P272 / Private Authority and Public Regulation in Health Care

Topic : Regulation and Regulatory Governance

Chair : Miriam Laugesen (Columbia University)

GENERAL OBJECTIVES, RESEARCH QUESTIONS AND SCIENTIFIC RELEVANCE

This panel seeks to bring together scholars working on issues of private governance, private investment, and health care systems or health-related infrastructure. The objective of this panel is to explore two core questions: Under which conditions do states regulate, delegate, or abdicate authority to investors and nonprofit and professional associations? And what governance arrangements follow?

In exploring these questions, this panel aims to apply regulatory governance theory to health care—a sector that accounts for a large share of public spending—and to use health as a demanding test case for theories of private authority and state capacity.

Two example cases in the U.S. context illustrate this: Since the mid-20th century, the American Medical Association (AMA), which is the primary professional society for physicians, has maintained a federally mandated monopoly over the definition and classification of medical procedures, and retains a large level of influence over price-setting and reimbursement (Laugesen, 2016). While there is considerable heterogeneity in medical coding and billing systems internationally, the U.S. is the only high-income democracy in which this type of public medical infrastructure remains fully privatized, (Gusmano et al., 2020) which has only recently begun to garner national regulatory scrutiny. A second case is that of the development of the US health care state, which has seen privatization via private equity investors (Borsa et al., 2023) that followed a prolonged delegation of the welfare state that began in the post-war era (Grogan, 2023).

These cases highlight the importance of studying private institutional embeddedness in public governance, including how particular institutional arrangements come to be durable, self-reinforcing, or otherwise difficult to reverse in potentially path dependent fashion (Pierson, 2000). As forms of neoliberal governance and public-private partnerships continue to proliferate globally, (Ilcan, 2009) it is of increasing scientific and political import to understand how, when, and why private institutions come to assume roles in public system stewardship, and by extension, what the impacts of these arrangements are for democratic function, civic engagement, and population wellbeing.

CALL FOR PAPERS

This will be an in-person panel. The chairs welcome theoretically informed empirical papers that examine how regulatory authority over health care is allocated between public institutions and private actors, and with what consequences. We are especially interested in work that approaches its case through a political economy lens, attending to the interests, institutions, and distributive outcomes at stake rather than treating regulation as a purely technical or efficiency-driven exercise.

Methodologically, we are open to a range of approaches, including: comparative and historical case studies; process tracing of specific regulatory episodes; analysis of administrative, consultation, or lobbying records; quantitative studies of regulatory effects; and conceptual papers that sharpen the vocabulary for private authority in health. Single-country studies are welcome where they engage explicitly with broader theory. Cross-national comparisons and work on jurisdictions underrepresented in the existing literature are particularly encouraged.

Examples of topics that submissions might address include, but are certainly not limited to: the regulation of institutional investors, such as private equity firms; the governance of private and complementary insurers across health systems; the development and adoption of coding, classification, or other standardized systems; electronic health record stewardship; the role of medical associations and other organized interests as rule-makers; competition, transparency, and ownership-disclosure regimes; the diffusion of standards or regulatory models; or the emerging governance of algorithmic and AI-assisted tools in payment and coverage decisions.

Papers should state a clear research question, engage with relevant literature in health policy and in

regulatory or political economy scholarship, and explain what the case contributes beyond its own setting. Early-stage work with a well-developed research design is welcome. Because the chairs aim to assemble a panel in which papers speak to one another across domains and countries, proposals should indicate how their findings bear on the panel's shared questions.

References

Borsa, A. et al. (2023) "Evaluating trends in private equity ownership and impacts on health outcomes, costs, and quality: systematic review," Bmj, 382.

Grogan, C.M. (2023) Grow and Hide The History of America's Health Care State. New York: Oxford Univerity Press.

Gusmano, M.K. et al. (2020) "Getting The Price Right: How Some Countries Control Spending In A Fee-For-Service System," Health Affairs (Millwood). 2020/11/03 ed, 39(11), pp. 1867–1874. Available at: https://doi.org/10.1377/hlthaff.2019.01804.

Ilcan, S. (2009) "Privatizing responsibility: Public sector reform under neoliberal government," Canadian Review of Sociology/Revue canadienne de sociologie, 46(3), pp. 207–234.

Laugesen, M.J. (2016) Fixing medical prices: how physicians are paid. Cambridge, Mass.: Harvard University Press.

Pierson, P. (2000) "Increasing Returns, Path Dependence, and the Study of Politics," American Political Science Review, 94(2), pp. 251–267.