Acts before congress: How interest groups influence oral health policy making in the U.S. government

Author: Mosca, Nicholas Gerard

Abstract: The research problem for this study is the persistent gap in dental insurance coverage in the United States with an estimated 130 million Americans lacking coverage. This failure to ensure comprehensive dental coverage raises questions about the effectiveness of oral health policy groups. On February 4, 2009, President Obama signed into law the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009 (Public Law 111-3) which required states to provide dental coverage for eligible beneficiaries, this contrasts with the inaugural State Children's Health Insurance Program (SCHIP) enacted as part of the Balanced Budget Act of 1997, which did not include mandatory dental coverage. The research objective is to develop a guide to oral health policy development using the experience of participants in the efforts to develop and eventually pass CHIPRA.

This retrospective case study of the CHIPRA legislation used qualitative methods including 28 key informant interviews and document content analysis to determine the strategies used by oral health policy groups to influence policy and political decision-making. Case findings showed agenda setting, information generation by non-membership organizations, policy portfolio development, stakeholder consensus, and strategic communication with key lawmakers were used for effective advocacy to influence federal policy-making. A media report in the Washington Post about a child's death due to dental coverage gaps increased the visibility of the problem in Congress. Opposing views were framed as concerns over cost and federalism (e.g., central government mandates on states). Based on the analysis, oral health policy groups can improve policymaking advocacy by focusing awareness of the problem, building social ties with key Congressional committees, and obtaining a consensus of policy support from those most affected.

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Advisor: Ricketts, Thomas C.

Committee member: Lee, Jessica Y., Oberlander, Jonathan, Rozier, Richard Gary, Silberman, Pam C.

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