Overview
This course is an introduction to some of today’s major health policy issues. The first half of the course examines the health insurance system, including the uninsured, the employer-based model, and the major public programs—Medicare and Medicaid. The second half of the course examines the health care delivery system, considering issues such as variation in medical practice, the quality of care, and malpractice reform. Throughout the course we will consider ongoing policy debates and, where possible, policy reforms that are under consideration or in implementation.

Attendance, preparation, and class participation
Students are expected to:
- Attend every class;
- Complete assigned readings before each class;
- Make informed contributions to class discussion.

Office hours
I will be available on the Mondays when class is held, from 5:00 to 6:00 pm, in the Puck Building’s third floor adjunct offices.

In addition, students should feel free to email me (mb187@nyu.edu) with questions about readings, assignments, and other course-related matters. Depending on the matter, we will address it either via email, a scheduled phone call, or an in-person meeting.

Grading
The final grade will be determined as follows:
- Class participation: 20 %
- Policy memo #1: 40 %
- Policy memo #2: 40 %
Policy memos
For students new to writing policy memos, this assignment represents an opportunity to explore a writing style that is expected in most professional policy analysis positions. When compared to the essays that many classes require, policy memos have core similarities as well as key differences. The similarities include the expectation that the content will be substantive and analytic, the writing clear and precise, and the organization tight. As with essays, it is vital that all data – as well as ideas that are not original – are cited clearly to the appropriate source. The differences between policy memos and essays – some obvious, others more subtle – will be discussed in class, with the aid of examples.

Memo # 1: due March 31
You are the health policy advisor to a United States Senator who has just received a coveted seat on the Finance Committee. This committee has jurisdiction over Medicare and Medicaid, as well as federal tax policy. The Senator has asked you to prepare her for an upcoming hearing. In a memo of no more than four single-spaced pages, explain the biggest problems facing Medicare and Medicaid, as well as these problems’ key similarities and differences. Please keep in mind two important things. First, your boss knows the basics about these two important programs, so dive right into your analysis without wasting valuable space on background and historical context. Second, you are a policy analyst, not a political consultant, so do not critique policies on political grounds.

Policy memo #2: due May 11
You are the health policy advisor to a United States Senator who has an eye on running for President in 2012. Your boss wants to craft legislation that changes how health services are delivered and improves the quality of medical care. Because the Senator does not have a seat on the Finance Committee, the bill must not deal principally with Medicare or Medicaid, but with the delivery system as a whole. Like most of his colleagues, your boss does not know where to begin on this complex set of issues. In a memo of no more than four single-spaced pages, make the case for the policy proposal you believe your boss should champion and explain its likely impacts.
Session 1: January 26
Introduction
We will discuss the course’s key themes and goals, as well as the requirements and expectations. We will then consider some introductory material on the financing, organization, and delivery of health care in the United States.

No Class on February 2

Session 2: February 9
Health insurance coverage: Does it matter? Who are the uninsured?
We consider the importance of coverage, the composition of the uninsured, and the forces that shape which people—and how many—go without coverage.


Institute of Medicine, Care Without Coverage: Too Little Too Late. National Academy Press: 2002. Executive Summary (pp. 3-16).


No Class on February 16

Session 3: February 23
Employer-based coverage
We focus on the employer-based model’s emergence, its implications for low-wage workers, and its significance for the public health insurance programs that complement it.


Session 4: March 2  
Medicare I: introduction and overview

We consider Medicare’s current structure and the roles it plays in providing coverage to the elderly and disabled. We focus on Medicare’s benefits package, including the new prescription drug benefit as well as the absence of long-term care coverage.


Georgetown University Long-Term Care Financing Project, “Medicare and Long-Term Care” (fact sheet.) Georgetown: 2007.

Session 5: March 9  
Medicare II: budget issues and options for reform

We focus on Medicare’s long-term budget constraints and consider the major issues relevant to a long-term restructuring of the Medicare program.


March 16: No Class due to Spring Recess

Session 6: March 23
Medicaid I: introduction and overview
We examine the structure and responsibilities of the nation's most complex public program, with specific attention to the challenge of filling the gaps left by Medicare.


Session 7: March 30
Medicaid II: how the rubber hits the road
Using New York as a case study, we assess Medicaid’s performance in achieving program goals and meeting its considerable challenges.


Access New York: the State's application for Medicaid (and SCHIP).

Application for Disaster Relief Medicaid (September 24, 2001 – January 31, 2002).


Session 8: April 6
Expanding health insurance coverage
We examine current proposals to cover the uninsured, both at the state and federal level.


Additional and/or updated materials on current federal proposals may be added.

Session 9: April 13
Medical practice and health policy
We explore variation in medical practice and we consider its causes and implications for policy makers and health care providers.


Session 10: April 20
Quality I: Measuring the quality of health care
We consider what many analysts have called the health policy issue of the 21st century.


Session 11: April 27
Quality II: Improving the quality of health care
Through a case study approach, we consider an ongoing approach to improving key health outcomes in New York.


Session 12: May 4
Medical malpractice: the role of legal system in health care
We examine the effectiveness of the malpractice system and consider options for reform.


Session 13: May 11
Prescription drugs and the pharmaceutical industry
We consider some of the major public policy issues related to prescription drugs.


