U.S. citizen for at least nine years, and a resident of the state he or she is seeking to represent.⁷

The House includes 435 members allocated proportionally based on the population of the 50 states, with each state guaranteed at least one representative.^b For example, in 2010, California was allotted 53 representatives, while Vermont had only 1. Due to the proportionality rule, members from larger states dominate the House and often hold leadership positions.⁸ Members of the House are elected by voters in congressional districts and serve two-year terms. They must be at least 25 years old, a U.S. citizen for at least seven years, and a resident of the state where the election takes place.⁹

Leadership Positions

Leadership roles in Congress are determined by political party affiliation, with the party in the majority gaining many advantages. The vice president of the United States is also the president of the Senate and presides over its proceedings. In the vice president's absence, which is common given the other obligations of the office, the president pro tempore, a mostly ceremonial position, presides over the Senate. In most cases the vice president is not a major player in Senate voting, but with the power to break a tie vote, the vice president wields an important power. The Speaker of the House ("Speaker") presides over that chamber and has the authority to prioritize and schedule bills, refer bills to committees, and name members of joint and conference committees. Other than the vice president's senatorial role, leadership positions in Congress are not elected by the voters, but determined by the members from the party who have been elected to Congress. Other key Congressional leadership positions include:

Senate majority leader—Speaks on behalf of the majority party, schedules floor action and bills, works on committees, directs strategy, and tries to keep the party united.

House majority leader—Works with the Speaker to direct party strategy and set the legislative schedule.

House and senate minority leaders—Speak on behalf of the minority party, direct strategy, and try to maintain party unity; as members of the minority, they do not have the legislative duties of the majority leader/Speaker.

House and senate majority and minority whips—Track important legislation, mobilize members to support leadership positions, keep a count of how party members are planning to vote, and generally assist their leaders in managing their party's legislative priorities.

Committees

Committees have been referred to as the "workhorses" of Congress; they are where many key decisions are made and legislative drafting takes place. Given the vast array of issues that Congress contends with in any given legislative session, it is impossible for every member to develop expertise on every issue. Although members vote on bills that cover a wide range of issues, members often concentrate on the areas relevant to the committees on which they serve.

Committees have a variety of important roles, including drafting and amending legislation; educating members on key issues; shepherding the committee's legislation on the floor when it goes before a vote by all the members of one chamber; working with the president, his administration, and lobbyists to gain support for a bill; holding hearings; and conducting oversight of executive branch departments, agencies, commissions, and programs within their purview. Committee members often gain expertise in the areas covered by their committees, and other members often rely on their advice when making voting decisions.

Standing committees are generally permanent committees with specified duties and powers. There are 20 standing committees in the House and 17 in the Senate. House committees tend to be larger than those in the Senate, with about 40 members per committee. Some committees have *authorization* jurisdiction, allowing them to create programs and agencies. Other committees have *appropriation* authority, meaning they are responsible for funding various programs and agencies. Standing committees also have *oversight* authority, meaning they monitor how programs are run and funds are spent. Each chamber of Congress has established specific oversight committees for some programs and issues that cut across committee jurisdiction, as well as committees that review the efficiency and economy of government actions.^{10(pp2-3)}

Not surprisingly, some of the most powerful and popular committees are those that deal with appropriating money. These include:

House Ways and Means and Senate Finance committees—These committees have jurisdiction over legislation concerning taxes, tariffs, and other revenue-generating measures, and over entitlement programs such as Medicare and Social Security. The Constitution requires all taxation and appropriations bills to originate in the House, and House rules require all tax bills to go through the Ways and Means committee.

House and Senate Appropriations committees—These committees have responsibility for writing federal spending bills.

House and Senate Budget committees—These committees are tasked with creating the overall budget plan that helps guide tax and appropriation committee work.

House Rules committee—This committee has jurisdiction over the rules and order of business in the House, including rules for the floor debates, amendments, and voting procedures. Unlike in the Senate, all House bills must go to the House Rules committee before reaching the House floor for a vote by all representatives.

Table 2-1 identifies the key health committees and subcommittees and their health-related jurisdictions.

Congressional Commissions and Staff Agencies

Although the committee system helps members of Congress focus on particular areas, members often need assistance with in-depth research and policy analysis. Commissions and staff agencies provide members with information they might not otherwise have the time to gather and analyze. There are too

TABLE 2-1 Key Health Committees and Subcommittees (Continued)

Senate Committee	Health-Related Jurisdiction
Finance Committee:	Department of Health and Human Services
Subcommittee on Health Care	<ul style="list-style-type: none"> Centers for Medicare and Medicaid Services (Medicare, Medicaid, State Children's Health Insurance Program) Administration for Children and Families
	Department of the Treasury
	<ul style="list-style-type: none"> Group health plans under the Employee Retirement Income Security Act
Appropriations Committee:	Department of Health and Human Services
Subcommittee on Labor, Health and Human Services, Education and Related Agencies	<ul style="list-style-type: none"> Office of Public Health Service National Institutes of Health Centers for Disease Control and Prevention Health Resources and Services Administration Substance Abuse and Mental Health Services Administration Agency for Healthcare Research and Quality
	Occupational Safety and Health Review Commission
	Social Security Administration
Appropriations Committee:	Department of Health and Human Services
Subcommittee on Agriculture, Rural Development and Related Services	Food and Drug Administration
Appropriations Committee: Subcommittee on Interior, Environment and Related Agencies	Department of Health and Human Services
	<ul style="list-style-type: none"> Indian Health Services Agency for Toxic Substances and Disease Registry
Health, Education, Labor, and Pensions Committee:	Bioterrorism and Public Health Preparedness
Subcommittee on Public Health	Department of Health and Human Services
	<ul style="list-style-type: none"> Food and Drug Administration Centers for Disease Control and Prevention National Institutes of Health Administration on Aging Substance Abuse and Mental Health Services Administration Agency for Healthcare Research and Quality
Committee on Agriculture, Nutrition and Forestry:	<ul style="list-style-type: none"> Food stamps National school lunch program
Subcommittee on Research, Nutrition and General Legislation	<ul style="list-style-type: none"> School breakfast program Special milk program for children Special supplemental nutrition program for women, infants and children (WIC)

(Continues)

TABLE 2-1 Key Health Committees and Subcommittees (*Continued*)

House Committee	Health-Related Jurisdiction
Committee on Ways and Means:	Social Security Act
Subcommittee on Health	<ul style="list-style-type: none"> • Maternal and Child Health block grant • Medicare • Medicaid • Peer review of utilization and quality control of health care organizations
Appropriations Committee:	Department of Health and Human Services
Subcommittee on Labor, Health and Human Services, Education and Related Agencies	<ul style="list-style-type: none"> • Office of Public Health Service • National Institutes of Health • Centers for Disease Control and Prevention • Health Resources and Services Administration • Substance Abuse and Mental Health Services Administration • Agency for Healthcare Research and Quality
	Occupational Safety and Health Review Commission
	Social Security Administration
Appropriations Committee:	
Subcommittee on Agriculture, Rural Development and Related Services	Department of Health and Human Services
	<ul style="list-style-type: none"> • Food and Drug Administration
Appropriations Committee:	Department of Health and Human Service
Subcommittee on Interior, Environment and Related Agencies	<ul style="list-style-type: none"> • Indian Health Services • Agency for Toxic Substances and Disease Registry
Energy and Commerce Committee:	Department of Health and Human Services
Subcommittee on Health	<ul style="list-style-type: none"> • Medicaid

many commissions and agencies to list here, but a few key ones include:

Congressional Budget Office—Provides Congress with cost estimates of bills and federal mandates to state and local governments, as well as forecasts economic trends and spending levels.

Government Accountability Office—An independent, nonpartisan agency that studies how federal tax dollars are spent and advises Congress and executive agencies about more efficient and effective ways to use federal resources.

Congressional Research Service—The public policy research service that conducts nonpartisan, objective research on legislative issues.

Medicare Payment Advisory Commission—An independent federal commission that gives Congress advice on issues relating to the Medicare program, including payment, access to care, and quality of care.

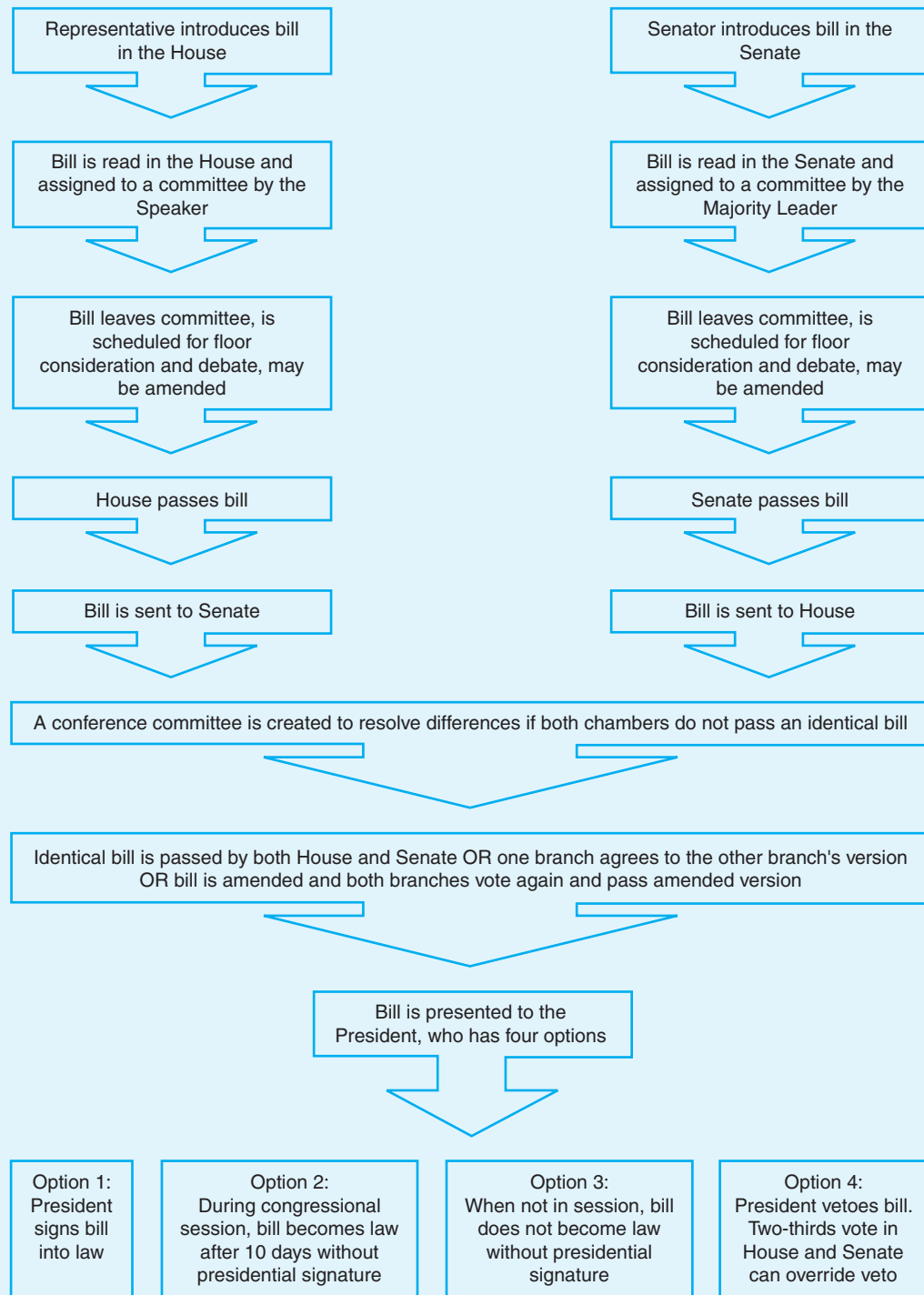
How Laws Are Made

One way that members of Congress indicate their policy preferences is by passing laws that embody their values and the values of their constituents. This is a lengthy process, with

many steps along the way that could derail a bill (see Figure 2-1).

Before a committee considers a bill, it must be introduced by a member of Congress. Once this occurs, the Speaker refers the bill to one or more committees in the House, and the majority leader does the same in the Senate. The bill may die in committee if there is not sufficient support for it, although there are rarely invoked procedures that allow a bill to be reported to the full chamber even without committee approval. While the bill is in committee, members may hold hearings on it or “mark up” the bill by changing or deleting language in the proposed bill or by adding amendments to it. If a majority of the committee members approves a bill, it goes to the full chamber (House or Senate, depending on where the bill originated).

The full House or Senate then debates the merits of the bill and puts it to a vote. If a majority does not support the bill, it dies on the chamber floor. If a majority supports the bill, it is sent to the other chamber for consideration. The second chamber may pass the exact same bill or a different version of the bill. If the second chamber does not pass any version of the bill, it dies on the chamber floor and no version of the bill moves forward. If the second chamber passes an identical bill, it goes directly to the president for consideration.

FIGURE 2-1 How a Bill Becomes a Law.

If there are differences in the bills passed by the House and Senate, the two chambers must reach a consensus through an exchange of amendments for the bill to have a chance of becoming law. Consensus building is facilitated by a “conference committee” made up of members from both chambers. If the committee cannot reach a consensus, the bill dies. If the committee reaches a consensus, the bill is sent back to each chamber for a vote on the new version of the bill. If either chamber does not approve of it, the bill dies at that point. If both the House and the Senate pass the new version, it is sent to the president for consideration.

The president may choose to sign the bill into law, or the president may choose to veto the bill. If the president chooses not to sign the bill while Congress is in session, the bill becomes law after 10 days; if Congress is not in session and the bill goes unsigned, the bill dies (this is referred to as a “pocket veto”). If the president vetoes the bill, Congress may override the veto with approval of a two-thirds majority in each chamber.

Congressional Budget and Appropriations Process^{11,12}

Although the budget and appropriation processes may sound dry, it is about much more than numbers and charts. If you take a close look at budget documents, they include narratives that discuss why certain programs are being funded and what the government hopes to achieve by doing so. In many ways, this process is a key policy tool for members of Congress and the president; they are able to show which programs and issues have their support through their funding decisions.

Given both the amount of money involved in running the United States (over \$3 trillion in 2011) and the various jurisdictions of congressional committees, it is not surprising that the federal budget process is fairly complex. The Congressional Budget and Impoundment Control Act of 1974 (“Budget Act”) and subsequent amendments were passed by Congress to create a process that brings together the numerous committees involved in crafting an overall budget plan. The budget process works in concert with the appropriations process, which involves congressional passage of bills from each of the appropriations committees to distribute the funds provided for in the overall budget.

The president is required to submit a budget proposal to Congress by the first Monday in February. This proposal is the administration’s request; it is not binding on Congress. Each chamber then passes a *budget resolution*, identifying how the chamber would spend federal money delineated by different categories of spending (e.g., defense, agriculture,

transportation). Members from each chamber then meet to develop a single *conference report* reflecting a consensus agreement on the overall budget. Congress then passes a *concurrent budget resolution*, which is binding upon the House and Senate as a blueprint for revenue collection and spending. However, it is not a law and the president is not bound by the budget resolution.

Over the six weeks subsequent to the passage of the concurrent budget resolution, the House and Senate budget committees hold hearings to discuss the budget, and other committees review the budget as it pertains to their jurisdiction. The latter committees provide the budget committees with their “views and estimates” of appropriate spending and/or revenue levels for the upcoming year. In addition, the Congressional Budget Office provides the budget committees with its budget and economic outlook reports and provides the budget and appropriations committees with its analysis of the president’s proposal.

In March, the House and Senate budget committees each craft a budget plan during public meetings known as “markups.” When the markups are complete, each committee sends a budget resolution to its respective chamber. The budget resolution contains a budget total, spending breakdown, reconciliation instructions, budget enforcement mechanisms, and statements of budget policy. Budget totals are provided as aggregates and as committee allocations.

The federal budget includes two types of spending: *discretionary* and *mandatory*. Discretionary spending refers to money that is set aside for programs that must be funded annually in order to continue—if the programs are not funded by Congress, they will not receive federal dollars to continue their operations. For example, the Head Start program, which provides early childhood education services, is a discretionary program that relies on annual appropriations. Mandatory spending refers to spending on entitlement and other programs that must be funded as a matter of law. For example, the Medicaid program is an entitlement that provides health insurance to eligible low-income individuals. The *authorizing legislation* (the law that created the program) for Medicaid includes eligibility rules and benefits. Because Medicaid is an entitlement program, Congress must provide enough money so the Medicaid agency can meet the obligations found in the authorizing legislation.

The appropriations committees write bills to cover discretionary spending. These committees make their decisions based on the amount of funds available and any *reconciliation instructions*, which direct the appropriate authorizing committee to make changes in the law for mandatory spending

programs to meet budgetary goals. Appropriations bills and reconciliation instructions must be signed by the president to become law.

Members of the House and Senate have the opportunity to make changes to the work of the budget committees. Once the House and Senate pass their own versions of the budget resolution, they establish a conference committee to resolve any differences. Once the differences are resolved, each full chamber votes on the compromise budget.

Congress often does not meet Budget Act deadlines (shown in Table 2-2). If the appropriations bills are not passed by every October 1—the beginning of the fiscal year—Congress may pass a *continuing resolution* that allows the government to continue to spend money. If Congress does not pass a continuing resolution or if the president vetoes it, all nonessential activities of federal agencies must stop until additional funds are provided.

Constituents

With the wide array of issues they take on, members of Congress may have an equally wide array of constituents to be concerned about when making policy decisions. Clearly, members are concerned about pleasing the voters who elect them. Even though there may be a variety of policy views to consider, members often prioritize their home constituents. In addition to courting their home-state voters, members often try to court independents or voters from the opposing party in their home state to strengthen their appeal. High approval

ratings deter challengers from trying to take an incumbent's congressional seat and allow members of Congress more leeway to pursue their goals and policies.

Although concern for their home-state base may be their first priority, representatives and senators often need to be concerned about supporting their party's position on issues. Today, elected federal politicians are usually affiliated with the Democratic or Republican Party, and voters may be influenced by the party's stance on issues. Also, if the balance of power between the two parties is close in Congress, the parties usually cannot afford to have members defect from their party's positions. Members' concern regarding keeping their party strong is magnified if they hold leadership positions in Congress or are considering running for national office.

Finally, the views of the president may be important for members to consider, depending on whether the member and the president share the same party, the particular issue involved, and the president's popularity. Members who are in the same party as the sitting president have incentive to help the president remain popular because they will likely advance many of the same policies. In addition, presidents are often prodigious fundraisers and campaigners who may be able to assist members during election season. Even when members disagree with the president, the president's power to affect their influence in Congress may be a deterrent to opposing the president. Of course, if the president is exceedingly popular, it is difficult for members of either party to oppose presidential policy goals.

TABLE 2-2 Federal Budget Process Timeline

First Monday in February	President submits budget proposal to Congress.
March	House completes its budget resolution.
April	Senate completes its budget resolution.
April 15	House and Senate complete concurrent budget resolution.
May	Authorizing committees develop reconciliation language when necessary and report legislation to budget committees. House and Senate develop conference report on reconciliation, which is voted on by each chamber.
June 10	House concludes reporting annual House appropriations bills.
June 15	If necessary, Congress completes reconciliation legislation.
June 30	House completes its appropriations bills.
September 30	Senate completes its appropriations bills. House and Senate complete appropriations conference reports and vote separately on the final bills.
October 1	Fiscal year begins.

Source: Adapted from House Committee on the Budget Majority Caucus, Basics of the Budget Process. 107th Cong. Briefing Paper. 2001.

The Federal Executive Branch

Article 2 of the U.S. Constitution establishes the executive branch and vests executive power in the most well-known member of the branch, the president.¹³ Of course, the president does not act alone in running the executive branch. Presidents rely on Executive Office agencies and staff such as the Council of Economic Advisors and Office of Management and Budget, as well as policy development offices such as the National Security Council and Domestic Policy Council (see Box 2-1 for a description of one such office). In addition, there are 15 cabinet departments led by individuals selected by the president (subject to Senate confirmation) and additional non cabinet-level agencies, all of which are responsible for, among other duties, interpreting and implementing the laws passed by Congress. All of these advisors identify issues to be addressed and formulate policy options for the president to consider. In theory, all of these parts of the executive branch work in furtherance of the goals set by the president.

The Presidency

The president is the head of the federal executive branch. As powerful as that may sound, the country's founders created three distinct branches of government and limited the president's power in order to ensure that no single individual gained too much control over the nation. As you will see, in

some ways the president is very powerful, and in other ways his power is quite limited.

Although there have been third-party candidates for president in the past, generally speaking our country now operates on a two-party system, with the Democratic and Republican Parties as the major parties. Each party selects a candidate for president who represents the party in the election. Presidents (and their vice presidents) are elected through a nationwide vote to serve a four-year term. An individual is limited to serving two four-year terms as president, which may or may not be consecutive.^{14,c} To be eligible for election, candidates must be at least 35 years old, a natural-born citizen of the United States, and a resident of the country for at least 14 years.

Presidents have many roles. As the unofficial *Chief of State*, the president is seen as the symbol of the country and its citizens.^{15(p40)} As the official *Chief Executive Officer*, the president manages the cabinet and executive branch. The president also holds the position of *Commander in Chief of the Armed Forces*, and as such is the top ranking military official in the country. The U.S. Constitution vests the president with other powers, such as the ability to appoint judges to the federal courts, sign treaties with foreign nations, and appoint ambassadors as liaisons to other countries. These powers are all subject to the advice and consent of the Senate.^{15(p41)}

Agenda Setting A key tool of the presidency is the ability to put issues on the national agenda and offer a recommended course of action: “[F]raming agendas is what the presidency is all about.”^{16(p371)} Presidents help set the national agenda because of the role of the president as the country's leader and the amount of media attention given to presidential actions, decisions, and policy recommendations. Unlike many other politicians or interest groups, the president does not have to work hard to receive media coverage. Whether it is the annual State of the Union address, release of the president's budget proposal, a major speech, a press conference, a photo shoot with a foreign leader, or the release of a report, the president's message is continually publicized. In addition, the president's message can be delivered by the vice president, cabinet officers, and party leaders in Congress.

The notion of appealing directly to the country's citizens to focus on a particular issue and to influence legislative debates is referred to as “going public.” In going public, presidents try to use support from the American people to gain the attention of Congress and sway votes on policy decisions. Because members of Congress are highly concerned about pleasing their constituency to improve their chance for re-election, “the president seeks the aid of a third party—the public—to force other politicians to accept his preferences.”^{17(p3)}

BOX 2-1 Office of Management and Budget (OMB)

The Office of Management and Budget (OMB) reports directly to the president and plays an important role in policy decisions. OMB is responsible for preparing the presidential budget proposal, which includes reviewing agency requests, coordinating agency requests with presidential priorities, working with Congress to draft appropriation and authorization bills, and working with agencies to make budget cuts when needed. In addition to these budgetary functions, OMB provides an estimate of the cost of regulations, approves agency requests to collect information, plays a role in coordinating domestic policy, and may act as a political intermediary on behalf of the president. OMB also has an oversight and evaluation function over select federal agencies as a result of the Government Performance and Results Act, which requires agencies to set performance goals and have their performance evaluated.

Sometimes it may be advantageous for the president to place an item on the policy agenda in a less public manner. For example, if a policy is controversial with the general public or if members of the president's party disagree with a proposal, it may be more effective to promote a policy behind the scenes. The president, either directly or through intermediaries, can carefully let members of Congress know which policies are favored. Using combinations of promises of favors and threats to members' interests, the president may be able to influence the outcome of policy debates in Congress even without going public.

In addition to deciding whether to approach Congress publicly or behind the scenes, the president must choose whether to present a preferred policy decision with more or less detail. A policy can be presented broadly through principles or general guidelines, or specifically through proposed legislation that is presented to Congress. Each method for conveying the president's goals has pros and cons. If a policy choice is presented in a broad manner, Congress may interpret the policy in a way that the president dislikes. However, if the president presents Congress with a specific proposal or draft legislation, Congressional members may view the president as infringing upon their role as the legislative body and resist working with him.

Whether presidents are successful in placing policy issues on the national agenda and having them resolved in accordance with their preferences depends in part on how much "political capital" a president has available. Political capital is defined as the strength of the president's popularity and of his party, in Congress and in other contexts. Members of Congress are more likely to support a popular president who has the ability to mobilize the public's support, improve members' standing by association with the president and the president's party, and raise money for their campaigns.

Even the most popular president cannot always dictate what issues are on the national agenda, however. Events and decisions outside the president's control often influence what topics most concern the nation. The terrorist attacks of September 11, 2001, the subsequent anthrax scare, and the subway and bus bombings in London and Madrid all served to place combating terrorism at the top of the policy and political agenda during the George W. Bush Administration. Concerns about an avian flu epidemic and numerous food recalls put public health and food safety issues on the national agenda. The devastation wrought by the BP oil spill in the Gulf of Mexico made improved responses to environmental disasters a high priority for a short time. Recently, however, all other issues have been dwarfed by concerns about the federal deficit, high unemployment, and a lagging economy. Thus, even the

most popular presidents must be responsive to national and international events that may be beyond their control.

Presidential Powers As noted earlier, if Congress passes legislation the president dislikes, he has the power to veto it, thereby rejecting the bill. However, the president does not have to actually use the veto to shape policy. The president may be able to persuade Congress to change a piece of legislation simply by threatening to veto it, especially if it is a law that is only expected to pass by a slim majority. In general, vetoes are used infrequently, with presidents vetoing only 3% of all legislation since George Washington was president.^{15(p43)}

Presidents also have the power to issue executive orders. These are legally binding orders that the president gives to federal administrative agencies under the control of the Executive Office. In general, these orders are used to direct federal agencies and their officials in how they implement specific laws. Executive orders are controversial because under our system of government, Congress, not the executive, is tasked with making laws. In addition, significant policy decisions can be accomplished by using executive orders. For example, an executive order was used by President Truman to integrate the armed forces, by President Eisenhower to desegregate schools, by President Clinton to designate 1.7 million acres in southern Utah as a national monument, and by President George W. Bush to create the federal Office of Homeland Security (which subsequently became a cabinet-level department when Congress established it through legislation).

If Congress believes an executive order is contrary to congressional intent, it has two avenues of recourse. It can amend the law at issue to clarify its intent and effectively stamp out the executive order that is now clearly contrary to the law. (Bear in mind that because the president may veto any bill, in effect it takes a two-thirds majority of Congress to override an executive order.) As an alternative, Congress may challenge the executive order in court, claiming that the president's actions exceed his constitutional powers.

Constituents From this description of the presidency, it is evident that presidents have several layers of constituents to consider when making policy choices. Certainly, the president represents every citizen and the country as a whole as the only nationally elected official (along with the vice president) in the nation. However, the president is also a representative of a particular political party and therefore must consider the views of that party when making policies. The party's views may be evident from the party platform, policies supported by party leadership in Congress, and voters who identify themselves as party members. In addition, the president must keep in mind

the foreign policy duties of the office. Depending on the issue, it may be important for the president to take into account the views of other nations or international organizations, such as the United Nations or the World Health Organization.

How does the president decide which policies to pursue? Presidents are driven by multiple goals. They want “their policies to be adopted, they want the policies they put in place to last, and they want to feel they helped solve the problems facing the country.”^{94(p82)} In addition, presidents often speak of wanting to leave a legacy or ensure their place in history when they leave office.

Given the vast array of constituents that presidents must consider, the president’s policy decision-making process involves several layers. As shown in Figure 2-2, presidents consult their agency staff to identify problems, decide which problems are priorities, determine what solutions are available to address those problems, and choose the policy option that is the preferred course of action. In addition, the president’s staff interacts with members of Congress and other political players to gauge their support for or opposition to various policies. Of course, how the media portrays both problems and potential solutions can be an important ingredient in whether politicians and the general public support the president’s initiatives.

In addition, which policies presidents choose to promote may depend in part on when policy decisions are made. First-term presidents must satisfy their constituents if they hope to be re-elected. Although all presidents want to see their favored policies implemented throughout their time in office, second-term presidents may be more willing to support more controversial goals because they cannot run for re-election. Yet, second-term presidents may also be constrained by the desire to keep their party in power, even though another individual will hold the presidential office.

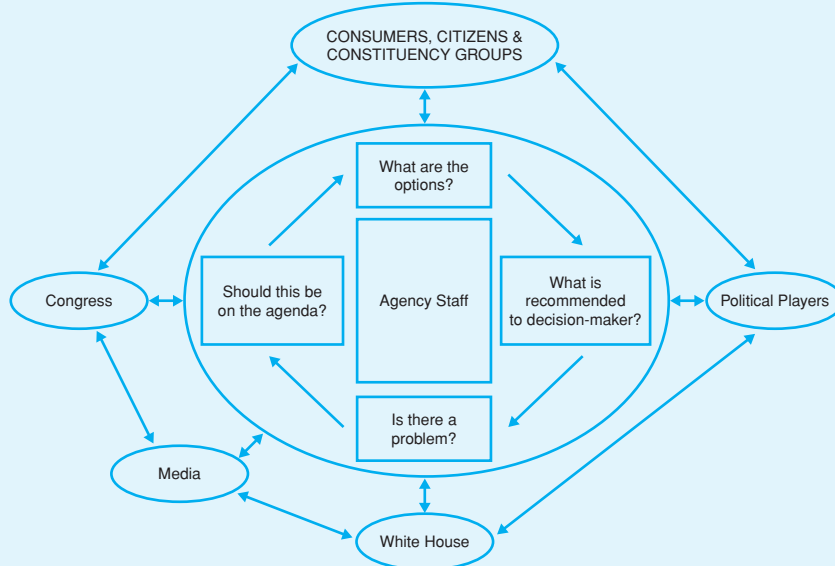
Administrative Agencies

When studying the structure of our government, it is common to review Congress, the presidency, and the court system. Administrative agencies, however, are often overlooked despite the power they wield over the way our country is run.

Structurally, almost all administrative agencies are part of the executive branch, and thus under the power and control of the president. Practically, administrative agencies often work out of the public’s eye to implement the laws passed by Congress and the executive orders signed by the president.

Federal agencies fall into two main categories: executive department agencies and independent agencies. Executive department agencies are under the direct control of the

FIGURE 2-2 Executive Agency Policymaking.



Source: Dr. Jeff Levi, the George Washington University, School of Public Health and Health Services, Department of Health Policy.

president, and department heads serve at the pleasure of the president. These departments include the 15 cabinet-level departments and their subunits; some of the more well-known executive departments are the Department of Health and Human Services, the Department of Education, the Treasury Department, the Department of State, the Department of Defense, and the Department of Homeland Security. Independent agency heads are appointed by the president and confirmed by the Senate. They serve a fixed term and may only be removed “for cause,” meaning there must be a legitimate reason to fire them. Examples of independent agencies include the Securities and Exchange Commission, the U.S. Postal Service, and the National Labor Relations Board.

Overall, the president fills approximately 2,400 federal jobs.^{4(p160)} In general, these political appointees have short tenures, lasting an average of two years.^{4(p161)} When the administration changes hands after an election, new appointees are usually selected to run the agencies. The daily operations of agencies are run by career civil servants, public employees who do not necessarily come and go with each administration but who often remain at an agency for years, gaining expertise and institutional knowledge about the agencies in which they work. Frequently, there may be tension between the goals of the political appointee and those of the career bureaucrat, who may have the advantage of familiarity with members of Congress and who knows that the political appointee is likely to be replaced in a few years.

Administrative agencies can be created by statute, internal department reorganization, or presidential directive.^{15(p50)} However they are initially created, agencies must have statutory authority in order to receive appropriations from Congress and act with the force of law. This statutory authority, or enabling statute, outlines the agency’s responsibilities and powers.

Agency Powers By necessity, statutes are usually written broadly. Congress does not have the time or expertise to include every detail about how a new program should operate or how a new department will be structured. It is up to the executive branch agency to fill in the details, and it does so by issuing policy statements, developing rules, and promulgating regulations.

For example, in 2001, Congress passed the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act, which included a new Medicaid reimbursement system for federally qualified health centers called the Prospective Payment System.¹⁸ Basically, the statute mandated that every health center calculate a baseline per-visit cost that was the average of their 1999 and 2000 costs. Under the act, health center reimbursement rates would be determined each year by

the baseline rate plus an inflationary factor called the Medicare Economic Index, adjusted to account for any increase or decrease in a health center’s change in scope of service. That was all the statute said. It was up to the Center for Medicare and Medicaid Services (CMS), the federal agency in charge of the Medicaid program, to work out the details. CMS had the choice of issuing regulations, policy notices, information sheets, or the like to flesh out the broadly worded statute.

Many questions were left unresolved by the statute. For example, if the center opened in 2000, how would its baseline be calculated? What if there was an extraordinary event in 1999 or 2000, like a hurricane, that severely damaged a health center—would that affect the baseline calculation? What does a change of scope of service mean? Does it count as a change in scope of service if the health center adds a few dentists to its current dental practice, or would it have to add a new service in order to trigger the statutory definition? Who determines whether a change in scope of service occurred? The health center? The state Medicaid agency? The regional Medicaid office? CMS? As you can imagine, the list of questions that results from broadly written statutes is almost endless. Agencies are usually the ones that provide the answers.

Promulgating regulations is the most important and powerful role of agencies. Agency regulations have the force of law and must be obeyed, just as one obeys a law passed by the legislative branch. Yet, an agency’s power to create rules and regulations is not unlimited. The thing being regulated must be within the power of the agency to regulate, as defined by the agency’s enabling statute. Sometimes it is not clear whether an agency has acted in an area that is beyond the scope of its authorizing law. In those cases, a court may be the final arbiter of whether the agency acted properly.

In addition, agencies must follow the requirements set forth in the Administrative Procedure Act (APA).¹⁹ The APA contains detailed requirements compelling agencies to issue a notice of their intent to issue a new rule or change an existing rule, and provide for and respond to public comments on the proposed rule. Some agencies are also required to hold hearings and develop rules based on the evidence presented in those hearings.^{4(p172)} It is important to know that the APA creates procedural standards that require an agency to follow a particular *process* when promulgating regulations, but that the APA does not relate to the *substance* of the regulations. As long as an agency follows the necessary notice and comment requirements of the APA, it has wide latitude to issue rules within its scope of power, even if many of the public comments opposed the proposed rules. If an agency does not follow the APA requirements, interested parties may sue the agency in court to force compliance with the law.

Constituents Agency heads, since they are not elected, do not have constituents in the same way that the president and members of Congress do. In theory, as members of the executive branch, agency heads should only be concerned with the wishes of the president. In reality, however, that is not always the case. Some presidents have firmer control of their departments than others. If the president gives the departments and agencies broad discretion to make policy decisions, the agencies may have few policy constraints. Practically, however, agency heads want their operation to run smoothly, which includes having a good working relationship with the individuals or entities regulated by that agency. If an agency antagonizes the people or groups being regulated, they might reach out to their congressional representatives to try to change or limit the agency's personnel or authority. In addition, because Congress appropriates funds to and maintains oversight of many agencies, agency heads are well served by taking Congress' interests into account.

Table 2-3 summarizes the general public policymaking machinery. We next turn our attention to the specific parts of the government bureaucracy that operate in the health arena.

THE HEALTH BUREAUCRACY

The Federal Government

Although several federal agencies have health-related responsibilities, the three most significant health agencies are the Department of Health and Human Services (HHS), the Department of Defense (DOD), and the Department of Veterans Affairs (VA). HHS houses many of the major public health insurance programs and health services that provide care,

information, and more to millions of U.S. residents; the DoD and VA operate health insurance programs specifically for military personnel and their families.

Department of Health and Human Services

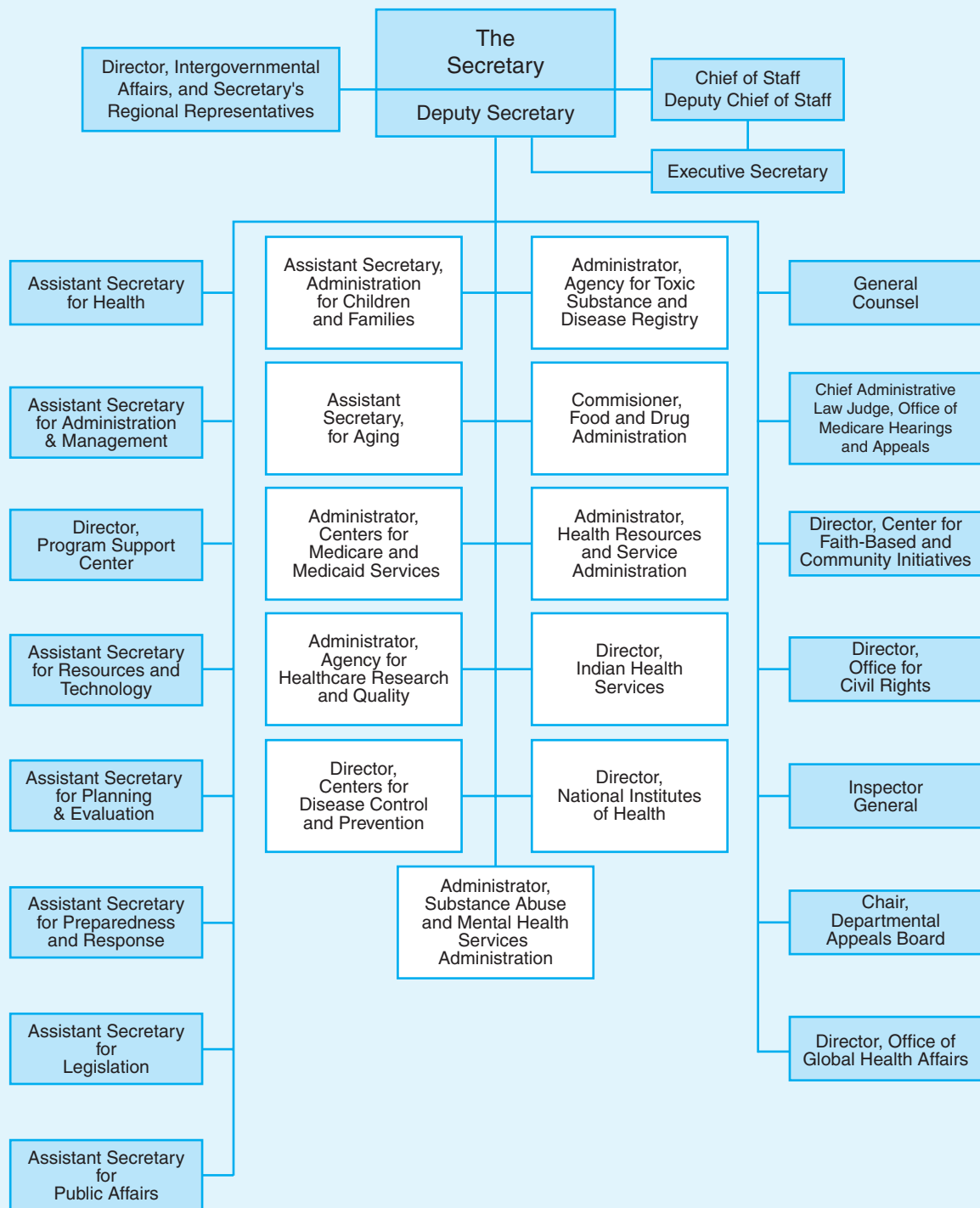
HHS includes hundreds of programs that cover activities as varied as medical and social science research, preschool education services, substance abuse and prevention services, and health insurance programs, just to name a few. As shown in Figure 2-3, the department has 11 operating divisions. The main purpose of each agency is described in Table 2-4.

Each operating division has numerous bureaus or divisions that operate health programs. For example, the HIV/AIDS Bureau (HAB) is one of six bureaus in HRSA. The HIV/AIDS Bureau implements the Ryan White CARE Act,²⁰ which provides health care to individuals with HIV and AIDS. Similarly, the FDA has eight offices or centers; the one whose job is perhaps most well-known to the general public is the Center for Drug Evaluation and Research, which is responsible for testing and approving new drugs before they can be sold to the public. These are just two examples of the many sub-agency units that perform vital functions in our federal health care bureaucracy.

HHS also includes numerous offices that assist the Secretary of HHS in running the department. The Assistant Secretary of Health is the principal advisor to the HHS secretary on public health matters. This individual oversees the U.S. Public Health Service (PHS), the Commissioned Corps (health professionals used for both emergency responses and as health promoters), and the Office of Public Health and Sciences (OPHS). PHS employs both commissioned corps members and civilians to run its public health programs.

TABLE 2-3 Summary of Public Policymaking Entities

	Congress	President	Administrative Agencies
Main Function	Legislative body	Chief executive of the country	Implement statutes through rulemaking
Main Tools/Powers	Support/oppose legislation Appropriations Oversight	Agenda setting Persuasion Propose solutions Budget proposals Executive orders	Create regulations Provide information
Constituents	Voters in state or district Voters in nation if in leadership role or have national aspirations Party President	Nation (all voters) Public who voted for the president Party Other nations International organizations	President Congress Individuals and entities regulated or served by the agency

FIGURE 2-3 Department of Health and Human Services Organizational Chart.

Source: HHS Strategic Plan, FY 2007–2012. Appendix F: Operating and staff divisions and their functions. U.S. Department of Health and Human Services website. Available at <http://aspe.hhs.gov/hhsplan/2007/hhasplanpdf/hhsplanappE.pdf>. Accessed July 25, 2011.

TABLE 2-4 Department of Health and Human Services Agencies

Agency	Main Purpose of Agency
Administration for Children and Families (ACF)	To promote economic and social well-being of families, children, individuals, and communities.
Administration on Aging (AoA)	To promote the dignity and independence of older people, and to help society prepare for an aging population.
Agency for Healthcare Research and Quality (AHRQ)	To support, conduct, and disseminate research that improves access to care and the outcomes, quality, cost, and utilization of healthcare services.
Agency for Toxic Substances and Disease Registry (ATSDR)	To serve the public by using the best science, taking responsive public health actions, and providing trusted health information to prevent harmful exposure and diseases related to toxic substances.
Centers for Disease Control and Prevention (CDC)	To promote health and quality of life, by preventing and controlling disease, injury, and disability.
Center for Medicare and Medicaid Services (CMS)	To ensure effective, up-to-date healthcare coverage and to promote quality of care for beneficiaries.
Food and Drug Administration (FDA)	To rigorously assure the safety, efficacy, and security of human and veterinary drugs, biological products, and medical devices, and assure the safety and security of the Nation's food supply, cosmetics, and products that emit radiation.
Health Resources and Services Administration (HRSA)	To provide the national leadership, program resources, and services needed to improve access to culturally competent, quality health care.
Indian Health Service (IHS)	To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.
National Institutes of Health (NIH)	To employ science in pursuit of fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to extend healthy life and reduce the burdens of illness and disability.
Substance Abuse and Mental Health Services Administration (SAMHSA)	To build resilience and facilitate recovery for people with or at risk for substance abuse and mental illness.

Source: HHS Strategic Plan, FY 2007–2012. Appendix F: Operating and staff divisions and their functions. U.S. Department of Health and Human Services website. Available at <http://aspe.hhs.gov/hhsplan/2007/hhsplanpdf/hhsplanappE.pdf>. Accessed July 25, 2011.

PHS employees also work in the Bureau of Prisons, U.S. Coast Guard, National Oceanic and Atmospheric Administration, Environmental Protection Agency, Division of Immigration Health Services, and U.S. Marshal Services. OPHS consists of 11 offices, including the Office of the Surgeon General, Office of Population Affairs, and Office of Minority Health.

HHS also has divisions concerned with planning and evaluation, legislation, administration and management, budget and finance, program support, public affairs, and global health affairs. In 2001, President George W. Bush created the Center for Faith-Based and Community Initiatives, which strives to increase participation by faith-based community organizations in providing health and human services.²¹ Offices concerned with the legality and efficiency of the department's

activities include those of the General Counsel and Inspector General, and the Office of Civil Rights.

As a result of the recent focus on preventing terrorism, HHS includes an Assistant Secretary for Preparedness and Response. This individual is the principal advisor to the Secretary of HHS on matters relating to bioterrorism and other public health emergencies, and helps coordinate efforts in these areas at all levels of government. Other federal departments also have a role in public health emergency preparedness. The Department of Homeland Security (DHS), which includes the Federal Emergency Management Agency (FEMA), is tasked with preparing for and coordinating the federal response to emergencies, whether due to natural or man-made disasters. The CDC houses the Strategic National

Stockpile of emergency pharmaceutical supplies. Other agencies, such as the Environmental Protection Agency (EPA), DoD, and VA, play significant roles in emergency preparedness and response.

Department of Veterans Affairs and Department of Defense

Any veteran who does not receive a dishonorable discharge is potentially eligible for healthcare services through the Veterans Health Administration (VHA). The VHA is the largest healthcare delivery system in the country, with hundreds of medical centers, nursing homes, and outpatient clinics that serve over 1 million patients each year.^{22(p357)}

VHA-sponsored health plans offer a wide array of preventive, ambulatory, and hospital services as well as medications and medical and surgical supplies. VHA providers are organized into integrated networks aimed at providing cost-effective services based on local need. There are no premiums (monthly payments) for the plan, but veterans have to make co-payments (a charge per visit) unless they are exempt based on disability or income level. Unlike most healthcare plans, the VHA system is completely portable, meaning that veterans can access VHA facilities anywhere in the country.

Veterans who wish to receive care through the VHA must enroll in the program. Because the VHA receives an annual appropriation from Congress, it may not have sufficient funds to pay for all of the care demanded by eligible veterans. For that reason, the VHA uses a priority system to ensure that veterans who are low-income or have service-related disabilities can be enrolled into a plan. Other veterans may have to wait to be enrolled if there are insufficient funds. In addition, priority in accessing care is given to enrolled veterans who need care for service-related disabilities or have a sufficiently severe service-related disability and need care for any health concern. Veterans not in a priority group may have to wait to see an appropriate provider once they are enrolled.

Although veterans may receive care through VHA, they are not required to do so. If eligible, they may choose to obtain services through other public or private healthcare programs or health insurance plans. They may also choose to receive some services through VHA and others from non-VHA programs or plans.

The VHA does not provide coverage to veterans' family members, but the DoD does through its TRICARE program. TRICARE provides healthcare services to current and retired military personnel and their families. TRICARE offers a variety of plans with various eligibility requirements and costs to the patient.

State and Local Governments

As discussed earlier, the Constitution gives states primary responsibility for protecting the public's health. States have health-related agencies that deal with health financing, aging, behavioral health, environmental health, children and family services, veterans, facility licensing and standards, provider credentialing, and more. Although all states have agencies that generally cover the same functions, their structure, responsibilities, and lines of authority vary greatly.

With the variation among state agencies, it is not surprising that there are significant differences across the states in terms of their approach to public health and health services needs. All states have agencies to run their Medicaid and SCHIP programs, as well as other state-specific health services programs. Although a review of enabling statutes and mission statements found that only one-fifth of states address most of the concepts identified by PHS as essential public health functions, most states cover the traditional public health tasks such as surveillance, investigation, and education.^{23(p154)}

Local public health agencies (LPHA) carry out the public health functions of the state. Most commonly, LPHAs are formed, managed by, and report to a local government, such as a county commission or local board of health. This structure provides LPHAs with significant latitude to interpret and implement state statutes. In some states, the state and local governments jointly oversee the LPHA.

LPHAs may provide services directly or, as is increasingly common, may contract or provide support to others who perform the services. The services provided by LPHAs vary considerably, though there is an emphasis on addressing communicable diseases, environmental health, and children's health issues. LPHAs often provide services such as immunizations, community assessments, epidemiology and surveillance, food safety and inspections, and tuberculosis testing. Some, but not all, also provide diabetes care, glaucoma screening, substance abuse treatment, mental health services, and more.^{23(pp160–161)}

INTEREST GROUPS

Before leaving the discussion of policy, the policymaking process, and the health bureaucracy, we must say a few words about interest groups. *Interest group* is a general term used for a wide variety of organizations that are created around a particular issue or population and have the goal of influencing policy and educating others about their views and concerns.^{4(p117)} Interest groups are different from most of the other stakeholders that have been discussed because interest

groups do not have the power to make policy. Although members of the executive and legislative branches of government have a key role in determining which policies are adopted, interest groups have the limited, but still significant, role of trying to influence the decisions of policymakers.

There are many types of interest groups, including trade associations, think tanks, advocacy groups, and lobbying firms. A few examples include the Pharmaceutical Research and Manufacturers of America, whose mission is to “conduct effective advocacy for public policies that encourage discovery of important new medicines for patients by pharmaceutical/biotechnology research companies”²⁴; the National Association of Public Hospitals, which has as its goal to “provide national, regional and local advocacy on behalf of public and other hospitals and health systems, conduct research and analysis, and provide a host of related services needed by our members”²⁵; the Center for Budget and Policy Priorities, which “conducts research and analysis to help shape public debates over proposed budget and tax policies and to help ensure that policymakers consider the needs of low-income families and individuals . . . in these debates”²⁶; the AARP, which is “dedicated to enhancing quality of life for all as we age . . . through information, advocacy and service”²⁷; and the Heritage Foundation, which has as its goal to “formulate and promote conservative public policies based on the principles of free enterprise, limited government, individual freedom, traditional American values, and a strong national defense.”²⁸

Just as members of Congress do not have the time or ability to become experts in every issue that comes before them, the same is true for the average citizen. Many people do not have the time and ability to learn about all of the issues that are important to them, develop proposals, rally public support for their positions, monitor current activity, lobby to add or remove issues from the agenda, and reach out to politicians who make policy decisions. Instead, interest groups take on those duties: “Their job is to make the case for their constituents before government, plying the halls of Congress, the executive branch, the courts, and the offices of other interest groups to provide a linkage between citizens and government.”^{24(p119)}

Interest Group Powers

Interest groups do not have the power to pass laws. However, they can influence policy in a variety of ways throughout the policymaking process. For example, recall all the steps it takes for a bill to become a law. Anywhere along that continuum is an opportunity for interest groups to make their case. The first step for interest groups is often to commission research that they use to support their position. This can be most important in the early stages of policy development, when politicians

might have an open mind about various proposals.^{4(p131)} However, it does not matter how much information a group has if it is not able to gain access to the decision makers. Even a few minutes with a politician may be a few more minutes than the opposition has to make its case directly to a decision maker.^{4(p131)} Finally, interest groups need to develop a persuasive argument, a way to frame the issue that convinces politicians to agree with their view of a policy matter.

Interest groups have a variety of tools at their disposal when developing strategies for lobbying. They may initiate a *grassroots* campaign, asking their members to contact their representatives with a particular message. Because interest group members are the voters with the power to re-elect public officials, strong grassroots campaigns can be quite effective. Or, they may try a *grassstops* strategy and harness the influence of community leaders and other prominent individuals,^{4(p139)} or, they may join with other interest groups to create coalitions and strengthen their influence through numbers. Interest groups may start a media campaign to align public sentiment with their goals. Of course, providing candidates with money, often through political action committees, is a time-honored way to try to influence the outcome of policy debates.

Whatever methodology they use, interest groups are an important part of the policymaking process. One researcher has called interest groups an “indispensable” part of making policy decisions.^{29(p85)} They provide a way to give a voice to their members, who may not otherwise feel able to participate effectively in the policymaking process.

CONCLUSION

This journey through the policymaking process in the United States was intended to provide you with an understanding of policy and a context for your discussions and analysis of health policy issues. It is vital that you become familiar with both the nature of policy and the institutions that make and influence policy. As you have seen, the definition of policy is subject to much debate, yet it is necessary to define what policy means before attempting to engage in policy analysis. We have also walked through the specific duties and powers of the executive and legislative branches of the federal government and included key points about state-level policymaking as well. Finally, all policy students must be aware of and understand the influence of interest groups. They have and use numerous opportunities to influence the policymaking process, and their strength and concerns must be accounted for when analyzing policy issues. As you move further into health policy study, use the information provided in this overview to help you think about and frame your own policy positions.

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ENDNOTES

a. Under Article 1 of the Constitution, Congress has jurisdiction over the District of Columbia. Both the Senate and the House have committees that oversee some governmental functions of the District. The District elects two “shadow senators” who are allowed to lobby Congress on issues but who do not have voting rights. In terms of representation, this places the District in a position similar to other political bodies administered by the United States, such as Puerto Rico, the U.S. Virgin Islands, and American Samoa. The District’s shadow senators (and a shadow representative in the House) were created by the citizens of the District in anticipation of the passage of the 1978 District of Columbia Voting Rights amendment to the U.S. Constitution, which would have granted the District the same voting rights as the states. The amendment never passed, but the District government has maintained the shadow positions nonetheless.

b. In addition to the 435 representatives, Puerto Rico has a resident commissioner, and the District of Columbia, Guam, the U.S. Virgin Islands, and American Samoa each has a delegate who is allowed to sponsor legislation and vote in committees, but may not vote on the House floor. The citizens of the District of Columbia also elect a nonvoting shadow representative.

c. In circumstances where the president serves two years or less of the term of another president, an individual may hold office for 10 years.

