



## Transition Guide

*Health Policymaking in the United States*, Sixth Edition  
Beaufort B. Longest, Jr.

In the new edition of this widely used book, Beaufort Longest provides a framework for understanding the formulation, implementation, and modification phases of health policymaking at both the federal and state levels. Students will learn how health policies affect healthcare providers and patients. They will also gain insight into how they can influence the policymaking process. The author's model of the process, significantly expanded in this edition, remains the heart of the book. Incorporated in the book are numerous concrete examples of health policymaking in the form of excerpts from congressional testimony, news stories, executive orders, legislation, and other documents related to real-world policy issues.

Thoroughly updated and revised, this edition:

- Discusses the ACA extensively, with examples of both its formulation and its implementation
- Expands coverage of policymaking's implementation phase
- Provides a new chapter on the role of courts in health policy and policymaking
- Includes an extensive array of more than 30 appendices, many brand new to this edition, to illustrate the policymaking process

## Chapter Breakdown

### Chapter 1

This chapter defines health policy and describes it in terms of the forms policies take (laws, rules or regulations, implementation decisions, and judicial decisions) and the allocative and regulatory categories of health policies. New in this edition, a careful distinction is made between policies made in the private sector and public-sector policies and policymaking.

### Chapter 2

This chapter contains new and extensive descriptions of the structures of federal and state governments to provide contextual background for the policymaking process. The roles of all levels of government in health policymaking are discussed, as are the roles played by legislative, executive, and judicial branches of governments. Emphasis is placed on the concept of health policy markets as a means of understanding the policymaking context. It is emphasized that there is a market for health policies. In this market, some people provide the authoritative decisions that comprise health policy and other people seek particular decisions. Like standard economic markets, there are suppliers and demanders in the market for policies. The powerful role of interest groups in these markets is discussed in detail.

### **Chapter 3**

This chapter contains a significantly expanded model of the policymaking process in the public sector and considerable new material on important frameworks and theories that underpin our understanding of this complex process. Particular attention is given to the relationships and interactions between the policymaking process and the external environment in which it exists. As before, the policymaking model is built around the phases of policymaking: formulation, implementation, and modification. In this edition, however, additional attention is given to the implementation phase, using the ACA's implementation for real-world examples. Implementation is discussed as the interplay of a set of activities: designing, rulemaking, operating, and evaluating. This provides a much richer discussion of the implementation phase of policymaking than was done in prior editions.

### **Chapter 4**

This chapter is entirely new in this sixth edition. Written by a national health law scholar and former law school dean, the chapter describes the increasingly important role of the courts in health policymaking. It distinguishes the role of the judicial branch from the roles played by the legislative and executive branches and describes the critical structural features of the federal and state court systems. The chapter uses a model of the three core roles played by courts in policymaking for clarity of presentation. The three roles are: constitutional referee, meaning giver, and rights protector. Examples of each of these roles are provided by illustration.

### **Chapters 5-9**

These chapters describe in detail specific components of the policymaking process. These chapters appeared in previous editions, but have been thoroughly updated with new references and examples as appropriated. Chapters 5 and 6 cover agenda-setting and development of legislation which comprise policy formulation. Chapter 7 includes a general discussion of policy implementation and the organizations responsible for implementation. Chapter 8 is devoted to the implementation activities of designing, rulemaking, operating, and evaluating. Chapter 9 addresses policy modification, reflecting the fact that all policies are subject to modification.

### **Chapter 8**

This chapter is significantly expanded over prior editions. Building on the discussion in Chapter 7 of implementing organizations, where CMS is used as an exemplar, this chapter discusses the implementation phase of public policymaking as managing human, financial, and other resources in ways that facilitate achievement of the objectives embodied in enacted legislation. Implementation is carried out through an interrelated set of activities—designing, rulemaking, operating, and evaluating—which are described as the essence of what implementing organizations do as they implement policies. It is emphasized in this chapter that as implementing organizations go about their work of implementing policies formulated in the legislative phase, participants in the organizations make additional decisions that are also policies. People in implementing organizations both implement policies and make other policies. Depending on the objectives, complexity, and associated resources of policies being implemented, their implementation can be relatively straightforward, or it can be very difficult. It is emphasized that implementation of the ACA is proving to be quite difficult.

### **Chapter 10**

This chapter is greatly expanded over the treatment of policy competence in previous editions. The chapter emphasizes that health professionals, whether their work is predominantly clinical or managerial, need policy competence because of the relationship between policies and the central professional goal of health professionals: improved health for the individuals and populations they serve.

## **Instructor Resources**

Test bank, responses to the chapter-end discussion questions, PowerPoint slides, and a transition guide to the new edition.