



*Series Editor: Richard Riegelman*

# *Essentials of* **Health Policy and Law**

**FIFTH  
EDITION**

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24749-7

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Printing and Binding: LSC Communications

#### Library of Congress Cataloging-in-Publication Data

Names: Wilensky, Sara E., author. | Teitelbaum, Joel Bern, author.  
Title: Essentials of health policy and law / Sara E. Wilensky, JD, PhD,  
Department of Health Policy and Management, Milken Institute School of  
Public Health, The George Washington University, Joel B. Teitelbaum, JD,  
LLM, Department of Health Policy and Management, Milken Institute School  
of Public Health, The George Washington University.  
Description: Fifth edition. | Burlington, Massachusetts: Jones & Bartlett Learning,  
[2023] | Includes bibliographical references and index. |  
Identifiers: LCCN 2021043276 | ISBN 9781284247459 (paperback)  
Subjects: LCSH: Medical policy—United States—Textbooks. | BISAC: MEDICAL / Health Policy  
Classification: LCC RA395.A3 T45 2023 | DDC 362.10973--dc23/eng/20211021  
LC record available at <https://lccn.loc.gov/2021043276>

6048

Printed in the United States of America  
26 25 24 23 22 10 9 8 7 6 5 4 3 2 1



# Brief Contents

<b>PART I</b>	<b>Setting the Stage: An Overview of Health Policy and Law</b>	<b>1</b>
CHAPTER 1	Understanding the Role of and Conceptualizing Health Policy and Law .....	3
CHAPTER 2	Policy and the Policymaking Process.....	11
CHAPTER 3	Law and the Legal System.....	33
CHAPTER 4	Overview of the Healthcare System .....	49
CHAPTER 5	What Is Public Health? .....	83
<b>PART II</b>	<b>Essential Issues in Health Policy and Law</b>	<b>111</b>
CHAPTER 6	Individual Rights in Health Care and Public Health.....	113
CHAPTER 7	Structural and Social Drivers of Health and the Role of Law in Optimizing Health.....	137
CHAPTER 8	Understanding Health Insurance.....	155
CHAPTER 9	Health Economics in a Health Policy Context...	175
CHAPTER 10	Government Health Insurance Programs: Medicaid, CHIP, and Medicare .....	191
CHAPTER 11	Health Reform and the Patient Protection and Affordable Care Act.....	243
CHAPTER 12	Healthcare Quality Policy and Law .....	297
CHAPTER 13	What Is Public Health Emergency Preparedness? .....	319

<b>PART III</b>	<b>Basic Skills in Health Policy Analysis</b>	<b>337</b>
CHAPTER 14	<b>The Art of Structuring and Writing a Health Policy Analysis.....</b>	<b>339</b>
CHAPTER 15	<b>Federal Policy Advocacy: Advancing Policy Goals.....</b>	<b>353</b>
	<b>Glossary</b>	<b>363</b>
	<b>Index</b>	<b>369</b>

# Contents

<b>The Essential Public Health Series</b> . . . . .	<b>x</b>
<b>Editor’s Preface</b> . . . . .	<b>xiii</b>
<b>Authors’ Preface</b> . . . . .	<b>xv</b>
<b>Pedagogical Features</b> . . . . .	<b>xxi</b>
<b>Acknowledgments</b> . . . . .	<b>xxv</b>
<b>About the Authors</b> . . . . .	<b>xxvii</b>
<b>Contributors</b> . . . . .	<b>xxix</b>

## **PART I Setting the Stage: An Overview of Health Policy and Law**

**1**

<b>Chapter 1 Understanding the Role of and Conceptualizing Health Policy and Law</b> . . . . .	<b>3</b>
Introduction . . . . .	3
Role of Policy and Law in Health Care and Public Health . . . . .	3
Conceptualizing Health Policy and Law . . . . .	5
The Three Broad Topical Domains of Health Policy and Law . . . . .	5
Social, Political, and Economic Historical Context . . . . .	6
Key Stakeholders . . . . .	7
Conclusion . . . . .	8
References . . . . .	9
Endnotes . . . . .	9
<b>Chapter 2 Policy and the Policymaking Process</b> . . . . .	<b>11</b>
Introduction . . . . .	11
Defining Policy . . . . .	11
Identifying Public Problems . . . . .	11
Structuring Policy Options . . . . .	12
Public Policymaking Structure and Process . . . . .	13
State-Level Policymaking . . . . .	13
The Federal Legislative Branch . . . . .	14
The Federal Executive Branch . . . . .	21
The Health Bureaucracy . . . . .	26

The Federal Government . . . . .	26
State and Local Governments . . . . .	29
Interest Groups . . . . .	29
Conclusion . . . . .	30
References . . . . .	30
Endnotes . . . . .	31

## **Chapter 3 Law and the Legal System** . . . . . **33**

Introduction . . . . .	33
The Role of Law . . . . .	34
The Definition and Sources of Law . . . . .	35
Defining “Law” . . . . .	35
Sources of Law . . . . .	35
Key Features of the Legal System . . . . .	39
Separation of Powers . . . . .	40
Federalism: Allocation of Federal and State Legal Authority . . . . .	40
The Role of Courts . . . . .	42
Conclusion . . . . .	46
References . . . . .	47
Endnotes . . . . .	47

## **Chapter 4 Overview of the Healthcare System** . . . . . **49**

Introduction . . . . .	49
Healthcare Spending . . . . .	50
Health Insurance . . . . .	51
Direct Services Programs . . . . .	53
Healthcare Access . . . . .	54
The Uninsured . . . . .	54
The Underinsured . . . . .	61
Insurance Coverage Limitations . . . . .	62
Safety Net Providers . . . . .	64
Workforce Issues . . . . .	66
Healthcare Quality . . . . .	69
Key Areas of Quality Improvement . . . . .	69
Assessment of Efforts to Improve Quality . . . . .	72
Comparative Health Systems . . . . .	72
A National Health Insurance System: Canada . . . . .	73

A National Health System: Great Britain . . . . . 74  
 A Socialized Insurance System: Germany . . . . . 75  
 The Importance of Health Insurance Design . . . . . 76  
 Conclusion . . . . . 78  
 References . . . . . 79

**Chapter 5 What Is Public Health? . . .83**

Introduction . . . . . 83  
 A Brief History of Public Health  
 in the United States . . . . . 85  
     Early Influences of Epidemics on the  
     Development of Public Health . . . . . 85  
     The Beginnings of Public Health in the Americas . . . . . 85  
     Scientific and Social Developments in England . . . . . 86  
     Growth of Local and State Public Health in  
     the United States . . . . . 87  
     Federal Role in Public Health in the United States . . . . . 88  
     The Public Health System in Crisis and the 1988  
     Institute of Medicine Report . . . . . 89  
     Public Health 1.0, 2.0, and 3.0 . . . . . 89  
 Definitions of Public Health . . . . . 91  
     Early 20th Century Definitions . . . . . 91  
     The 1988 National Academy of Medicine  
     Definition of Public Health . . . . . 91  
     The 10 Essential Public Health Services . . . . . 92  
     The Understanding of “Public Health” by  
     the Public . . . . . 93  
 Public Health as a System . . . . . 95  
     The Public Health System Players and Their Roles . . . . . 95  
     The Social-Ecological Model of the Determinants  
     of Health . . . . . 96  
     Framework for Public Health Action: The Health  
     Impact Pyramid . . . . . 97  
 Characteristics of a Public Health Approach . . . . . 98  
     Grounded in Science . . . . . 99  
     Focused on Prevention . . . . . 100  
     Founded on Social Justice and Health Equity  
     Philosophies . . . . . 102  
     Dedicated to Ethical Principles . . . . . 103  
     Linked with Government . . . . . 103  
     Based on an Inherently Political Nature . . . . . 104  
     Reliant on the Broader Public Health  
     System/Health in All Policies Approaches . . . . . 104  
     Engaged with a Multidisciplinary Professional  
     Culture with Common Bonds . . . . . 105  
     Dynamic, with an Ever-Expanding Agenda . . . . . 105  
 The Value of Public Health . . . . . 106  
 10 Great Public Health Achievements  
 of the 20th Century . . . . . 106  
     Reduced Mortality and Increased Life Expectancy . . . . . 107  
     The Value of Public Health to the Public . . . . . 108

Conclusion . . . . . 108  
 References . . . . . 109

**PART II Essential Issues  
 in Health Policy and Law III**

**Chapter 6 Individual Rights in  
 Health Care and Public Health . . .113**

Introduction . . . . . 113  
 Background . . . . . 114  
 Individual Rights and Health Care: A Global  
 Perspective . . . . . 116  
 Individual Rights and the Healthcare  
 System . . . . . 117  
     Rights Under Healthcare and Health Financing  
     Laws . . . . . 118  
     Rights Related to Freedom of Choice and  
     Freedom from Government Interference . . . . . 119  
     The Right to Be Free from Wrongful  
     Discrimination . . . . . 125  
 Individual Rights in a Public Health Context . . . . . 129  
     Overview of Police Powers . . . . . 129  
     The *Jacobson v. Massachusetts* Decision . . . . . 130  
     The “Negative Constitution” . . . . . 131  
 Conclusion . . . . . 133  
 References . . . . . 134  
 Endnotes . . . . . 135

**Chapter 7 Structural and Social  
 Drivers of Health and the Role  
 of Law in Optimizing Health . . . . 137**

Introduction . . . . . 138  
 Structural Drivers of Health . . . . . 138  
 Social Drivers of Health . . . . . 139  
     Types of Social Drivers of Health . . . . . 141  
     The Link Between Social Drivers and Health  
     Outcomes . . . . . 142  
 Law as a Driver of Health . . . . . 143  
     Right to Criminal Legal Representation vs.  
     Civil Legal Assistance . . . . . 146  
 Combating Health-Harming Social Conditions  
 Through Medical–Legal Partnership . . . . . 148  
     The Evolution of an “Upstream” Innovation . . . . . 148  
     The Benefits of MLPs . . . . . 151  
 Conclusion . . . . . 151  
 References . . . . . 152  
 Endnotes . . . . . 154

**Chapter 8 Understanding Health Insurance. . . . . 155**

Introduction . . . . . 155

A Brief History of the Rise of Health Insurance in the United States . . . . . 156

How Health Insurance Operates. . . . . 158

    Basic Terminology . . . . . 158

    Uncertainty . . . . . 159

    Risk. . . . . 159

    Setting Premiums . . . . . 162

    Medical Underwriting . . . . . 163

Managed Care . . . . . 164

    Cost-Containment and Utilization Tools . . . . . 165

    Utilization Control Tools . . . . . 166

    Common Managed Care Structures . . . . . 168

    The Future of Managed Care . . . . . 171

Conclusion . . . . . 172

    References . . . . . 172

    Endnotes . . . . . 173

**Chapter 9 Health Economics in a Health Policy Context . . . . . 175**

Introduction . . . . . 175

Health Economics Defined . . . . . 176

    How Economists View Decision-Making . . . . . 176

    How Economists View Health Care . . . . . 178

Economic Basics: Demand . . . . . 178

    Demand Changers. . . . . 178

    Elasticity . . . . . 180

    Health Insurance and Demand . . . . . 181

Economic Basics: Supply . . . . . 182

    Costs . . . . . 182

    Supply Changers . . . . . 182

    Profit Maximization . . . . . 182

    Health Insurance and Supply . . . . . 183

Economic Basics: Markets . . . . . 184

    Health Insurance and Markets. . . . . 184

    Market Structure . . . . . 184

    Market Failure. . . . . 185

Conclusion . . . . . 189

    References . . . . . 189

    Endnotes . . . . . 189

**Chapter 10 Government Health Insurance Programs: Medicaid, CHIP, and Medicare . . . . . 191**

Introduction . . . . . 192

Medicaid . . . . . 193

Program Administration . . . . . 193

Eligibility. . . . . 194

Benefits . . . . . 199

    Amount, Duration, and Scope, and Reasonableness Requirements . . . . . 202

    Medicaid Spending . . . . . 203

    Medicaid Financing. . . . . 204

    Medicaid Provider Reimbursement . . . . . 205

    The Future of Medicaid. . . . . 210

Children’s Health Insurance Program . . . . . 211

    CHIP Structure and Financing. . . . . 211

    CHIP Eligibility . . . . . 212

    CHIP Benefits . . . . . 213

    CHIP Beneficiary Safeguards and Cost-Sharing . . . . . 214

    CHIP and Private Insurance Coverage . . . . . 215

    CHIP Waivers . . . . . 215

    The Future of CHIP. . . . . 215

Medicare . . . . . 216

    Medicare Eligibility . . . . . 216

    Medicare Benefits and Financing . . . . . 219

    Medicare Spending . . . . . 230

    Medicare Provider Reimbursement . . . . . 232

    The Future of Medicare . . . . . 235

Conclusion . . . . . 236

    References . . . . . 236

    Endnotes . . . . . 241

**Chapter 11 Health Reform and the Patient Protection and Affordable Care Act. . . . . 243**

Introduction . . . . . 243

Difficulty Achieving Health Reform in the United States . . . . . 245

    Culture . . . . . 246

    U.S. Political System. . . . . 248

    Interest Groups . . . . . 250

    Path Dependency. . . . . 250

Unsuccessful Attempts to Pass National Health Insurance Reform. . . . . 251

The Stars Align (Barely): How the ACA Became Law . . . . . 254

    Commitment and Leadership . . . . . 255

    Lessons from Failed Health Reform Efforts . . . . . 256

    Political Pragmatism . . . . . 258

Overview of the ACA. . . . . 259

    Individual Mandate . . . . . 261

    State Health Insurance Exchanges/Marketplaces . . . . . 264

    Employer Mandate . . . . . 274

    Changes to the Private Insurance Market. . . . . 275

    Financing Health Reform. . . . . 277

Public Health, the Healthcare Workforce,  
Prevention, and Quality . . . . . 278

The U.S. Supreme Court’s Decision  
in *National Federation of Independent  
Business v. Sebelius*. . . . . 281

States and Health Reform. . . . . 282

Key Issues Going Forward. . . . . 283

    Health Reform Politics and the Pandemic . . . . . 283

    Affordability . . . . . 286

    ACA Litigation. . . . . 288

Conclusion . . . . . 290

    References . . . . . 290

**Chapter 12 Healthcare Quality  
Policy and Law. . . . . 297**

Introduction . . . . . 297

Quality Control Through Licensure and  
Accreditation . . . . . 298

Medical Errors as a Public Health Concern. . 299

Promoting Healthcare Quality Through  
the Standard of Care. . . . . 301

    The Origins of the Standard of Care . . . . . 301

    The Evolution of the Standard of Care. . . . . 302

Tort Liability of Hospitals, Insurers,  
and MCOs . . . . . 304

    Hospital Liability. . . . . 304

    Insurer Liability. . . . . 305

    Managed Care Liability . . . . . 306

Federal Preemption of State Liability Laws  
Under ERISA . . . . . 307

    Overview of ERISA . . . . . 307

    ERISA Preemption. . . . . 308

    The Intersection of ERISA Preemption and  
    Managed Care Professional Medical Liability . . 309

Measuring and Incentivizing Healthcare  
Quality . . . . . 311

    Quality Measure Development. . . . . 312

    Quality Measurement . . . . . 313

    Public Reporting . . . . . 313

    Value-Based Purchasing. . . . . 313

    National Quality Strategy. . . . . 314

    Private Payer Efforts. . . . . 315

    Role of Health Information Technology . . . . . 316

Conclusion . . . . . 316

    References . . . . . 317

    Endnotes. . . . . 317

**Chapter 13 What Is Public Health  
Emergency Preparedness?. . . . . 319**

What Is Public Health? . . . . . 319

What Is Emergency Preparedness? . . . . . 320

History of Preparedness Programs and  
Preparedness Funding . . . . . 320

The Incident Command System . . . . . 322

Presidential Policy Directive-8 (PPD-8)  
and the Whole Community Approach  
to Preparedness . . . . . 322

Role of State and Local Governments  
in Preparedness and Response. . . . . 323

What Is the Role of Public Health  
in Emergency Preparedness? . . . . . 324

Importance of Public Health Infrastructure  
and Capacity Building. . . . . 325

Federal Response Structure: National  
Response Plan (NRP), National Response  
Framework (NRF) . . . . . 326

The Public Health Workforce and Development  
of Preparedness Competencies and  
Association of Schools and Programs  
of Public Health Core Competencies . . . . . 327

Legal Issues in Public Health Emergency  
Preparedness . . . . . 327

    Emergency Management Assistance Compact . . . 331

    Emergency Use Authorization . . . . . 331

    Quarantine and Isolation. . . . . 332

Legal Preparedness. . . . . 332

Conclusion . . . . . 333

    References. . . . . 334

**PART III Basic Skills in Health  
Policy Analysis 337**

**Chapter 14 The Art of Structuring  
and Writing a Health Policy  
Analysis. . . . . 339**

Introduction . . . . . 339

Policy Analysis Overview . . . . . 339

    Client-Oriented Advice . . . . . 339

    Informed Advice . . . . . 340

    Public Policy Decision . . . . . 340

    Providing Options and a Recommendation . . . . . 340

    Your Client’s Power and Values . . . . . 340

    Multiple Purposes . . . . . 341

Structuring a Policy Analysis . . . . . 341

    Problem Identification . . . . . 342

    The Background Section . . . . . 344

    The Landscape Section . . . . . 345

    The Options Section . . . . . 347



The Recommendation Section . . . . . 351  
 Conclusion . . . . . 351  
 References . . . . . 352

**Chapter 15 Federal Policy Advocacy:  
 Advancing Policy Goals . . . . . 353**

Introduction: What Is Policy Advocacy? . . . . . 353  
 Planning an Advocacy Campaign . . . . . 354  
     Identify a Problem . . . . . 354  
     Select a Policy Solution . . . . . 354  
     Identify the Decision Makers and  
         Who Influences Them . . . . . 355

The Four Key Tools of Policy Advocacy  
 Campaigns . . . . . 355  
     Policy Research . . . . . 355  
     Direct Lobbying and Coalition Building . . . . . 356  
     Grassroots and Grasstops Advocacy . . . . . 358  
     Communications and Media . . . . . 358  
 After the Advocacy Campaign . . . . . 360  
 Conclusion . . . . . 360  
 References . . . . . 361

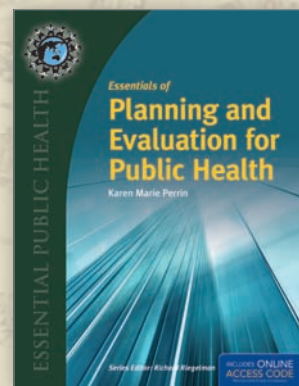
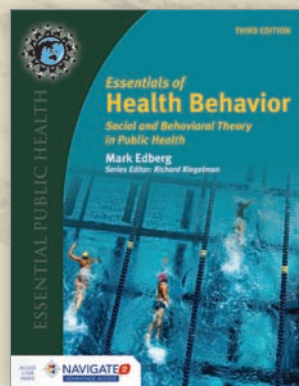
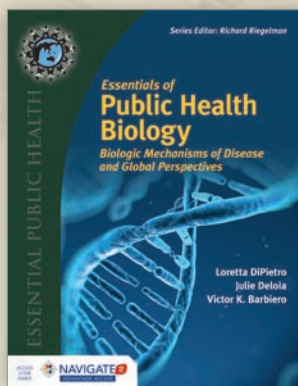
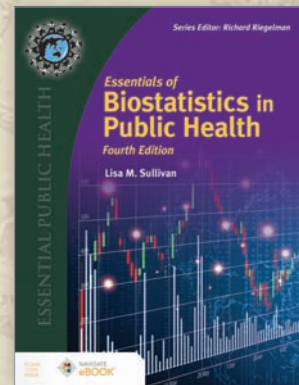
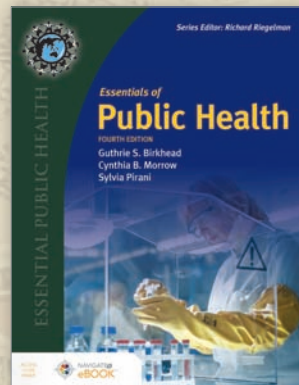
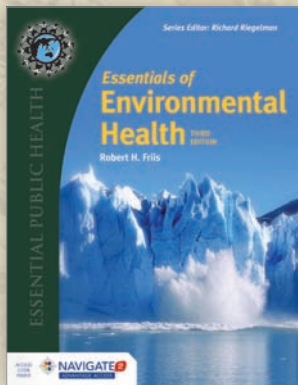
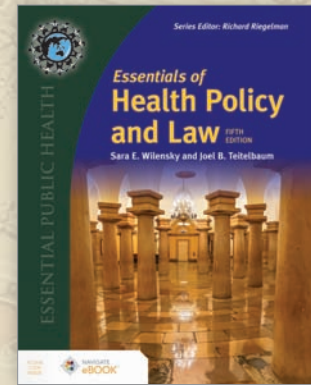
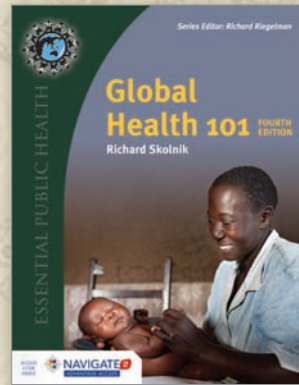
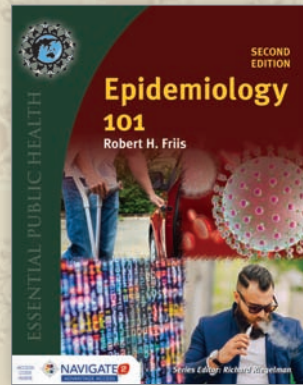
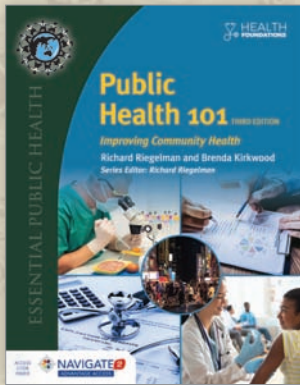
**Glossary . . . . . 363**

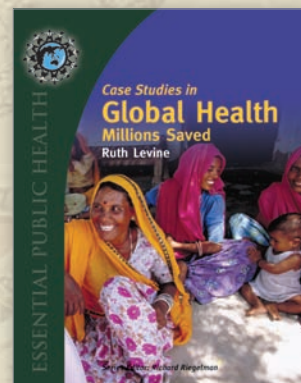
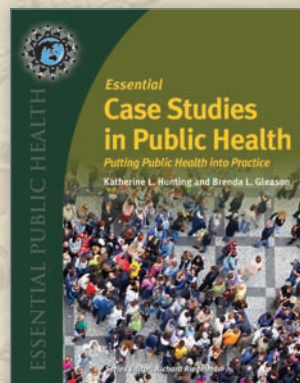
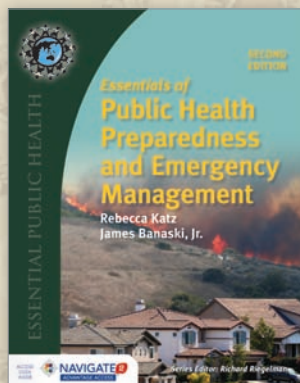
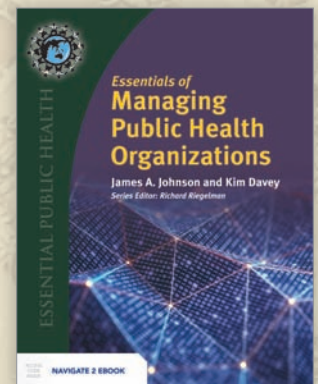
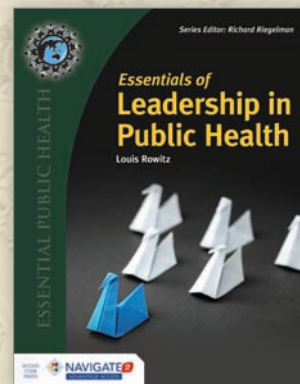
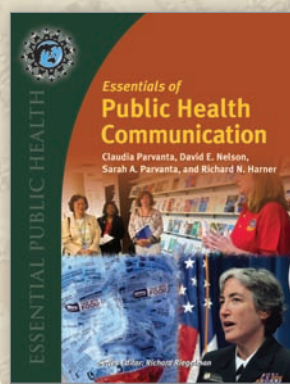
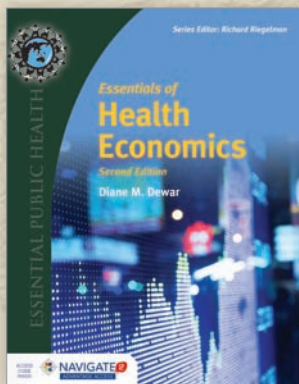
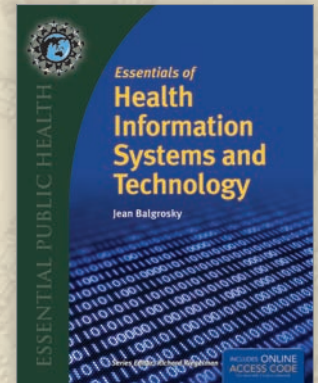
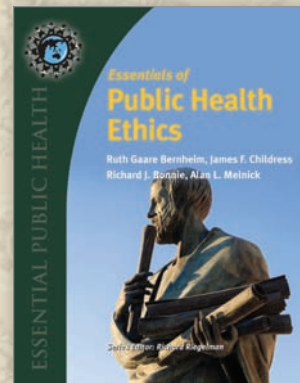
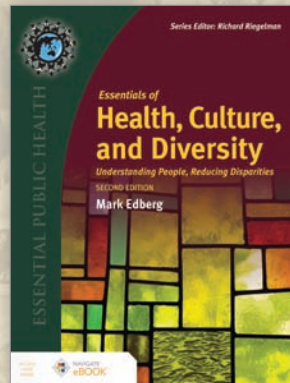
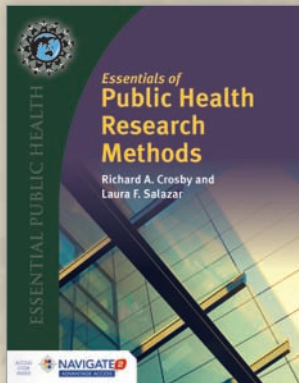
**Index . . . . . 369**

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## ABOUT THE EDITOR

Richard K. Riegelman, MD, MPH, PhD, is Professor of Epidemiology-Biostatistics, Medicine, and Health Policy, and Founding Dean of The George Washington University Milken Institute School of Public Health in Washington, DC. He has taken a lead role in developing the Educated Citizen and Public Health initiative which has brought together arts and sciences and public

health education associations to implement the Institute of Medicine of the National Academies' recommendation that "...all undergraduates should have access to education in public health." Dr. Riegelman also led the development of The George Washington's undergraduate major and minor and currently teaches "Public Health 101" and "Epidemiology 101" to undergraduates.

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# Editor's Preface

The fifth edition of *Essentials of Health Policy and Law* describes and analyzes, through the lenses of policy and law, the transformations taking place across the United States healthcare delivery and public health systems. Building on the core content and engaging style of earlier editions, this edition is by necessity influenced by the shifts occurring as a result of the 2020 election cycle, including the ways in which the Patient Protection and Affordable Care Act (commonly known as the ACA) is being interpreted and implemented.

Professors Sara Wilensky and Joel Teitelbaum have deep experience analyzing and communicating about the ACA and many other aspects of health policy and law, and this edition benefits from their combined 40 years in the field. Capitalizing on this expertise, *Essentials of Health Policy and Law, Fifth Edition* takes a broad approach to the study of health policy and law and provides a coherent framework for grappling with important healthcare and public health issues in the United States.

Health policies and laws are an inescapable and critical component of our everyday lives. Scores of important issues—from the accessibility, cost, and quality of health care; to the country's preparedness for natural disasters and pandemics; to the effects that structural and social determinants of health have on individual and community health; to the right to make individual decisions about one's own medical care—fall under the health policy and law umbrella. Health policies and laws have a strong and lasting effect on the quality of our lives as individuals, and on our safety, health, and well-being as a nation.

Professors Wilensky and Teitelbaum do a marvelous job of succinctly describing the nation's policy- and law-making machinery, the always-evolving healthcare and public health systems, the ways in which policy and law affect essential healthcare and public health concerns, and methods of advocacy for those individuals and organizations that aim to

promote health through policy and legal reform. Both authors have a unique ability to make complex issues accessible to a wide range of readers, including those without a background in health care or public health. Their training as policy analysts and lawyers shines through as they systematically describe and analyze the complex field of health policy and law, and provide vivid examples to help make sense of it all.

Equally apparent is their wealth of experience teaching health policy and law at both the undergraduate and graduate levels. Between them, they have designed and taught many different health policy and/or law courses, designed and directed a bachelor of science degree program in public health, and received multiple teaching awards for their efforts in the classroom. Readers of this text are the beneficiaries of their experience, enthusiasm, and commitment, as you will see in the pages that follow.

I am pleased that *Essentials of Health Policy and Law* is a part of the Essential Public Health series. From the earliest stages of the series' development, Professors Wilensky and Teitelbaum have played a central role. They have closely coordinated efforts with other series authors to ensure that the series provides a comprehensive approach with only intended overlap. This is well illustrated by the numerous additions and revisions, which are described in the Preface, that have taken place with the publication of this latest edition.

I am confident that you will enjoy reading and greatly benefit from *Essentials of Health Policy and Law*. Whether you are studying public health, public policy, healthcare administration, or a field within the clinical health professions, this text is a key component of your education.

—Richard Riegelman, MD, MPH, PhD, editor,  
*Essential Public Health Series*





# Authors' Preface

In the preface to the fourth edition of this text, we described several significant changes that had transpired across the healthcare and public health landscapes in the 13 years since we authored the very first edition: passage and implementation of the Patient Protection and Affordable Care Act (commonly known as the Affordable Care Act, or ACA); a new, national focus on the ways in which myriad social determinants of health affect individual and population health and well-being; shifts in public health education; and a mainly unanticipated election at the very top of the national ticket in 2016, a result that dramatically altered the trajectory of federal health policy. To this list we now add two key events that have taken place since we wrote the fourth edition manuscript in 2018. First, we note the protracted federal election cycle of 2020, which bled into early 2021 due to runoff races for both of Georgia's Senate seats and which again dramatically shifted the balance of power over federal policymaking. After all the votes were counted, Democrats emerged in control of the presidency and, by the slimmest of margins, both houses of Congress. What effects this will have on federal health policy and law, at least until the midterm elections in 2022—which could again easily reshape the Senate and/or the House of Representatives—remains to be seen, but expectations are high that Democrats will use their rare control of all the levers of federal policymaking to enact new health-related programs and policies, and to enforce existing ones with gusto. Of course, Democrats' legislative power is not completely unfettered, owing in large part to Senate filibuster rules. Whatever the case, we do our best in this edition to describe the key health policy and legal changes brought about by the Biden administration and the Democrat-controlled Congress as of the time of this writing, in August 2021.

The second addition to the list is, of course, the COVID-19 pandemic and its many devastating and intertwined health, economic, and social consequences. While it will take years to truly comprehend all of the national and global ramifications of the pandemic, and many more to adjust to and recover

from them, it is fair to say this much about COVID-19 in the United States as of mid-2021: While it has affected all segments of the population, it has been particularly deadly and damaging to groups who have been racially minoritized in society, people living in poverty situations, older persons, persons with disabilities, LGBTQ+ populations, youth, and indigenous peoples; it has deepened long-standing inequalities across a range of subjects and sectors; it has caused record levels of unemployment and business closures, and it will have major long-term repercussions on the economy and on consumer behavior; it is likely to alter the nature of work and education, and the role of technology in them; it has seemingly exacerbated a deep-seated lack of societal cohesion; it has taken a toll on the nation's mental health and well-being, particularly among young people; and, if not properly addressed through policy and law, the triple crises of the pandemic—health, economic, and social—will likely increase inequity, inequality, social deprivation, and exclusion in the long term.

Yet for all of the extant and potential consequences of COVID-19, it does not receive deep treatment in this text. This text aims to provide readers with a broad understanding of some of the most essential topics and tools in health policy and law, so that when students consider a major health event like COVID-19, they can do so using policy and law lenses. However, COVID-19 is used to illuminate discussions about various aspects of our political and legal landscape: the U.S. political system, including federalism and the politicization of the judicial branch of government; legal doctrines that are remnants of century-old judicial decisions; the organization and financing of American health care, including the public and private health insurance systems; the state of the public health workforce; structural discrimination and myriad social determinants of health; ways to advocate for change; and more. Thus, while readers may only periodically encounter content that specifically calls out COVID-19, in many respects you are reading about the policies and laws and concepts that either allow the nation to respond well and equitably

to events like COVID-19, or that drive the country to a response that leaves tens of millions of people in harm's way. We turn now to brief summaries of some other key events and frameworks that have animated this book across several editions.

## Implementation of the Affordable Care Act

Now hailed as the most important set of changes to health insurance since the 1965 enactment of Medicare and Medicaid, the ACA was signed into law by President Barack Obama in March of 2010. Since that time, the ACA itself has been on quite a journey, given the policy shifts and legal challenges it has undergone in a relatively short time. Broadly speaking, the ACA represents two landmark achievements in health policy: major reform of the private health insurance market and, relatedly, a redistribution of resources to groups and individuals who, by virtue of indigence and/or illness, have historically been excluded from the health insurance market and/or healthcare system. Additionally, the law includes dozens of other important reforms and programs unrelated to insurance. For example, more efficient and higher-quality health care, population health, healthcare access, long-term care, the health workforce, health disparities, community health centers, healthcare fraud and abuse, comparative effectiveness research, health information technology, and more all receive attention by the ACA. Indeed, it is fair to say that a fully implemented ACA would move the nation toward a more affordable, equitable, and stable insurance system, not only for the millions of individuals who have and are expected to gain insurance, but also for the tens of millions of people who no longer face the threat of a loss or lapse of coverage.

Yet, full implementation of the ACA is still just a goal, as many federal and state policymakers and a substantial bloc of the voting public continue their efforts to undermine, if not totally destroy, the law. To understand these efforts, readers must understand that many ACA reforms required a reordering of the relationships that lie at the heart of the nation's healthcare and public systems. Individuals, providers, insurers, employers, governments, and others were forced to alter once-normative behaviors in response to the policy and legal decisions underpinning the law. These types of major policy and legal shifts—such as, in the case of the ACA, the creation of the “individual insurance mandate,” new prohibitions that prevent private insurers from using discriminatory enrollment

practices, the creation of new health insurance exchanges, and the expansion of Medicaid eligibility standards—are basically destined to create backlash, given the very nature of how people respond to change and the vast amounts of money that, for some industries, are at stake. Add to this the fact that the ACA bill that eventually became law passed in Congress by the slimmest of margins after months of rancorous debate, and fully half the states in the United States actively opposed the ACA's implementation after its passage. Even now, more than a decade since the ACA became law, courts across the country have ACA-related cases on their dockets and the law continues to be used as a cudgel on the campaign trail. Needless to say, the outcomes of these lawsuits and policy debates will no doubt be discussed in both the national media and in the health policy and law courses in which you register, and they will be devoted space in the pages of this text in future editions.

## Shifts in Public Health Education

Several important shifts in public health education have taken place since 2007. One change that is particularly relevant to this text (and to the entire Essential Public Health series, of which this text is a part) is the effort undertaken by the Association of American Colleges and Universities (AAC&U) and the Association of Schools and Programs of Public Health (ASPPH) to develop the Educated Citizen and Public Health Initiative. This initiative seeks to integrate public health perspectives into a comprehensive liberal education framework and to develop and organize publications, presentations, and resources to help faculty develop public health curricula in the nation's colleges and universities. As a result, public health perspectives generally, and health policy and law specifically, are increasingly being integrated into courses as diverse as political science, history, sociology, public policy, and a range of courses that prepare students for the health professions. Furthermore, the most recent accreditation standards from the Council on Education for Public Health (CEPH) requires that Master of Public Health students learn to “advocate for political, social or economic policies and programs that will improve health in diverse populations” (see [https://storage.googleapis.com/media.ceph.org/wp\\_assets/2016.Criteria.pdf](https://storage.googleapis.com/media.ceph.org/wp_assets/2016.Criteria.pdf)), and this edition responds to that call with a brand-new chapter on health advocacy. We are proud that this text has played a role in shaping (and supplying) the market for health



policy and law education as part of a liberal education framework, and we aim with this *Fifth Edition* to make the material as accessible as possible to diverse audiences. Indeed, we know from user surveys that this text is used across several disciplines (public health, health administration, medicine, health, other public policy, etc.) and degree levels (bachelor, master, doctoral), and as a result we attempt to strike a balance on the topics that are covered, the depth of the content covered, and the overall length of the text. We recognize that certain educators and programs wish that we would alter our approach to at least one of those three things, but we ask for your understanding as we aim to satisfy multiple audiences.

## Addressing Complex Health Policy Challenges

Some health policy concerns are exceedingly complex. On this topic we offer four factors for your consideration as you delve into the chapters that follow. First, like most challenging public policy problems, pressing health policy questions simultaneously implicate politics, law, ethics, and social mores, all of which come with their own set of competing interests and advocates. Second, health policy debates often involve deeply personal matters pertaining to one's quality—or very definition—of life, philosophical questions about whether health care should be a market commodity or a social good, or profound questions about how to appropriately balance population welfare with closely guarded individual freedoms and liberties. Third, it is often not abundantly clear how to begin tackling a particular health policy problem. For example, is it one best handled by the medical care system, the public health system, or both? Which level of government—federal or state—has the authority or ability to take action? Should the problem be handled legislatively or through regulatory channels? The final ingredient that makes health policy problems such a complex stew is the rapid developments often experienced in the areas of healthcare research, medical technology, and public health threats. Generally speaking, this kind of rapid evolution is a confounding problem for the usually slow-moving American policy- and lawmaking machinery.

Furthermore, the range of topics fairly included under the banner of “health policy and law” is breathtaking. For example, what effect is healthcare spending having on national and state economies? How should finite financial resources be allocated between

health care and public health? How can we ensure that the trust funds established to account for Medicare's income and disbursements remain solvent in the future as an enormous group of baby boomers becomes eligible for program benefits? What kind of return (in terms of quality of individual care and the overall health of the population) should we expect from the staggering amount of money we collectively spend on health? Should individuals have a legal entitlement to health insurance? How should we attack extant health disparities based on race, ethnicity, and socioeconomic status? What policies will best protect the privacy of personal health information in an increasingly electronic medical system? Can advanced information technology systems improve the quality of individual and population health? Should the right to have an abortion continue to be protected under the federal Constitution? Should physician assistance in dying be promoted as a laudable social value? Will mapping the human genome lead to discrimination based on underlying health status? How prepared is the country for natural and man-made catastrophes, like pandemic influenza or bioterrorism attacks? What effect will chronic diseases, such as diabetes and obesity-related conditions, have on healthcare delivery and financing? How should we harness advancing scientific findings for the benefit of the public's health?

As seen from even this partial list of questions, the breadth of issues encountered in the study of health policy and law is virtually limitless, and we do not grapple in this text with all of the preceding questions. We do, however, introduce you to many of the policies, laws, and concepts that give rise to them; provide an intellectual framework for thinking about how to address them going forward; and direct you to additional relevant readings. Given the prominent role played by policy and law in the health of all Americans, and the fact that the Health and Medicine Division of the National Academies recommends that students of public health and other interdisciplinary subjects (for example, public policy or medicine) receive health policy and law training, the aim of this text is to help you understand the broad context of American health policy and law, the essential issues impacting and flowing out of the healthcare and public health systems, and how health policies and laws are influenced and formulated. Broadly speaking, the goal of health policy is to promote and protect the health of individuals and of populations bound by common circumstances. Because the legal system provides the formal structure through which public policy—including health policy—is debated, effected, and interpreted, law is an indispensable component

of the study of health policy. Indeed, law is inherent to the expression of public policy: Major changes to policies often demand the creation, amendment, or rescission of laws. As such, students studying policy must learn about policymaking *and* the law, legal process, and legal concepts.

## About the *Fifth Edition*

As a result of the changes described earlier, and in response to comments we received from users of the previous edition of *Essentials of Health Policy and Law*, this edition includes a brand-new chapter; renovations and updates to several existing chapters; updated figures, tables, and discussion questions; and updated references and readings. Specifically, there is new or updated content in the areas of national and state health reform; the healthcare delivery and public health systems; the policymaking process; the ACA's effect on Medicaid, Medicare, and CHIP; individual rights in health care; structural and social drivers of health; and health advocacy, a topic that now lays claim to its own chapter. In addition, there is a new feature—specialized text boxes. Text boxes are now color-coded and divided into Discussion Questions, Special Topics, and Technical Spotlights, allowing instructors to select the content most appropriate for their courses.

## Part I

Part I of this text includes five preparatory chapters. **Chapter 1** describes generally the influential role of policy and law in health care and public health and introduces various conceptual frameworks through which the study of health policy and law can take place. The chapter also illustrates why it is important to include policy and law in the study of health care and public health. However, an advanced exploration of health policy and law in individual and population health necessitates both a basic and practical comprehension of policy and law in general—including the policymaking process and the workings of the legal system—and an understanding of the nation's rather fragmented healthcare and public health systems. Thus, **Chapter 2** discusses both the meaning of policy and the policymaking process, including the basic functions, structures, and powers of the legislative and executive branches of government and the respective roles of the federal and state governments in policymaking. **Chapter 3** describes the meaning and sources of law and several key features of the American legal system, including the separation of

powers doctrine, federalism, the role of courts, and due process. **Chapter 4** provides an overview of the healthcare system, including basic information on healthcare finance, access, and quality and examples of how the U.S. system differs from those in other developed nations. Part I closes with an overview, in **Chapter 5**, of the public health system, including its origins, evolution, core functions, and contributions.

## Part II

Part II offers several chapters focusing on key substantive health policy and law issues. **Chapter 6** examines the ways in which the law creates, protects, and restricts individual rights in the contexts of health care and public health, including a discussion of laws (such as Medicaid and Medicare) that aim to level the playing field where access to health care is concerned. The chapter also introduces the “no-duty-to-treat” principle, which rests at the heart of the legal framework pertaining to healthcare rights and duties and holds that there is no general legal duty on the part of healthcare providers to render care. **Chapter 7** describes how structural and social factors play a critical role in the attainment (or not) of health equity and of individual and population health, discusses the ways in which law can both exacerbate and ameliorate negative social determinants of health, and introduces readers to the concept of health and social services integration. **Chapters 8** and **9** cover the fundamentals of health insurance and health economics, respectively, and set up a subsequent thematic discussion in **Chapters 10** and **11**. Specifically, **Chapter 8** describes the function of risk and uncertainty in health insurance, defines the basic elements of health insurance, discusses important health policy issues relating to health insurance, and more; **Chapter 9** explains why it is important for health policymakers to be familiar with basic economic concepts; the basic tenets of supply, demand, and markets; and the way in which health insurance affects economic conditions.

**Chapter 10** explains how federal and state policymakers have created health insurance programs for individuals and populations who otherwise might go without health insurance coverage. The basic structure, administration, financing, and eligibility rules of the three main U.S. public health insurance programs—Medicaid, the Children's Health Insurance Program, and Medicare—are discussed, as are key health policy questions relating to each program. **Chapter 11** focuses on health reform and the ACA. This chapter discusses the reasons why for decades the United States failed to achieve significant national

health reform in the 50 years prior to the ACA, how and why the ACA passed given this history, and what the ACA aims to achieve. Part II then moves to a discussion of healthcare quality in **Chapter 12**, which reflects on several important policy and legal questions in the areas of provider licensure and accreditation of health facilities (both of which represent quality control through regulation), the evolution of the standard of care, tort liability for healthcare providers and insurers, preventable medical errors, and, with the ACA as the focal point, efforts to improve healthcare quality through quality improvement and provider incentive programs. Part II concludes with **Chapter 13**, which focuses on public health emergency preparedness, including discussions about the role of public health in emergency preparedness, the concept of the “whole community” approach to preparedness and response, and the types of legal issues that arise in the context of emergency preparedness.

## Part III

The text concludes in Part III with two chapters that cover the basic skills of health policy analysis and

health advocacy, respectively. The substance of health policy can be understood only as the product of an infinite number of policy choices regarding whether and how to intervene in many types of health policy problems. **Chapter 14** explains how to structure and write a short health policy analysis, which is a tool frequently used by policy analysts when they assess policy options and discuss rationales for their health policy recommendations. Finally, **Chapter 15** examines the role of advocacy in health policymaking and the key tools used by health policy advocates, and it also includes a roadmap for developing a health advocacy campaign.

Additional learning resources can be found in the Navigate eBook that accompanies this text. These materials include an interactive glossary, flashcards, chapter review slides, end-of-chapter quizzes to assess learning, and an interactive timeline. These materials are available by redeeming the access code found on the card inside this book.

Resources for instructors are also available and include slides in PowerPoint format, a test bank, mid-term and final exam, and sample syllabus.



# Pedagogical Features

## Learning Objectives

Learning objectives at the start of each chapter give you a preview of the topics to be covered in the chapter.

### LEARNING OBJECTIVES

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

1. Understand the role of risk and uncertainty in insurance
2. Define the basic elements of health insurance
3. Differentiate various insurance products
4. Discuss incentives created for providers and patients in various types of insurance arrangements
5. Discuss health policy issues relating to health insurance



### Box 8.9 DISCUSSION QUESTIONS

In terms of containing healthcare costs and improving healthcare quality, do you think healthcare consumers and professionals need even more restrictions than are currently used in managed care? Are there any reasons to revert back to the FFS system, even knowing its inflationary qualities? If you think that managed care is not the answer to our still-rising healthcare costs and quality concerns, what other tools might help lower costs and improve the quality of care? Should any tools be imposed by government regulation or agreed to voluntarily by insurers and the insured?

## Discussion Question Boxes

Discussion Question boxes found throughout the text promote critical thinking, classroom discussion, and enhanced student learning.

## Special Topics

Special Topics boxes provide more detailed information on key topics throughout.



### Box 10.4

### Special Topic

#### Federal Poverty Level

Federal poverty guidelines are determined annually and calculated based on the number of individuals in a family. The guidelines are commonly referred to as the *federal poverty level*, but the U.S. Department of Health and Human Services (HHS) discourages the use of this term because the Census Bureau also calculates, using different methods, a figure referred to as the *federal poverty threshold*. However, because the term *federal poverty level* is still commonly used when discussing eligibility for federal and state programs, we use it here. The poverty guidelines are somewhat higher for Alaska and Hawaii due to administrative procedures adopted by the Office of Economic Opportunity.

## Vignettes

Vignettes featured throughout help readers apply key concepts and bring topics to life.

## Technical Spotlight

Technical Spotlight boxes highlight the more complex and technical details of various policies and key topics for additional student learning.



Box 10.11

Technical Spotlight

### Alternative Benefit Plan (Section 1937 Plan) Requirements

- Align with an approved benchmark or benchmark equivalent
- Provide essential health benefits
- Include early and periodic screening, diagnosis, and treatment for children up to age 21 years
- Cover federally qualified health center/rural healthcare services
- Cover nonemergency transportation to medical care
- Cover family planning services and supplies
- Comply with mental health parity law
- Comply with traditional Medicaid cost-sharing rules
- Do not cover care for beneficiaries in institutions for mental diseases
- Exempt certain medically frail populations from benefit limits



### Box 8.1 VIGNETTE

William owns a small farm that

raises chickens and goats. He has nine employees and has always made it a priority to offer competitive benefits, including health insurance. Unfortunately, last year one of his employees was diagnosed with cancer, which he continues to fight. Due to the sharp increase in use of health services by his employee group, the insurance company doubled his group premiums for the upcoming year. When William contacted other carriers, several of them would not consider insuring his group, and most of the others gave him quotes that were just as expensive as his current carrier. One company gave him a lower quote, but it covered only catastrophic care; his employees would have to pay for the first \$5000 of care out of their own pockets. After reviewing his company's finances, William is left with several unattractive options: stop offering health insurance; offer comprehensive health insurance but pass on the cost increase to his employees, which would make it unaffordable for most of them; offer the bare-bones catastrophic plan only; or significantly lower wages and other benefits to defray the rising health insurance costs. In addition to wanting to offer competitive benefits, William is concerned that adopting any of these options will cause his employees to leave and make it hard to attract others, threatening the sustainability of his company.

The 2010 health reform law (ACA) attempts to help small businesses like William's by creating state health insurance exchanges. Starting in 2014, these exchanges offered a variety of plans to individuals and small businesses that otherwise might not be able to afford health insurance coverage. By creating large groups of purchasers through the exchanges, it is possible to pool risk and keep prices lower than if individuals or small businesses were attempting to purchase insurance coverage on their own.



## Unsuccessful Attempts to Pass National Health Insurance Reform

Since the early 1900s, when medical knowledge became advanced enough to make health care and health insurance desirable commodities, there have been periodic attempts to implement universal coverage through national health reform. The Socialist Party was the first U.S. political party to support health

## Timeline

Noted with a clock icon, these key milestones in U.S. history are identified at relevant points throughout the text. These milestones are also included in the Interactive Timeline available in the enriched eBook.



Please refer to the interactive timeline that can be found inside the Navigate eBook that accompanies this text. Simply redeem the access code found at the front of the book at [www.jblearning.com](http://www.jblearning.com).

overthrow it (Starr, 1982, p. 243). In 1912, Progressive Party candidate Theodore Roosevelt supported a social insurance platform modeled on the European

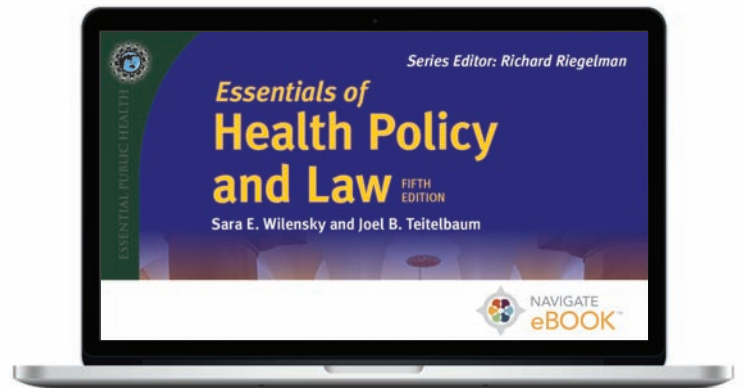
## Additional Materials Available in the Accompanying Navigate eBook

Your new copy of *Essentials of Health Policy and Law, Fifth Edition* includes complimentary access to the accompanying Navigate eBook (see access code card at the front of the book). This resource provides you with the complete text in an easy-to-read, digital format for convenient online or offline access from your computer, tablet, or mobile device.

The Navigate eBook includes several additional learning resources including an interactive glossary, flashcards, chapter review slides, and student quizzes for each chapter.

The Navigate eBook also includes an interactive timeline that looks at key milestones in U.S. history as they relate to health policy. This interactive enrichment contains four timelines in one that outline:

- The political party in power in the federal government including the president, the House of Representatives, and the Senate
- Major social and political events such as the #MeToo movement, the Great Recession, the Progressive Era, and the Cold War Era
- Important developments in health and medicine such as the founding of the American Medical Association, the opening of the first school of nursing, and the establishment of the role of nursing during the Civil War
- Key federal legislative proposals/laws and key legal decisions such as the Affordable Care Act, the Health Insurance Portability and Accountability Act, and the Social Security Act



Political Party in Power —Federal Government	Major Social and Political Events	Key Federal Legislative Proposals/Laws and Key Legal Decisions	Important Developments in Health and Medicine
			<ul style="list-style-type: none"> <li>• (1932–1972) Tuskegee Syphilis Study</li> <li>• 1945 Nobel Prize in Medicine awarded for development of penicillin treatment for humans, which is used extensively in the war</li> <li>• 1945 Kaiser Permanente, a large prepaid, integrated health plan is opened to the public</li> <li>• 1946 the Emerson Report released proposing overall plan for public health in the United States</li> </ul>

To redeem your code and gain access to your Navigate eBook, log on to [www.jblearning.com](http://www.jblearning.com)







# Acknowledgments

We are grateful to the many people who generously contributed their guidance, assistance, and encouragement to us during the writing of the several editions of this textbook. At the top of the list is Dr. Richard Riegelman, founding dean of the Milken Institute School of Public Health at the George Washington University and professor of epidemiology and biostatistics, medicine, and health policy. The Essential Public Health series was his brainchild, and his stewardship of the project as series editor made our involvement in it both enriching and enjoyable. We are indebted to him for his guidance and friendship.

We single out one other colleague for special thanks. Sara Rosenbaum, the Harold and Jane Hirsh Professor of Health Law and Policy and a past chair of the George Washington University's Department of Health Policy and Management, has been a wonderful mentor, colleague, and friend for decades. We are indebted to her for supporting our initial decision to undertake the writing of this textbook.

During the writing of the various editions of this book, we have been blessed by the help of several stellar research assistants. The first edition could not have been completed without V. Nelligan Coogan, Mara B. McDermott, Sarah E. Mutinsky, Dana E. Thomas,

and Ramona Whittington; Brittany Plavchak and Julia Roumm were essential to the completion of the second edition; Jacob Alexander's assistance was key to the third edition; Joanna Theiss was instrumental in updating the fourth edition; and Layna Teitelbaum provided invaluable research assistance for the current edition. To all of them, we send our deep appreciation for their help and steady supply of good cheer.

Our gratitude extends also to Mike Brown, former publisher for Jones & Bartlett Learning, for his then-visionary decision to include a policy and law textbook in the earliest set of books that would become the Essential Public Health series. Similarly, we are indebted to the entire team at Jones & Bartlett Learning—particularly Sophie Teague, Sara Bempkins, and Susanne Walker—for their support, confidence, patience, and expertise.

Finally, we wish to thank those closest to us. Sara gives special thanks to Trish Manha, her wife, sounding board and constant supporter, and to Sophia and William, budding authors in their own right who make life fun, surprising, and ever-changing. Joel sends special thanks to his family: Laura Hoffman, Jared Teitelbaum, and Layna Teitelbaum, his favorite people and unending sources of joy and laughter.





# About the Authors

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Dr. Wilensky has taught a health policy analysis course and health systems overview course that is required of all students in the Master of Public Health–Health Policy degree program, as well as the health policy course required of all undergraduate students majoring in public health. She has been the principal investigator or co-principal investigator on numerous health policy research projects relating to a variety of topics, such as Medicaid coverage, access and financing, community health centers, childhood obesity, HIV preventive services, financing of public hospitals, and data sharing barriers and opportunities between public health and Medicaid agencies.

As the assistant dean for undergraduate education Dr. Wilensky is responsible for overseeing all undergraduate programs and cocurricular activities in SPH, sets the strategic vision for the undergraduate programs, and works with campus partners and outside stakeholders to improve undergraduate public health education.

Dr. Wilensky is involved with several GW service activities: She has taught a service learning in public health course in the undergraduate program; she has been heavily involved in making GW's Writing in the Disciplines program part of the undergraduate major in public health; and she is the advisor to students receiving a master in public policy or a master in public administration with a focus on health policy from GW's School of Public Policy and Public Administration. She also serves on the publications board for the American Public Health Association.

Prior to joining GW, Dr. Wilensky was a law clerk for federal Judge Harvey Bartle III in the Eastern District of Pennsylvania and worked as an associate at the law firm of Cutler and Stanfield, LLP, in Denver, Colorado.

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Professor Teitelbaum has taught law, graduate, or undergraduate courses on healthcare law, healthcare civil rights, public health law, minority health policy, and long-term care law and policy. He was the first member of the School of Public Health faculty to receive the University-wide Bender Teaching Award, he has received the School's Excellence in Teaching Award, and he is a member of the University's Academy of Distinguished Teachers and the School's Academy of Master Teachers. He has authored or coauthored dozens of peer-reviewed articles and reports in addition to many book chapters, policy briefs, and blogs on law and social drivers of health, health equity, civil rights issues in health care, health reform and its implementation, medical–legal partnership, and insurance law and policy, and he has delivered more than 100 invited lectures/presentations at leading universities and national conferences. In addition to *Essentials of Health Policy and Law*, he is coauthor of *Essentials of Health Justice: A Primer*. In 2000, Professor Teitelbaum was corecipient of The Robert Wood Johnson Foundation Investigator Award in Health Policy Research, which he used to explore the creation of a new framework for applying Title VI of the 1964 Civil Rights Act to the modern healthcare system.

Among other organizations, Professor Teitelbaum is a member of Delta Omega, the national honor society recognizing excellence in the field of public health; the ASPH/Pfizer Public Health Academy of Distinguished Teachers; and the Society for American Law

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