

Medicaid And Devolution A View From The States

Medicaid is the largest grant-in-aid program in the United States. Reform in this area, therefore, provides a unique opportunity to study the intersection between federal and state policy making in an area recently characterized by substantial uncertainty deriving from the lingering effects of the Great Recession, ongoing debate over the federal budget, and implementation of the Patient Protection and Affordable Care Act. Invariably states reform the way health care is delivered, regulated, and financed within broader parameters established by federal statutes and regulations. It is critical therefore that effective strategies be put into place if both current and future health and long-term care reform efforts are to have their greatest chances at success. Rhode Island is the first state to receive permission to operate its entire Medicaid program under a global cap. As a consequence, it has entered the national consciousness as a key data point potentially supporting the block grant approach to Medicaid reform. In this book, Edward Alan Miller identifies factors that either facilitated or impeded the design and implementation of Rhode Island's Global Consumer Choice Compact Medicaid Waiver in order to draw broader lessons for the Medicaid block grant debate and health and long-term care reform more generally. Evidence gathered from archival sources and in-depth interviews with key stakeholders exposes the role that provider capacity has played in the implementation process, including adult day care, assisted living, home maker, and other home- and community-based services. The impact of the Global Waiver on the nursing home sector is examined as well, in addition to new authority to obtain federal matching dollars for previously state-only funded programs. By providing a sophisticated understanding of factors enhancing or impeding state health reform, this book will contribute to improvements in the development and administration of policy development at both the state- and federal-levels.

Health policy in the United States has been shaped by the political, socioeconomic, and ideological environment, with important roles played by public and private actors, as well as institutional and individual entities, in designing the contemporary American healthcare system. Now in a fully updated fifth edition, this book gives expanded attention to pressing issues for our policymakers including the aging American population, physician shortages, gene therapy, specialty drugs, and the opioid crisis. A new chapter has been added on the Trump administration's failed attempts at repealing and replacing the Affordable Care Act and subsequent attempts at undermining it via executive orders. . Authors Patel and Rushefsky address the key problems of healthcare cost, access, and quality through analyses of Medicare, Medicaid, the Veterans Health Administration, and other programs, and the ethical and cost implications of advances in healthcare technology. Each chapter concludes with discussion questions and a comprehensive reference list. This textbook will be required reading for courses on health and healthcare policy, as well as all those interested in the ways in which American healthcare has evolved over time.

An examination of whether federal institutions influence policy outcomes in the health sector.

Presents a collection of essay that provide an examination of the Executive branch in American government, explaining how the Constitution created the executive branch and discusses how the executive interacts with the other two branches of government at the federal and state level.

A Guide to the New Governance

Medicaid Politics

The Oxford Handbook of U.S. Social Policy

Medicaid, Federalism, and Unequal Politics

Local Rigors of U.S. Environmental Regulation

Second Edition

The story of Medicaid comes alive for readers in this strong narrative, including detailed accounts of important policy changes and extensive use of interviews. A central theme of the book is that Medicaid is a "weak entitlement," one less established or effectively defended than Medicare or Social Security, but more secure than welfare or food stamps. In their analysis, the authors argue that the future of Medicaid is sound. It has the flexibility to be adapted by states as well as to allow for policy innovation. At the same time, the program lacks an effective mechanism for overall reform. They note Medicaid has become a source of perennial political controversy as it has grown to become the largest health insurance system in the country. The book's dual emphasis on politics and policy is important in making the arcane Medicaid program accessible to readers and in distinguishing policy grounded in analysis from partisan ideology. This second edition features a new preface, three new chapters accounting for the changes to the Affordable Care Act, and an updated glossary.

In this report, Paul Offner explores the impact of the shift toward greater state responsibility for managing Medicaid. Offner argues not only that the balance has shifted too far toward the states, but also that it would be better if the federal government ran the program entirely.

A concise, accessible introduction to the public policy process that can be read on many levels. The author's direct writing style and extensive use of examples will appeal to students as well as practitioners. The book offers an extensive overview of the best current thinking on the policy process, with an emphasis on accessibility and synthesis rather than novelty or abstraction. An extensive glossary of terms, keyed to the chapters in which each term is most thoroughly discussed; an annotated bibliography; and an introduction to web-based research, with a guide to the most important and reliable public policy research sites, are among the book's many useful features.

Medicaid is the single largest public health insurer in the United States, covering upwards of 70 million Americans. Crucially, Medicaid is also an intergovernmental program that yokes poverty to federalism: the federal government determines its broad contours, while states have tremendous discretion over how Medicaid is designed and implemented. Where some locales are generous and open handed, others are tight-fisted and punitive. In *Fragmented Democracy*, Jamila Michener demonstrates the consequences of such disparities for democratic citizenship. Unpacking how federalism transforms Medicaid beneficiaries' interpretations of government and structures their participation in politics, the book examines American democracy from the vantage point(s) of those who are living in or near poverty, (disproportionately) Black or Latino, and reliant on a federated government for vital resources.

Health Politics and Policy

Medicare and Medicaid, 1995-2001

Healthcare Politics and Policy in America

Managing Accountability in Medicaid Managed Care

Health Policy and Federalism

Managing Green Mandates

In this revised and expanded reader, Thompson brings 30 classic articles and book chapter reprints together under one cover--giving students a grounding in the history, development, and current status of public personnel policy in the United States. In addition to discussion of hot topics, Thompson includes such important primary source materials as the Pendleton Act, Title VII of the Civil Rights Act of 1972, the Volcker

Commission's Leadership for Governance findings, and key Supreme Court decisions. Enhanced by the editor's extensively revised section introductions, these readings give students a sense of the rich historical legacy of the field while casting light on contemporary issues and policy dilemmas.

Entitlement Politics describes partisan attempts to shrink the size of government by targeting two major federal health care entitlements. Efforts to restructure or eliminate entitlements as such, and to privatize and decentralize programs, along with more traditional attempts to amend and reform Medicare and Medicaid have radically transformed policymaking with respect to these programs. However, they have failed to achieve fundamental or lasting reform. Smith combines historical narrative and case studies with descriptions of the technical aspects and dynamics of policymaking to help the consumer understand how the process has changed, evaluate particular policies and outcomes, and anticipate future possibilities. His account intentionally goes at some length into the substance of the programs, the policies that are involved, and the views of different protagonists about the major issues in the dispute. One unhealthy consequence of politicizing Medicare and Medicaid policy has been to separate public debate from the technical and organizational realities underlying issues of cost containment or program structure. Smith considers this development unfortunate, since it leaves even informed citizens unable to evaluate the claims being made. Ironically, strife over Medicare has complicated the political and policy issues in American life. Only a serious and genuine bipartisan effort bringing forth the best efforts of both political parties--and some of the best industry leaders and policy experts in the field--is likely to achieve genuine reform. The more people and parties know about the history, politics, and policies of these programs, the better our prospects for devising workable, equitable, and lasting solutions. This volume leads the way toward that understanding.

When Andrea Louise Campbell's sister-in-law, Marcella Wagner, was run off the freeway by a hit-and-run driver, she was seven-and-a-half months pregnant. She survived—and, miraculously, the baby was born healthy. But that's where the good news ends. Marcella was left paralyzed from the chest down. This accident was much more than just a physical and emotional tragedy. Like so many Americans—50 million, or one-sixth of the country's population—neither Marcella nor her husband, Dave, who works for a small business, had health insurance. On the day of the accident, she was on her way to class for the nursing program through which she hoped to secure one of the few remaining jobs in the area with the promise of employer-provided insurance. Instead, the accident plunged the young family into the tangled web of means-tested social assistance. As a social policy scholar, Campbell thought she knew a lot about means-tested assistance programs. What she quickly learned was that missing from most government manuals and scholarly analyses was an understanding of how these programs actually affect the lives of the people who depend on them. Using Marcella and Dave's situation as a case in point, she reveals their many shortcomings in *Trapped in America's Safety Net*. Because American safety net programs are designed for the poor, Marcella and Dave first had to spend down their assets and drop their income to near-poverty level before qualifying for help. What's more, to remain eligible, they will have to stay under these strictures for the rest of their lives, meaning they are barred from doing many of the things middle-class families are encouraged to do: Save for retirement. Develop an emergency fund. Take advantage of tax-free college savings. And, while Marcella and Dave's story is tragic, the financial precariousness they endured even before the accident is all too common in America, where the prevalence of low-income work and unequal access to education have generated vast—and growing—economic inequality. The implementation of Obamacare has cut the number of uninsured and underinsured and reduced some of the disparities in coverage, but it continues to leave too many people open to tremendous risk. Behind the statistics and beyond the ideological battles are human beings whose lives are stunted by policies that purport to help them. In showing how and why this happens, *Trapped in America's Safety Net* offers a way to change it.

Fully updated for this new edition, *Health Care Politics and Policy in America* combines background and context for the evolution of U.S. health care policy with analysis of recent trends and current issues. The book introduces public policy students to the complex array of health care issues, and health care professionals to the study of public policy. It provides comprehensive coverage of policy issues related to health care at the federal, state, and provider/patient levels, from Medicare and Medicaid funding and managed care to medical liability law and ongoing debates over the beginning of life and end-of-life decisions. *Health Care Politics and Policy in America* successfully integrates political, ethical, economic, legal, technological, and medical factors in an issue-focused survey of U.S. health care policy. It includes a chronology of health care-policy-related events and legislation from 1798 through 2005, and an appendix comparing medical malpractice tort laws state-by-state.

Columbia Law Review

How the Medicaid Model Falls Short, and what to Do about it

The Executive Branch

Legitimacy and Levels of Governance in the United States and the European Union

Theories, Concepts and Models of Public Policy Making

History and Health Policy in the United States

Devised to meet the ongoing challenge of identifying the skills and knowledge necessary for expanding the governing capacity of state and local authorities, this book discusses the fiscal consequences of "get tough" approaches to crime and presents more effective and less expensive policy options. Surveying the range of administrative and management

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Despite widespread urban revitalization and renewal, Americans still prefer the suburbs to the cities. While many of the underlying causes of the urban predicament are familiar, there is also the less recognized possibility that regulatory policies of the federal government disadvantage the cities and ultimately burden their ability to attract residents and businesses. This book encourages renewed reflection on the suitable balance between national and local domains.

The balance between state and federal health care financing for low-income people has been a matter of considerable debate for the last 40 years. Some argue for a greater federal role, others for more devolution of responsibility to the states. Medicaid, the backbone of the system, has been plagued by an array of problems that have made it unpopular and difficult to use to extend health care coverage. In recent years, waivers have given the states the flexibility to change many features of their Medicaid programs; moreover, the states have considerable flexibility to in establishing State Children's Health Insurance Programs. This book examines the record on the changing health safety net. How well have states done in providing acute and long-term care services to low-income populations? How have they responded to financial incentives and federal regulatory requirements? How innovative have they been? Contributing authors include Donald J. Boyd, Randall R. Bovbjerg, Teresa A. Coughlin, Ian Hill, Michael Housman, Robert E. Hurley, Marilyn Moon, Mary Beth Pohl, Jane Tilly, and Stephen Zuckerman.

Devolution and Aging Policy

Essentials of Managed Health Care

Running in Place

A Comparative Perspective on Multi-level Governance

Entitlement Politics

Explaining State Policy Adoption

Thoroughly revised, reorganized, updated, and expanded, this widely-used text sets the balance and fills the gap between theory and practice in public policy studies. In a clear, conversational style, the author conveys the best current thinking on the policy process with an emphasis on accessibility and synthesis rather than novelty or abstraction. A newly added chapter surveys the social, economic, and demographic trends that are transforming the policy environment.

This handbook provides a survey of the American welfare state. It offers an historical overview of U.S. social policy from the colonial era to the present, a discussion of available theoretical perspectives on it, an analysis of social programmes, and an overview of the U.S. welfare state's consequences for poverty, inequality, and citizenship.

Medicaid, one of the largest federal programs in the United States, gives grants to states to provide health insurance for over 60 million low-income Americans. As private health insurance benefits have relentlessly eroded, the program has played an increasingly important role. Yet Medicaid's prominence in the health care arena has come as a surprise. Many astute observers of the Medicaid debate have long claimed that "a program for the poor is a poor program" prone to erosion because it serves a stigmatized, politically weak clientele. Means-tested programs for the poor are often politically unpopular, and there is pressure from fiscally conservative lawmakers to scale back the \$350-billion-per-year program even as more and more Americans have come to rely on it. For their part, health reformers had long assumed that Medicaid would fade away as the country moved toward universal health insurance. Instead, Medicaid has proved remarkably durable, expanding and becoming a major pillar of America's health insurance system. In *Medicaid Politics*, political scientist Frank J. Thompson examines the program's profound evolution during the presidential administrations of Bill Clinton, George W. Bush, and Barack Obama and its pivotal role in the epic health reform law of 2010. This clear and accessible book details the specific forces embedded in American federalism that contributed so much to Medicaid's growth and durability during this period. It also looks to the future outlining the political dynamics that could yield major program retrenchment.

How much responsibility for providing health care to the poor should be devolved from the federal government to the states? Any answer to this critical policy question requires a careful assessment of the Medicaid program. Drawing on the insights of leading scholars and top state health care officials, this volume analyzes the policy and management implications of various options for Medicaid devolution. Proponents of devolution typically express confidence that states can meet the challenges it will pose for them. But, as this book shows, the degree to which states have the capacity and commitment to use enhanced discretion to sustain or improve health care for the poor remains an open question. Their failure to attend to issues of politics, implementation, and management could lead to disappointment. Chapters focus on such topics as Medicaid financing, benefits and beneficiaries, long-term care, managed care, safety net providers, and the appropriate division of labor between the federal government and the states. The contributors are Donald Boyd, Center for the Study of the States; Lawrence D. Brown, Columbia University; James R. Fossett, Rockefeller College; Richard P. Nathan, Nelson A. Rockefeller Institute of Government, State University of New York, Albany; Michael Sparer, Columbia University; James Tallon, United Hospital Fund; and Joshua M. Weiner, the Urban Institute.

Encyclopedia of Social Work

How America Sidelined Its Citizens and Privatized Its Public

A Model for 21st Century Health Reform?

Institutions of American Democracy

Medicaid and the States

Medicaid and Devolution

In our rapidly advancing scientific and technological world, many take great pride and comfort in believing that we are on the threshold of new ways of thinking, living, and understanding ourselves. But despite dramatic discoveries that appear in every way to herald the future, legacies still carry great weight. Even in swiftly developing fields such as health and medicine, most systems and policies embody a sequence of earlier ideas and preexisting patterns. In *History and Health Policy in the United States*, seventeen leading scholars of history, the history of medicine, bioethics, law, health policy, sociology, and organizational theory make the case for the usefulness of history in evaluating and formulating health policy today. In looking at issues as varied as the consumer economy, risk, and the plight of the uninsured, the contributors uncover the often unstated assumptions that shape the way we think about technology, the role of government, and contemporary medicine. They show how historical perspectives can help policymakers avoid the pitfalls of partisan, outdated, or merely fashionable approaches, as well as how knowledge of previous systems can offer alternatives when policy directions seem unclear. Together, the essays argue that it is only by knowing where we have been that we can begin to understand health services today or speculate on policies for tomorrow.

HEALTH POLITICS AND POLICY, 5th Edition walks you through the inner workings of health care policymaking, from the legislative process to socioeconomic impacts, and reveals both modern and historical perspectives in exciting detail. A collection of writings by some of today's sharpest political minds and policy-makers, the book explores factors that shape the U.S. health care system and policy, such as values, government, and private players, and compares them to other countries for international context. Helpful learning features throughout include review questions and problems, supporting tables and graphs, and special Consider This essays that bolster chapter concepts. In an environment of ever-changing policies and politics, the new edition seamlessly integrates themes of the past and present-day dilemmas with a look to the future of health care politics in America. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

Perhaps the most glaring failure of the American mixed public/private health care system is that millions, including many of the most vulnerable, go without health insurance. In *Running in Place*, Eliot Fishman analyzes the various means-tested health insurance initiatives instituted at the state level since the 1960s and finds that, while there have been successes, on the whole these programs have never come close to fulfilling expectations regarding increasing the numbers of low-income people enrolled or their access to mainstream health providers. Fishman argues that such state-administered measures, modeled on Medicaid, the oldest and largest of the programs, will not bring the nation close to the goal of universal coverage. At the same time, sweeping reforms that have been proposed, such as a federally administered single-payer plan, are not feasible given the current political atmosphere in Washington. Steering between these two poles—retaining the decentralizing features of the Medicaid model that make it popular while increasing its effectiveness—will require that the federal government assume more of the fiscal burden even as states continue to run their own programs. More people will be covered if enrollment becomes automatic, with eligibility verified retrospectively, and the appeal of such programs will increase if they are broadened to include working families who are having trouble finding affordable insurance.

The Federal Vision is about the complex and changing relationship between levels of governance within the United States and the European

Union. Based on a transatlantic dialogue between scholars concerned about modes of governance on both sides, it is a collective attempt at analysing the ramifications of the legitimacy crisis in our multi-layered democracies, and possible remedies. Starting from a focus on the current policy debate over devolution and subsidiarity, the book engages the reader in to the broader tension of comparative federalism. Its authors believe that in spite of the fundamental differences between them, both the EU and the US are in the process of re-defining a federal vision for the 21st century. This book represents an important new contribution to the study of Federalism and European integration, which seeks to bridge the divide between the two. It also bridges the traditional divide between technical, legal or regulatory discussions of federal governance and philosophical debates over questions of belonging and multiple identities. It is a multi-disciplinary project, bringing together historians, political scientists and theorists, legal scholars, sociologists and political economists. It includes both innovative analysis and prescriptions on how to reshape the federal contract in the US and the EU. It includes introductions to the history of federalism in the US and the EU, the current debates over devolution and subsidiarity, the legal framework of federalism and theories of regulatory federalism, as well as innovative approaches to the application of network analysis, principal-agent models, institutionalist analysis, and political theories of citizenship to the federal context. The introduction and conclusion by the editors draws out cross-cutting themes and lessons from the thinking together of the EU and US experiences, and suggest how a federal vision could be freed from the hierarchical paradigm of the federal state and articulated around concepts of mutual tolerance and empowerment.

Enduring Questions in Gerontology

Federalism, Policy Durability, and Health Reform

Putting the Past Back in

Fragmented Democracy

The Case of Medicaid Nursing Facility Reimbursement

The New Politics of State Health Policy

This book provides a comprehensive examination of the ways that health policy has been shaped by the political, socioeconomic, and ideological environment of the United States. The roles played by public and private, institutional and individual actors in designing the healthcare system are identified at all levels. The book addresses the key problems of healthcare cost, access, and quality through analyses of Medicare, Medicaid, the Veterans Health Administration, and other programs, and the ethical and cost implications of advances in healthcare technology. This fully updated fourth edition gives expanded attention to the fiscal and financial impact of high healthcare costs and the struggle for healthcare reform, culminating in the passage of the Affordable Care Act, with preliminary discussion of implementation issues associated with the Affordable Care Act as well as attempts to defund and repeal it. Each chapter concludes with discussion questions and a comprehensive reference list. Helpful appendices provide a guide to websites and a chronology. PowerPoint slides and other instructional materials are available to instructors who adopt the book.

The new tools of public action have come to rely heavily on third parties - private businesses, nonprofit organisations, and other levels of government - for their operation. The Tools of Government is a comprehensive guide to the operation of these tools and to the management, accountability, policy, and theoretical issues they pose.

Drawing on the insights of leading scholars and top state health care officials, this volume analyzes the policy and management implications of various options for Medicaid devolution. Chapters focus on such topics as Medicaid financing, benefits and beneficiaries, long-term care, managed care, safety net providers, and the appropriate division of labor between the federal government and the states.

This book is intended for scholars and students of European Union, Political Science, International Law, International Relations, Political Economy, Comparative Federalism, European and American Politics

Trapped in America's Safety Net

Classics of Public Personnel Policy

The Tools of Government

Handbook of State Government Administration

One Family's Struggle

Tense Commandments

Federal policies have made great progress protecting the environment. But the policies sometimes have imposed inordinate costs on local governments. Managing Green Mandates describes how various federal environmental directives do not suit diverse conditions at the local level, and compel local communities to spend their revenues on reducing relatively minor risks to the public health. While policymakers have thrown far-reaching requirements at the feet of local authorities, the federal government is providing them less aid to comply with the increasingly stringent standards. The burden of these underfunded mandates can further disadvantage many overtaxed municipalities. Pietro Nivola is a senior fellow in the Governmental Studies program at the Brookings Institution. He is the author of *The Laws of the Landscape: How Politics Shape Cities in Europe and America* (Brookings 1999). Jon Shields is a graduate student in the Department of Government and Foreign Affairs at the University of Virginia.

State governments in the past decade have had to take on the problem of health care, with mixed results. This collection of 11 essays (of which two are an introduction and conclusion) by academics and policy makers consider the many issues that concern health care in the US and their effects at the state level, including managed care, health insurance expansion, mental health care, public health administration, and bureaucratic reactions to health policy. Hackey teaches health policy and management at Providence College in Rhode Island; Rochefort teaches political science and public administration at Northeastern U. in Boston. c. Book News Inc.

Explore significant—but often-overlooked—aspects of aging policy! This unique addition to the literature on aging policy will help you understand devolution—the decentralizing of service provision—and the roles that state/local government and private organizations now play in addressing the needs of our aging population. It will show you how to initiate innovations and make positive changes in aging policy through state and local initiatives, collaborations between the federal government and other government agencies, public/private collaboration, and strictly private initiatives. From the editors: “ Around the world, the ground rules are being questioned about the role of national governments in addressing domestic needs. During the twentieth century in countries throughout the world, central governments assumed major responsibilities for a wide variety of human needs. Whether the concern was income security, health, housing, or education, interventions were premised upon convictions that a strong public sector role was essential and that major involvement of national governments was needed. More recently, a significant pattern [devolution] has emerged in many countries wherein these responsibilities have shifted away from national governments to regional and local

governments as well as from the public to the private sector. ” Thoughtfully divided into five sections that illustrate distinctly different forms of devolution, this book first provides an essential overview of devolution and then examines its implications for vital aspects of service provision to the elderly. In the United States in recent years, the single greatest focus for devolution has been the transformation of income security protections for poor families. The federal Aid to Families With Dependent Children program has been replaced by the Temporary Assistance to Needy Families program. Devolution and Aging Policy examines that change and other important facets of the current climate of devolution, including: Medicaid-financed long-term care state sponsorship of services in retirement communities the implications of the Workforce Investment Act for the access of older workers to training at a state level to upgrade their work skills public/private sector collaboration in long-term care insurance long-term care ombudsman programs what state governments can do to help elders make use of information technology property tax credits for seniors that are given in exchange for volunteering on the municipal level how an HMO can encourage and stimulate service coordination and more!

This encyclopedia provides readers with basic information about the history of social welfare in Canada, Mexico, and the United States. The intent of the encyclopedia is to provide readers with information about how these three nations have dealt with social welfare issues, some similar across borders, others unique, as well as to describe important events, developments, and the lives and work of some key contributors to social welfare developments.

An Introduction to the Policy Process

Healthcare Politics and Policy in America: 2014

Block Granting Medicaid

A View from the States

Medicaid Politics and Policy

The Federal Vision

The presidency and the agencies of the executive branch are deeply interwoven with other core institutions of American government and politics. While the framers of the Constitution granted power to the president, they likewise imbued the legislative and judicial branches of government with the powers necessary to hold the executive in check. The Executive Branch, edited by Joel D. Aberbach and Mark A. Peterson, examines the delicate and shifting balance among the three branches of government, which is constantly renegotiated as political leaders contend with the public's paradoxical sentiments-yearning for strong executive leadership yet fearing too much executive power, and welcoming the benefits of public programs yet uneasy about, and indeed often distrusting, big government. The Executive Branch, a collection of essays by some of the nation's leading political scientists and public policy scholars, examines the historical emergence and contemporary performance of the presidency and bureaucracy, as well as their respective relationships with the Congress, the courts, political parties, and American federalism. Presidential elections are defining moments for the nation's democracy-by linking citizens directly to their government, elections serve as a mechanism for exercising collective public choice. After the election, however, the work of government begins and involves elected and appointed political leaders at all levels of government, career civil servants, government contractors, interest organizations, the media, and engaged citizens. The essays in this volume delve deeply into the organizations and politics that make the executive branch such a complex and fascinating part of American government. The volume provides an assessment from the past to the present of the role and development of the presidency and executive branch agencies, including analysis of the favorable and problematic strategies, and personal attributes, that presidents have brought to the challenge of leadership. It examines the presidency and the executive agencies both separately and together as they influence-or are influenced by-other major institutions of American government and politics, with close attention to how they relate to civic participation and democracy. Because of federalism, Medicaid takes very different forms in different places. This has dramatic and crucial consequences for democratic citizenship. At a time when an American's investment in the democratic process has largely been reduced to an annual contribution to a political party or organization, Downsizing Democracy offers a critical reassessment of American democracy.

Downsizing Democracy

The Politics of Public Management

A Century Foundation Report

Federalism and Health Policy

Health Care Politics and Policy in America

Federal Prescriptions and City Problems