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Review of "Experiencing Politics" by John E. McDonough

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John E. McDonough. *Experiencing Politics: A Legislator's Stories of Government and Health Care*. Berkeley: University of California Press, 2000. 354 pp. \$50.00 cloth; \$19.95 paper.

Experiencing Politics makes an important contribution to several different literatures in a crisp, engaging style. Although many excellent studies of the policy-making process in health care have appeared in recent years, few have cast such a wide net. John McDonough melds his first-hand experiences as a Massachusetts state legislator with a careful consideration of agenda building, representation, legislative behavior, and theories of policy change.

Each chapter begins with a theoretical framework that is then applied to a case or set of issues. Drawing upon the work of Hannah Pitkin, E. E. Schattschneider, and Deborah Stone, McDonough illustrates how policy makers frame, claim, and debate significant health-policy issues. The book offers the reader an insider's perspective on the policy-making process from the rigors of campaigning to backroom negotiations over legislation and leadership positions.

McDonough believes that "politics, at its core, is about relationships" and argues that "one should never forget that at the heart of the process rests the ability to make people believe a candidate, and in the process, believe more in themselves" (45). The importance of building and maintaining relationships is a central theme of the book. McDonough brings a diverse set of perspectives to bear on the subject, from Edmund Burke to contemporary principal-agent theories. He views representation as a "subset of a much broader, dynamic relationship" that can be modeled using agency theory. The chapter on relationships discusses various options for controlling agents' behavior, illustrating key points with examples drawn from Medicaid and managed care, and an intriguing discussion of campaign finance reform. McDonough also explores how legislators cultivate relationships with principals as a means of acquiring, and subsequently using, formal leadership positions. McDonough observes that "representation, while important, is secondary to the power and requirements of relationships at all levels. The bond between voter and elected official, while vitally important, is only one of many to be balanced by the public official" (168).

The growing popularity of rational choice models over the past two decades has led many political scientists to adopt, implicitly or explicitly,

the assumption that self-interest dictates the behavior of legislators, interest groups, and the public. For McDonough, “Reality is more complicated. Oftentimes, political leaders make choices for political advantage and electoral concerns. And often they do not. Most politicians, from my close observation, are concerned with ‘making good policy’ and ‘doing the right thing.’ The fact that they also pay attention to the political consequences of their actions does not diminish that concern” (156).

The analysis of legislators’ responses to the growing fiscal crisis in Massachusetts in the late 1980s is particularly sobering for students of state health policy. The projected size of the state’s budget deficit in the late 1980s and early 1990s was a moving target, forcing lawmakers into increasingly difficult rounds of budget cuts, furloughs, layoffs, and program terminations. Elected officials struggled in a hostile environment to make sense of the magnitude of the problem. Legislators faced intense pressure from Wall Street investment firms to cut spending. At the same time, lawmakers were confronted by scores of visible victims and growing voter anger over tax increases and cutbacks in favored programs. Much of the debate over restoring Massachusetts’s fiscal health revolved around controlling Medicaid expenditures. Most legislators ignored carefully constructed analyses that indicated that long-term care for the middle class, not acute care services for poor women and children, was the principal cause of Medicaid spending growth, and they instead targeted less visible, narrower constituencies for cutbacks.

McDonough also adds to our understanding of the circumstances under which health-policy change is possible at the state level. His discussion of the deregulation of Massachusetts’s complex hospital rate-setting system explores the evolution of the state’s all-payer rate-setting system and the subsequent dissolution of the coalition of business groups, payers, and state officials that supported it in the 1980s. Using Frank Baumgartner and Bryan Jones’s punctuated equilibrium model of policy change, McDonough crafts a persuasive account of why Massachusetts first embraced, and later came to reject, rate regulation as a solution to the rising cost of hospital care.

The prevailing policy paradigm in the 1970s emphasized government regulation of hospital payment rather than market competition as a means of controlling rising health care costs. As McDonough notes, “while hospitals protested and chafed under the new regulatory strictures, there were *no* voices during this formative decade arguing for market competition as a more effective means to control health spending” (208). Massachusetts’s decision to adopt new controls over hospital pay-

ment in 1975 reflected profound dissatisfaction with spiraling costs under the unregulated fee-for-service payment system and the widespread endorsement of a new policy idea (e.g., rate setting) among key participants. The policy monopoly established in 1975 endured for more than a decade, but by the late 1980s the self-interest of stakeholders began to diverge. The state's widely touted "universal health care" legislation in 1988 offered providers substantial rate increases in exchange for their support for expanded health insurance coverage. In the wake of the reforms, business groups, insurers, and other key stakeholders pressed for change as hospital cost inflation accelerated in the late 1980s. By the early 1990s, legislators soundly rejected regulation in favor of market-driven competition; a new policy idea and a new political environment led to the deregulation of the state's hospital payment system.

The final health policy case in the book examines the politics of agenda setting at the state and at the national level. Applying John Kingdon's model of how issues appear and disappear from the policy agenda, McDonough examines the failure of the Clinton administration's health care reform efforts in 1993–1994. Emphasizing the critical importance of timing and the size of an "open window of opportunity," McDonough suggests that a more modest proposal introduced earlier in Clinton's first year in office might have found a more favorable reception among affected interests and legislators. The most innovative aspect of the chapter, however, revolves around McDonough's discussion of how he applied Kingdon's ideas as a state legislator. Over the course of several months, McDonough developed a carefully planned campaign to advance the cause of expanded children's health insurance coverage. He raised awareness among "those with the power to decide" about the scope of the problem using well-thought-out symbols and the media. Identifying a workable solution for financing and delivering health care for uninsured children, he persuaded a diverse coalition of providers, payers, consumers, organized labor, and business to support the proposal. In the end, McDonough argues that "the streams [in Kingdon's model] are constantly subject to change and manipulation by self-conscious political actors determined to achieve their objectives. My colleagues and I did it. Using the Kingdon model prospectively allows one to appreciate this important dynamic. The model can help to assess one's current status and progress and point to areas most in need of attention and improvement" (284).

Although the author's personal experiences provide the raw material for his case studies, the chapters in the book are not simply legislative

memoirs detailing who did what to whom. Instead, McDonough links contemporary theories of policy making with his experiences in the legislature in an analytical, reflective fashion. *Experiencing Politics* can be taught (and read) at multiple levels—its cases, clear presentation and application of common social science concepts, and crisp style make it an ideal text for upper-level undergraduate courses in public policy, but McDonough has packed enough examples and illustrations of his arguments to challenge graduate students and scholars in the field. McDonough's volume is a worthy addition to previous work on how legislators conceive of their roles and responsibilities. It should be required reading for state legislators, staff, and those involved in state-level lobbying and advocacy, regardless of their policy focus.

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Sally Satel. *PC, M.D.: How Political Correctness Is Corrupting Medicine*. New York: Basic Books, 2001. 256 pp. \$27.00 cloth; \$16.00 paper.

The dramatic demographic changes seen in the 2000 census data confirm that rising ethnic and cultural diversity is a pressing legal, political, and public policy issue in medicine, health care delivery, and in American society in general.

Culture counts. National, ethnic, gender, and religious heritage strongly influence how one defines health and well-being and how one interacts with the health care system. Therefore, the need to become aware of and understand many cultures—multiculturalism—should not be controversial. Indeed, legal mandates and changing demographics raised overdue questions about taken-for-granted institutional racism, sexism, and ethnocentrism. Reexamination of organizational values and rules may invigorate—not harm—the nation's history of dynamic assimilation.

On the other hand, rising multicultural awareness—fused with the long-term crusade for racial and gender justice—has tended to mutate into an angry ideological critique of American society that cowers dissent. Not intimidated at all is Sally Satel, an American Enterprise Institute senior fellow and Yale-trained psychiatrist. In *PC, M.D.*, she challenges the politically correct orthodoxy that a fundamentally racist, sexist and class-based America generates a host of everyday injustices—including

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