

Review

Frank R. Baumgartner, Jeffery M. Berry, Marie Hojnacki, David C. Kimball, and Beth L. Leech. *Lobbying and Policy Change: Who Wins, Who Loses, and Why*. Chicago: University of Chicago Press, 2009. 341 pp. \$66.00 cloth; \$24.00 paper.

Who wins? Who loses? These questions have always been relevant to those who lobby in Washington, and Baumgartner et al. provide a carefully designed empirical study of how and why lobbying drives policy changes. *Lobbying and Policy Change: Who Wins, Who Loses, and Why* represents a significant contribution to the often publicly misunderstood world of lobbying in Washington, D.C., and provides a practical view of the largest segment of professional advocacy: the health care industry. Anyone with an interest in understanding the nuances of how and why decisions are made in Congress and the administration will find *Lobbying and Policy Change* an invaluable resource. Perhaps the most interesting aspect of this text is that it both questions many of the long-held assumptions about moneyed interests in Washington and gives the reader an array of new tools to assess why and how lobbying affects policy change.

Lobbying and Policy Change answers the questions about winners and losers in the policy process by examining ninety-eight randomly selected issues that came up during the Clinton and Bush administrations from 1999–2002. What makes this text unique is that the authors look beyond the typical sensation-grabbing headlines about lobbying and the endgame of final policy choices. Instead, through a systematic and carefully designed research protocol, the research team interviewed over three hundred lobbyists, trade association officials, and appointed and elected officials. Information from those interviews was supplemented by news accounts from a wide range of media sources. The monumental nature of the research alone makes *Lobbying and Policy Change* worth reading for political scientists or for anyone keenly interested in understanding the complex dynamics of policy change. But the true worth of this text lies in the rich descriptions that this respected team of academics discover in their interviewees' answers about why certain groups and issues are successful in the political and policy labyrinth of the Washington Beltway and about the looming power of the status quo.

The strength of the status quo in Washington policy circles is a central theme that *Lobbying and Policy Change* seeks to understand and define.

Chapter 1 of the text provides a set of expectations about the findings that challenges long-held assumptions about power and money in Washington. Important for the health policy community, nearly one-fourth of the issues examined by the authors are health care related, making this text an important contribution to understanding how and why health care policy changes occur in Washington. The interview process and protocol used to gather data about policy change and lobbying is impressive; the authors examined the randomly selected issues over a four-year period, allowing them to illustrate their case about the importance of patience and longevity in the world of professional advocacy.

Counterintuitively, while over \$2 billion was spent to lobby Congress and the administration in 2008, the research outlined in the text reveals that most lobbying is about protecting the status quo. Across a wide array of issues, including health care, the authors find that much of what occurs in the halls of Congress and in the executive branch is about keeping policies intact. In most cases, they find that moneyed interests oppose moneyed interests, and the resources being deployed in the form of hired lobbyists, staff, and media coverage are part of a complex game. Because of well-organized interests that oppose one another, the institutional structures of government often thwart a change in the status quo.

The importance of policy communities and “sides” is something the authors emphasize, and it has added salience in the context of health care reform. Chapter 3 describes the importance of policy networks and communities and their respective roles in changing the status quo. The health care industry, as evidenced by the large number of issues in the authors’ research, is full of diverse, well-funded organizations. This fact is readily apparent today as the many competing interests, seeking to make their respective policy choices known, tend to cancel each other out and move the system toward a state of equilibrium, thus forcing the policy debate toward a state of marginal, incremental change. This policy dynamic played out during the 1993–1994 debates over health care reform and appears at this writing to be playing out again in the latest round of reform efforts. The moneyed and organized interests compete with one another and thus force institutional players to opt for either no action or the status quo with incremental changes in policy direction.

However, not all issues are as high profile as health care reform, with its hundreds of well-funded groups involved in diverse policy communities. As the authors point out throughout the text, many issues struggle to get even the marginal attention of policy players. One example worth noting in chapter 4 deals with the attempt by clinical social workers in skilled

nursing facilities to be directly reimbursed by Medicare (69). The social workers were not successful in attempting to “unbundle” reimbursement policy that was a part of the Balanced Budget Act of 1997. They were defeated by obstacles in the policy process and by the potential for unintended budgetary consequences of a policy change, even though they had the support of powerful members of the House Committee on Ways and Means. This is a prime example of how a lack of attention, combined with institutional obstacles in the policy process, can block changes to the status quo.

Another important aspect of lobbying and policy change the authors deal with is the increasing role and relevancy of elections and partisanship in shaping policy outcomes. Not surprisingly, and consistent with past scholarship, the researchers find that elections do indeed matter. Interest groups have gravitated more toward using the electoral process to influence the partisan make-up of institutions because partisan stalemates often lead to a reinforcement of the status quo and thus impede policy change. The current health care debate, and arguably past health care reform debates, demonstrate this fact more and more as political stalemates often stymie policy change. The authors find an important correlation between electoral change and significant policy change, and hence a greater involvement from a range of health care lobbies in recent election cycles in a direct attempt to influence elections. The strategic choices that interest groups make are an important factor that is perhaps overlooked and sometimes misunderstood by the public at large. As chapter 6 suggests, lobbying is largely a reaction to choices that in many instances were not made by the interests involved in the policy debate (110). Often, lobbyists are forced to deal with situations that were not of their making; thus they must react to the actions of policy makers and competing interest groups. In this chapter, the authors provide a telling example of how a health policy choice was thrust upon the medical profession. The policy originated not in a Washington-based trade association or lobby shop but from a sole constituent request to his local member of Congress. A pathologist recruited his congressman to change the reimbursement mechanism for Pap screening, which then forced a cadre of lobbying organizations to react to the bill introduced. This one example shows how lobbyists must make the best of a situation, even when they may not have wanted to pursue an issue in the first place. The authors provide the reader with an invaluable insight into the complex dynamics of policy making and how external factors can and do influence the path of policy change.

The current health care debate provides some interesting applications

for the strategic policy choice typology outlined in *Lobbying and Policy Change*. As the authors demonstrate with issue case evidence, policy choices are constrained by the power of the status quo, the degree of change sought, and the salience of the issue. Uncertainty and questions about costs and unintended consequences provide an advantage to those interests that favor the status quo. One can scan the headlines about unintended consequences of health care reform proposals pending in Congress at the time of this writing for evidence of how interests favoring the status quo use fears and uncertainty about budgetary impact and delivery of service as means to maintain the status quo.

How and whether direct advocacy produces policy change can depend on the tactics that interest groups employ, as the authors suggest in chapter 8. The authors provide evidence of patterns of tactics that are employed to allow defenders of the status quo to maintain their policy choices, tactics that include working very closely with congressional allies of both parties who sit on committees of jurisdiction (163). One need only look at the vast number of committees of jurisdiction related to health care and the number of committees involved in the issue to understand the complex dynamic and how defenders of the status quo have many tactics and veto points in the policy process. Steinmo and Watts (1995) perhaps said it best in the title of an article that examined the failure of the Clinton-era health care reform initiative: "It's the Institutions, Stupid!"

Lobbying and Policy Change provides the reader with answers about how policy change can and does occur, although rarely, in the face of the many obstacles presented by the policy status quo. The authors provide convincing evidence that institutional constraints, the power of moneyed interests, and the dynamics of public attention can, in fact, fuel dramatic policy change, despite the power of the status quo. In short, the ability to change existing policy can be and is disrupted by elections and accompanying change in partisan control, even on the margins. But change is rarely swift in Washington, as clearly shown today by the prolonged and seemingly never-ending discussion about reform of the health care delivery and financing system. How issues are framed or defined is an important aspect of lobbying and of how and whether policy change occurs. A finding relevant to any practitioner and to those who attempt to spin issues is the fact that lobbyists rarely are successful in reframing an issue. Only four of ninety-eight issues examined had been reframed; importantly, none involved health care (176). Once again, the authors emphasize the importance of the status quo and how competing interests keep issues, and

thus issue frames, in a state of equilibrium. Significantly, the authors note from their issue observations that lobbyists and the organizations they represent live in a world that rewards patience and that issues are rarely redefined.

A key question from anyone involved in policy change and advocacy in Washington is whether money buys public policy outcomes. In chapter 10, the authors seek to answer this question by examining the ninety-eight issues they have chosen to follow; they find that the linkages to money and policy outcomes are misunderstood. The authors provide here a matrix of the full range of assets and resources that lobbies utilize, and they provide a comprehensive view beyond the expected norms of the role of money and policy making. Importantly, they find that only a low correlation exists between policy change and money resources (210). The findings indicate that there is a wide range of factors beyond money that cause policy change.

While the authors demonstrate the role of a range of resources that can cause policy outcomes to change, the role of those who defend the status quo cannot be understated. The power of the status quo can be seen in the existence of multiple veto points within institutional structures, in the difficulty of attracting attention to an issue, and in the continuity of policy communities. All these serve as advantages to those seeking to prevent policy change. Equally important, and many times overlooked, is the role of elected and appointed policy makers. Chapter 11 provides interesting results from the ninety-eight issue cases that demonstrate the power of the executive and the presidency as a significant force for policy change. The authors find that when defendants of the status quo are on the *opposite* side from the administration, they are more likely to lose their battle (233). This observation should not be lost in the discussion of the Obama administration's efforts to change the health policy landscape.

Lobbying and Policy Change provides the reader with many valuable and often overlooked insights for understanding the manner in which lobbying can change public policy. The carefully constructed research design and analysis provide evidence of the strength of the status quo and how, in most instances, the perceived influence of money and politics are exaggerated. Important to the research presented in this text is that when significant policy change does occur, it is often dramatic and a departure from the long-held status quo. The applicable lessons in today's health care reform debate are that elections have consequences, institutions matter, and the power of the policy status quo is a force to be reckoned with. *Lob-*

bying and Policy Change is a worthwhile and classic piece of scholarship that should be required reading for any student of the policy process.

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Reference

Steinmo, S., and J. Watts. 1995. It's the Institutions, Stupid! Why Comprehensive National Health Insurance Always Fails in America. *Journal of Health Politics, Policy and Law* 20:329–372.

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Review

World Health Organization Commission on Social Determinants of Health. *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health*. Geneva, Switzerland: World Health Organization, 2008. 246 pp. \$40.00 paper, or free at www.who.int/social_determinants/thecommission/finalreport/en/index.html.

The publication of *The Condition of the Working Class in England in 1844*, detailing the negative impact that deplorable working and living conditions can have on population health, individual behaviors, and mortality, is one of the earliest academic treatments of the social determinants of health. After nearly two centuries, much of what Friedrich Engels captured in his exposition of what England's working class faced in the early nineteenth century—rampant alcoholism, injuries, morbidity, and early death—remains painfully familiar for far too many people.

The resurgence in scholarship on the importance of social determinants for health is heartening. In the United States, more work is detailing the impact of violence, racial segregation, urban decay, neighborhood effects, job insecurity, and dietary habits on health disparities among population groups. Similarly, the decision by the World Health Organization (WHO) to seriously examine the impact of social determinants on global health bodes well for coordinated efforts to collectively improve health and life chances worldwide.