

Julie Rovner's *Health Care Policy and Politics A to Z*: a review

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Abstract: Drawing on her vast experience covering health care policy on Capitol Hill, Julie Rovner has written explanations for over 300 key concepts that demystify the world of United States Government health care policy. In the newest edition of *Health Care Policy and Politics A to Z*, readers will find updated information on long-term health care spending, abortion, Medicaid and Medicare, health insurance and the uninsured, and the State Children's Health Insurance Program (CHIP). New entries reflect important changes in recent years and include the Medicare Modernization Act, abstinence education, electronic health records, health savings accounts, and Project BioShield. The book does have its gaps, especially as it relates to mental health. However, this book should become a standard reference for all health care professionals.

Keywords: public health, health care policy, United States, public health law, United States

One result of the results of the 2009 health care debate was to create a public that was better informed on health issues than most previous generations. Health care continues to be one of the United States' most talked about and controversial issues. Second to the economic crisis, no domestic problem has engaged so many persons in recent years, from thousands without medical insurance to individuals fed up with real or imagined mistreatment in managed care. However, often the language of health care policy is too dense to understand.

Historian Eric Hobsbawm, writing about another time wrote that "words are witnesses which often speak louder than documents". Such is the case with health care policy today, where many commonplace words were unknown or little used as recently as 10 years ago. Words and acronyms such as 'CHIP', 'PPO', 'POS', 'COBRA', 'gatekeeper', 'capitation', 'cafeteria plans', 'experience rating', 'fee-for-service', and 'primary care physician', all reached usage recently. Indeed, of Rovner's 316 terms listed in her book, only three were around in 1755 when Samuel Johnson published *A Dictionary of the English Language*. And even these have changed from their original meanings. These were defined matter-of-factly and had no political implications. As defined by Johnson, abortion was "the produce of an untimely birth". Suicide was defined as "self-murder; the horrid crime of destroying one's self". And 'quarantine' was "the space of 40 days, being the time which a ship, suspected of infection, is obliged to forbear intercourse or commerce".

As health care moves into a postmodern period, the vocabulary of health policy continues to expand. And this is where Julie Rovner's *Health Care Policy and Politics A to Z*¹ enters the literature. Rovner provides valuable information that explains some of the finer issues of health care policy easily located with the help of both a table of

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contents and an extensive index. Furthermore, words in the text explained elsewhere are highlighted in small caps. One appendix provides a list of health care policy acronyms. Another appendix lists congressional committees responsible for health care policy, and the other lists organizations (government agencies, foundations, interest groups, etc) that can provide further information. A health policy time line is included that highlights successful public health and medical efforts such as Dr Edward Jenner's vaccine to the founding of significant services such as the first marine hospital or the establishment of the Department of Health, Education, and Welfare.

Beginning with 'AARP' and ending with 'zidovudine', the goal of the book is to provide background information on a broad array of health issues currently on the national agenda. In accomplishing this, it also provides health care consumers, providers, and policy makers with a vast amount of readily available information.

Rovner does not provide an overview of the policy-making process. The author points out in a brief introduction that the book "presumes at least a high school civics class understanding of how the federal government works but no expertise in health care. Its intended audience is advanced high school and college students, professional government-watchers new to health policy, and people who want to be better able to follow the news" [xi].

And, while she provides an appendix that lists key health Congressional committees and subcommittees with an oversight over health issues, as well as sources for further information, including Government agencies, foundations, think tanks, and interest groups, there is no attempt to explain how these various groups interact, nor is there a quick overview of the policy-making process.

Some articles such as the failed Clinton health care reform and RU-486 are somewhat long, due in part to the expertise of the author who covers these events for the Congressional Quarterly's Weekly Report and for National Public Radio; another long article is on the Patients' Bill of Rights that was defeated in 2002 and shows no sign of resurrection.

Readers of previous editions will find updated information on long-term health care spending, abortion, Medicaid

and Medicare, health insurance and the uninsured, the State Children's Health Insurance Program (SCHIP), and much, much more. New entries reflect important changes in recent years and include the Medicare Modernization Act, abstinence education, electronic health records, health savings accounts, Plan B, the President's Emergency Plan for AIDS Relief (PEPFAR), and Project BioShield.

My biggest criticism of *Health Care Policy and Politics A to Z* is not what is in it but rather what is lacking. Issues such as cultural competency or public charge are not touched upon at all. Cultural competency is already having an effect on medical and allied health practice, and the issue of public charge impacts admissions, emergency rooms, and patient dumping among other issues such as who gets health care. And although some important epidemiological terms such as prevalence and incidence are reported, morbidity and mortality should have been included.

Mental health issues are mentioned only in passing. In regard to mental health, there is an entry on mental health parity, and while there is an entry on International Statistical Classification of Diseases and Related Health Problems (ICD-9) and current procedural terminology (CPT) codes, the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV) is not mentioned.

Published by the *Congressional Quarterly* for up-to-the-minute information on health care policy, *Health Care Policy and Politics A to Z* would be well served if new emerging policy issues could be posted to a Web site for viewing until a new edition is published.

At a time when the politics of health care is an increasing contentious issue for physicians and other health care professionals, this book should become a reference staple.

Disclosure

The author reports no conflicts of interest in this work.

Reference

1. Rovner J. *Health Care Policy and Politics A to Z*. 3rd ed. Washington, DC: CQ Press; 2008.

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