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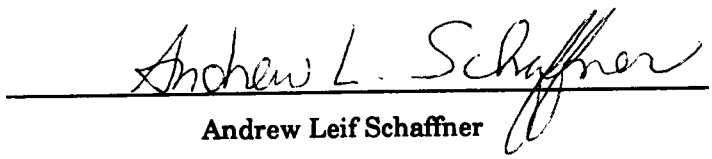
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Andrew Leif Schaffner

August 21, 1991.

CHARACTERIZING CHANGES

IN THE

NATIONAL HEALTH-CARE POLICY COMPLEX

A Thesis
Presented for the
Master of Arts
Degree

THE UNIVERSITY OF TENNESSEE, KNOXVILLE

Andrew Leif Schaffner

December, 1992

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ABSTRACT

This thesis characterizes the changes that occurred in a policy complex between two periods of time. It describes and compares the 1961 to 1963 health-care policy complex and the 1989 to 1991 health-care policy complex to highlight the changes that occurred in the policy complex of executive, legislative, and interest group participants. A policy complex consists of the actors who participate in a visible and regular way in making public policy in a particular area. I collected the principal data for this thesis from the *U.S. Government Manual*, the *U.S. Congressional Committee Hearings Index 1959-1964,* the *CIS/Index* and the *CIS/Abstracts*. I identified health-care hearings involving HEW or HHS agencies and recorded the names of the interest groups and other executive agencies that attended these hearings according to committee and subcommittee. This thesis tested the hypothesis that the evidence from a case study of the health-care policy complex would support the theoretical literature concerning the description of national policy complexes.

A brief summary of the findings indicates that the numbers of major executive agencies, congressional committees and subcommittees and interest groups increased between studies. Congressional committees and subcommittees heard testimony by officials from a higher proportion of executive agencies, however, the executive agencies represented themselves less frequently at congressional hearings. Coalitions and Staff/Public Interest groups increased the most in proportion to other interest groups, while Professional Membership groups and Think Tanks decreased the most in proportion to other interest groups. The most prolific years of interest group formation occurred from 1964 to 1986 when 250 interest groups formed during this period. A total of 207 interest groups in the later period did not participate in the earlier period, despite being organized before 1963.

The implications from executive - legislative findings are two-fold: first, they add empirical support to the literature that suggests policies are becoming increasing fragmented among executive agencies and congressional committees; second, this situation suggests that Congress has fewer opportunities to oversee the operations of executive agencies, and might create a condition of lessening an agency's accountability for its actions. The evidence suggests that the relative influence of an interest group's message decreases since more interest groups are presenting competing points of view to policy decision-makers. Active groups must compete among themselves, and compete with an even larger number of less active groups -- all groups trying to influence the policy process in their best interests. Moreover, less active groups have less political influence since they must compete with an unlimited number of other interest groups. These circumstances create a policy complex of reduced influence for all interest groups. Overall, the research conformed the hypothesis that the evidence supports the theoretical literature that policy complex moved from a condition that suggests the possibility of a subgovernment, to a condition suggesting the possibility of an issue network overlaying a number of subgovernments.

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CHAPTER ONE

INTRODUCTION

This thesis characterizes the changes that occurred in a policy complex between two periods of time. It describes and compares the 1961 to 1963 health-care policy complex and the 1989 to 1991 health-care policy complex to highlight the changes that occurred in the policy complex of executive, legislative, and interest group participants. A policy complex consists of the actors who participate in a visible and regular way in making public policy in a particular area.

The basic research problem is divided into four parts. The first is to identify and describe the set of interest groups that were active in attempting to influence national health care policy in the United States during the two periods. The second is to relate them to the committees, subcommittees and executive agencies with which they interacted. The third is to compare the situations in the two periods to assess the changes that occurred over approximately a thirty year period. The fourth is to assess whether the evidence supports the theoretical literature that describes the policy complexes during both periods.

A review of the relevant literature treats scholarly perceptions of the complex of actors typically engaged in policy-making in the 1960s. The review also provides a general summary of the changes that occurred at the national level after 1963 in executive agencies, congressional committees and subcommittees, and interest groups. Finally, it examines selected studies focusing on the implications of these changes on the policy-making process.

Literature Review

There is a vast literature on public policy-making. The most relevant portion for the purpose of this analysis concerns contemporary trends in the representation of interests, the dynamics of power in the Congress, and most importantly, the overall character of the policy complexes of actors that populate them, in which interest groups and Congress are prominent parts. Since the central purpose of this analysis is to ascertain changes in the character of policy complexes, the literature review begins with the traditional characterizations that dominated scholarly thinking from the late 1930s through the 1960s.

Basic Characterizations of Policy Complexes

The subgovernment model describing the interactions of major policy-makers was the dominant paradigm of a policy complex in the 1960s and early 1970s. However, significant institutional changes occurred that affected the relationships between the executive branch, Congress, and national interest groups. The growth of these policy participants motivated scholars to reconsider the subgovernment paradigm as an accurate model of policy complexes. Hugh Heclo suggested that policy complexes more resembled issue networks in the 1980s. Since then, other scholars have reconsidered whether the subgovernment or the issue network paradigm of policy complexes most accurately characterizes contemporary policy complexes.

Earnest Griffith provided an early scholarly identification of executive - legislative - interest group relationships in 1939.

> One cannot live in Washington for long without being conscious that it has whirlpools or centers of activity focusing on particular problems ... It is my opinion that ordinarily the relationship among these men - legislators, administrators, lobbyists, scholars - who are interested in a common problem is a much more real relationship than the relationship between congressmen generally and administrators generally. In other words, he who would understand the prevailing pattern of our present governmental behavior, instead of studying the formal institutions or even generalizations or organs, important though all these things are, may possibly attain a better picture of the way things really happen if he were to study these "whirlpools" of special social interests and problems.[1]

Griffith provided the first metaphor -- a whirlpool -- for the tripartite alliance of interest groups, legislative workgroups and executive agencies that join into mutually advantageous relationships in a substantive policy area.

J. Leiper Freeman, in *The Political Process*, described the policy-making complex as the relationships that existed between executive bureaus and legislative committees. These relationships involved the semi-autonomy of the bureaus, congressional committees, and those interest groups that composed a particular substantive policy area. However, these relationships were semi-autonomous because of the potential interference from the general political setting that included the President, the entire Congress and the political parties. Freeman's study provided several propositions regarding subsystem politics that included: first, the ability of bureau leaders to influence committee members through the routine use of legislative liaisons;[2] second, personal friendships between bureau leaders and committee and interest group leaders also played an important role in a bureau receiving favorable committee responses for its proposals;[3] third, the bureau leader may introduce certain

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[1] Earnest S. Griffith, The Impasse of Democracy (New York: Harrison-Hilton, 1939) quoted in James Anderson, Public Policy-Making, 3rd ed., (New York: Holt, Rinehart & Winston, 1984),47.

[2] J. Leiper Freeman, The Political Process: Executive Bureau, Legislative Committee Relations (New York: Random House, 1965), 122.

[3] Ibid., 122-3.

groups into the policy-making councils of the bureau to maximize their political support for the bureau in its relations with legislative committees;[4] fourth, the substantive committee members with the greatest tenure tended to constitute the most consistent influence in subsystem policy-making, however the appropriations committees also exerted tremendous influence in shaping subsystem policy by controlling its resources.[5]

Douglas Cater brought renewed scholarly interest in policy complexes in an essay concerning power relationships in Washington. He noted:

> ...the President is challenged other than frontally from Congress. In one important area of policy after another, substantial efforts to exercise power are waged by alliances cutting across the two branches of government and including key operative from the outside. In effect, they constitute subgovernments of Washington comprising the expert, the interested and the engaged. These subgovernments are not to be confused with factions. Within them, factions contend to greater or lesser degree. The power balance may be in stable or highly unstable equilibrium. But the subgovernments tendency is to strive to become self-sustaining in control of power in its own sphere. Each seeks to aggregate the power necessary to its purposes. Each resists being overridden.[6]

The political relationships that Cater brought attention to in 1964 continued to receive considerable scholarly attention. Daniel McCool reviewed the literature regarding models of the policy process and offered this description of the underlying political relationships in most models of the policy-making environment:

> ...[The] tripartite alliances formed between congressional committees and subcommittees, interest groups and government agencies are all concerned with the same substantive policy. Their relationships are mutually advantageous; through the expenditure of government funds for their common policy interests, the legislator gains political support; the government agency increases its budget, power and personnel base; and the

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4 Ibid., 125.

5 Ibid., 127.

6 Douglas Cater, Power in Washington (New York: Random House, 1964), 17.

> interest groups receive government largess. These three-sided alliances are also known as iron triangles, policy whirlpools, cozy little triangles and subsystems.[7]

Subgovernments flourish in policy areas that involve distributive policies with dispersed costs and concentrated benefits.[8] Furthermore, the common view was that subgovernments enhanced their power through congressional logrolling coupled with autonomy from other members of Congress, the executive branch and members of the general public. All of these conditions were present in the mid-twentieth century, and subgovernments quickly developed for several reasons. First, for citizens to participate in subgovernments, they had to be organized and exert pressure with information, persuasive arguments and electoral resources. Individuals affected by the subgovernment's policies -- but unorganized to resist them -- were politically impotent to resist their development. Second, administrative agencies had grown to such a large number that the chief executive found it increasingly difficult to control or monitor them, especially with a career civil service based upon a merit system.

These conditions increased the autonomy of most bureaus to enter into mutually advantageous relationships with the other political actors in their policy area. Finally, the real center of power in Congress lay in the hands of the committee chairmen who had a virtual lock on their committee's agenda and resources. This lack of a power struggle within the legislature made it easier for the agencies and the organized groups to enter into subgovernment relationships with the legislature. The subsystem politics that emerged

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[7] Daniel McCool, "Subgovernments as Determinants of Political Viability." Political Science Quarterly 105 (April, 1990): 269.

[8] Ibid., 271-2.

between these groups involved the mutual assistance of legislators, interest groups and bureaucrats centered around money and organizational legitimacy.[9]

Emmette Redford and Harold Wolman were among several scholars that conducted research supporting the subgovernment metaphor. Emmette Redford offered this description of a policy complex before the major institutional changes in Congress that occurred in the 1970s. Rejecting metaphors of "subgovernments" and "iron triangles," he developed the concept of "subsystems" that existed for almost every policy area. He argued that subsystems contain four distinct components: First, subsystems created stable equilibriums among their interest groups through the continuity of personnel in strategic positions.[10] These strategic actors served in their professional capacities for extended periods of time, and became socialized into their subsystem roles. Second, subsystems provided superior access and opportunities for influencing public policy to high-quantity, aggregated interests.[11] Since subsystems served as political arenas for the adjustment of conflicts between competing interest groups, they could not avoid the necessity of mediating the demands of all interests. Therefore, the preeminent access of high-quantity interests does not translate into the "capture" of executive agencies or congressional committees by one interest group. [12]

Third, subsystems thus provided multiple channels of access and representation to all interest groups that could not dominate subsystem politics. The subsystem endeavored to maintain a stable equilibrium for the dominant interest groups, but strived to serve the

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[9] Lawrence C. Dodd and Richard L Schott, Congress and the Administrative State (New York: John Wiley and Sons, 1979), 98-100.

[10] Emmette Redford, Democracy in the Administrative State (New York: Oxford University Press, 1969), 102.

[11] Ibid., 103.

[12] Ibid., 104.

interests of the less-dominant groups whenever possible. Fourth, substantial changes in the influence of dominant groups in the subsystem will only occur only through the macropolitical modification of the rules and operating norms in the subsystems. This appeal to the macropolitical institutions of Congress, the Presidency, or the courts may originate from inside or outside of the subsystem.[13]

Harold Wolman offered more support for the subgovernment policy complex in the *Politics of Federal Housing.* He applied a systems analysis to the description of subgovernments involved in redistributive housing policies during the Johnson presidency. He found some overlap in the memberships of the substantive and appropriations subsystems, however this overlap was not extensive.[14]

These scholarly characterizations of subgovernments and subsystems provide general descriptions of the period that includes the 1961 to 1963 health-care policy complex. However, the years immediately following 1963 marked substantial changes in the three principal actors in a policy area -- the legislature, executive agencies, and interest groups. First, Congress underwent a process of decentralizing its policy-making authority in moving from committee to subcommittee government. Second, Congress helped organize increasing numbers of executive agencies to implement more specialized public policies. Third, interest groups proliferated in all policy areas to stakeout their claims on society through the institutions of government.

Institutional Changes Affecting Policy Complexes

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13 Ibid., 105-06.

14 Harold Wolman, The Politics of Federal Housing (New York: Dodd, Mead & Co., 1971), 185.

The linchpin of the policy-making environment is the Congress. It creates and oversees the executive agencies and provides money for valued programs and services. It also receives the attention of interest groups that testify at hearings, and personally lobby for Congress to legislate their policy preferences. As the center of the policy-making environment, the institutional changes in Congress over the past thirty years significantly changed the policy-making environment by affecting the relationships Congress shared between the executive branch and interest groups.

In the early twentieth century, the size and scope of the administrative state seemed to increase with every Congressional session. Legislators realized they needed specialized advice from experts who knew the legislative history of certain policies, who understood the political viability of specific policy options, and who could provide quality recommendations to the legislators. Additionally, the number of executive agencies and the policies they administered increased with every Congressional session. Thus, Congress simultaneously faced the problem of overseeing the burgeoning numbers of agencies and government programs while trying to secure reliable, expert advice on these policy matters. It solved both of these problems through the creation of committee government and the seniority system. Committee government allowed legislators to become experts on certain policy issues without having to rely on advice from bureaucrats and lobbyists. The seniority system allowed legislators to build professional careers in these policy areas without fear of being removed by the arbitrary decisions of party leaders.[15]

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[15] Dodd and Schott, 72.

One of the principle justifications for a decentralized system of congressional committees and subcommittees was that this system would allow greater access to government power to a wider range of individuals. [16] This situation would benefit the Nation by creating opportunities for the development of innovative policy ideas.[17] The institutionalization of committee government in the 1940s created autonomous committees with relatively stable memberships. As time progressed, each committee's autonomy increased with rising workloads, careerism, adherence to the seniority system and the almost complete absence of party government.[18]

However, as the years progressed through the 1960s, a growing number of liberal Democrats in the mid-seniority ranks became frustrated and angry when conservative committee chairmen continually thwarted their legislative efforts. The transformation from committee to subcommittee government within Congress primarily occurred because of dissatisfaction within the majority Democratic party. Conservative Democrats from non-competitive Southern districts controlled forty-six percent of the House's full committee chairmanships and fifty-three percent of the committee chairmanships in the Senate. A growing number of liberal democrats in the mid-seniority ranks became frustrated and angry when conservative committee chairmen prevented them from legislating their policy goals. Concurrently, the new electoral system emerged that required candidates to be less reliant on party support and more dependent upon high-visibility positions that enabled them to take credit for policies that facilitated their reelection. In the House, several revolts took place against obdurate leaders as the Democratic Caucus reasserted its authority in ratifying

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16 Ibid., 92.

17 Ibid., 92.

18 Roger Davidson, "Subcommittee Government: New Channels for Policy Making." in The New Congress, ed. Thomas E. Mann and Norman J. Ornstein (Washington D.C.: AEI Press, 1981), 103.

committee chairmanships. Most importantly, the institutionalization of subcommittee government circumscribed many of the committee chairman's formal powers.[19]

The 1971 Democratic Caucus restricted legislators to chairing only one subcommittee, thereby swelling the number of senior leadership positions. In 1973, the Caucus empowered the majority party in each standing committee with the "Subcommittee Bill of Rights." These newly established rights enabled each subcommittee to determine its membership, size, jurisdiction and its budget -- full committee chairmen formerly controlled these subcommittee resources. These changes allowed an individual legislator to advance his personal and professional career goals by providing attractive, high-visibility assignments to enhance reelection chances and concurrently to lay the groundwork for a promising professional career after government service.[20] Concurrently, a new electoral system emerged that required candidates to be less reliant on party support and more dependent upon high-visibility positions that enabled them to take credit for policies and raise the campaign funds that facilitated their reelection.

The advent of subcommittee government brought with it an explosion in the number of legislative committees and subcommittees. Party leaders were unable to control the proliferation of assignments because they uniformly tended to grant their constituent's preferences for committee or subcommittee assignments. The effects of subcommittee government have been two-fold. First, members have overextended and crowded schedules and therefore often miss many of their committee meetings. By default, this leaves many policy decisions to the chairman, a few colleagues and some staff aides. Second, the

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19 Ibid., 106-7.
20 Ibid., 108.

workgroups are not representative of the parent chambers through biased recruiting patterns. Moreover, these few legislative decision-makers easily developed long term relationships with the clientele and administrators within that committee's or subcommittee's purview. Vigorous oversight was often shunned, since it was unglamorous work for the election conscious legislator, and oversight often upset subcommittee norms and comity.[21]

Subcommittee government evolved in the early 1970s and continued into the 1990s. The institution of subcommittee government in Congress characterizes the legislative participants in most policy complexes -- including health -- in the 1989 to 1991 period. Subcommittee government organized itself around the narrow policy concerns of a growing and watchful interest group constituency that Congress helped to create through its expanding legislative initiatives. The changing institution of Congress did not happen in isolation, but coincided with changes in the executive branch and in interest groups. Congress created an expanding executive bureaucracy to implement the new policies and programs generated by subcommittee government that had a profound effect on more and more aspects of society. A decentralized Congress legislating expansive new policies created tremendous incentives and opportunities for interest groups to attempt to influence Washington policy-making.

On a more general level of analysis, the increasing numbers of committees and subcommittees created frequent jurisdictional battles within Congress. The multiplicity of committees and subcommittees combined with the complexity of contemporary policy issues to create distorted policy complexes through overlapping and duplicating policy

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[21] Ibid., 110-2.

jurisdictions.[22] Dodd and Schott noted that it is the exception rather than the rule for one policy area to be handled by one authorization committee and one executive agency. Complex policies are broken up into their component parts, then dispersed throughout many subcommittees and bureaus.[23] The net effect of this policy fragmentation is the lack of effective supervision that the legislature can exercise upon the executive bureaus. Moreover, politically astute civil servants are able play committees and subcommittees off one another to gain desired resources and to prevent vigorous congressional oversight.

However, Congress and an expanding executive branch are only two aspects of any policy complex. Interest groups rushed to fill a vacuum created by: the downfall of centralized party leadership in Congress; the expansion of policy centers in the form of powerful new subcommittees; the continual need for campaign funds by individual congressmen; and the furthering expansion of government involvement in American life. Interest groups responded to these changing institutional conditions by expanding in number, and changing the composition of their memberships. The increasing numbers of interest groups created policy complexes where it was very difficult for a few interest groups to hold a hegemonic position of influence over their competitors.

Cigler and Loomis described some of the significant developments of the modern age of interest group politics. Several factors contributed to the proliferation of interest groups after 1963: first, the nation underwent rapid social and economic change; second, increased affluence and education in the general population resulted in more potential group organizers and group members; and finally advanced communications technology facilitated

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22 Ibid., 118-9.
23 Dodd and Schott, 217-8.

group organization and communication.[24] Moreover, the national government accelerated its expansion into every sector of society by undertaking broad, new responsibilities for a host of new program beneficiaries. Government stimulated the creation of a multitude of interest groups in each of the newly affected policy areas. The recent expansion of citizen's groups is related to legislation requiring citizen participation in policy feedback to government officials coupled with government sponsorship of these feedback groups through reimbursement of many group expenses and the provision of grants and "seed" money.[25]

Burdett Loomis elaborated on these observations by noting that the increasing numbers of interests competing in society in turn created an increasing number of coalitions ranging from *ad hoc* grouping to long-term arrangements between groups. He argued this greater degree of collaboration among interest groups demonstrates a significant departure from past forms of lobbying efforts. The principle causes of these new developments included: the increasing political complexity that accompanied the increasing diversity of policy complexes; the growth and decentralization of government power; improved means of communicating information between groups and their organizations; and finally, the growing politicization of formerly unorganized and unrepresented interests.[26]

Robert H. Salisbury offered another perspective on the changing role of interest groups in policy complexes with his contemporary overview of group representation in the policy process. He argued that a paradox existed in interest representation since there were

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[24] Ibid., 17-18.

[25] Allen J. Cigler and Burdett A. Loomis, Interest Group Politics, 2nd ed., (Washington D.C.: CQ Press, 1986), 10-12.

[26] Burdett A. Loomis, "Coalitions of Interests: Building Bridges in the Balkanized State" in Interest Group Politics, ed. Allen J. Cigler and Burdett A. Loomis, 2nd ed., (Washington D.C.: CQ Press, 1986), 259.

more interest groups in Washington, yet each wielded less influence over the public policy-making process. Since World War II, the scope of federal government activities increased the amount of government interference into more and more aspects of our lives. Consequently increased numbers of interest groups descended upon Washington to influence that sphere of government involvement in their private lives that affected them the most.[27] This dynamic expansion in the number and diversity of interest groups was associated with a transformation of the Washington policy complex no longer dominated by a small hegemony of powerful interest groups.[28]

This expansion and diversity of interest groups was symptomatic of the policy fragmentation. For example, there are now a wider variety of institutions such as state and local governments, universities, and religious organizations represented in Washington along with an increasing number of agents retained to represent this expanding variety of interests.[29] This says nothing of the growth in the number and variety of "think tanks" pursuing their own ideological agendas. Interest groups simultaneously expanded in number and increased the specificity of their policy interests, resulting in policy areas that became so specialized that no single interest group holds a hegemonic position of influence over its policy outcomes. Twenty years ago, numerous groups would have enjoyed such hegemonic positions in several policy areas. This fragmentation of policy areas also resulted from what he terms, "the invasion of the citizens' groups" whose effect has been to destabilize the policy

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[27] Robert H. Salisbury, "The Paradox of Interest Groups in Washington: More Groups, Less Clout" in The New American Political System, ed. Anthony King, 2nd ed., (Washington D.C.: AEI Press, 1990), 223.

[28] Ibid., 203-04.

[29] Ibid., 205-06.

complex. This destabilization takes the form of moving the description of the policy complex away from the subsystem model toward the issue network model.[30]

The tremendous proliferation of interest groups into an expanding number of policy areas during the 1970s mirrored institutional changes in the Congress and the public policies it undertook. During the 1960s and early 1970s, federal legislation became increasingly involved in many more aspects of the economic system, the environment and the social relationships between citizens.

Effects of Institutional Changes on the Subgovernment Model

Committee government created policy complexes that were relatively straightforward in characterizing the legislative workgroups involved in a particular policy area. However, the rise and dominance of subcommittee government increased the number of committees and subcommittees that claim jurisdiction in any given policy area. The accuracy of the subgovernment model becomes murky when several legislative committees or subcommittees crowd into one aspect of its three-part alliance, and thereby destabilizing the relationships between the legislature and the other subgovernment participants. Furthermore, the numbers of federal agencies involved in any given policy area also increased during the period of subcommittee government. This fact further contributes to clouding the accuracy of the subgovernment model by adding more participants into one portion of the subgovernment model.

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[30] Ibid., 210-12.

The third facet of subgovernments -- the organized interest groups -- has also undergone substantial changes that substantially increased the numbers of interest groups in any given policy area. The presence of greater numbers of organized interests further distorts the relationships between themselves and the legislative workgroups and the executive agencies. Increasing numbers of participants in all three aspects of the policy subsystem has led to considerable scholarly debate regarding the accuracy of the subgovernment model of the policy complex.

Competing Views of the Contemporary Policy Complex

Iron triangles have long passed as an accurate model of the policy-making process, however it is much more difficult to characterize the modern policy complex. The institutional changes taking place in the 1970s and 1980s created policy complexes that no longer resembled highly stable subgovernments or subsystems. Hugh Heclo responded to these changing conditions by introducing the issue network paradigm of a policy complex in the 1980s. Scholars examining contemporary policy complexes arrive at very different conclusions regarding the validity of either the subgovernment model or the issue network model of a policy complex.

In 1974, Roger Davidson examined manpower policy-making and found the subgovernment model to be an accurate model of the policy process.[31] Five years later, James Anderson continued to use the subgovernment model to describe the policy complex. In 1979, he wrote, "Most commonly, a subsystem involves a pattern of relationships among

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31 Roger Davidson, "Policy Making in the Manpower Subgovernment." in Politics in America: Studies in Political Analysis, ed. Michael P. Smith, (New York: Random House, 1974), 105-6.

some congressional committees (or subcommittees), and administrative agency or two, and relevant interest groups centered around a particular policy area."[32] However, Dodd and Schott added a wrinkle to the subgovernment model in 1979 with their notion of "dual subsystems." They argued that an agency is simultaneously a member of two subsystems: one subsystem involved many legislative subcommittees while the other subsystem involves one appropriations committee in each house of Congress. Moreover, they noted different political actors figure more prominently in each subsystem. Political executives were more important in agency relationships with the authorizing committees, while supergrade career civil servants built long relationships between the agency and the appropriations committees. The policy complex becomes confused when the two subsystems struggle between themselves to control and constrain each other's power.[33]

However, Hugh Heclo argued that the forces of changing institutional and political conditions diminished the viability of such models of the policy complex. Heclo essentially combined Cater's and McCool's observations of the policy-making environment to create his conception of "issue networks." Issue networks involve a multitude of participants with varying degrees of mutual commitment or mutual dependence upon their fellow participants. The conditions for joining an issue network are simply to read, watch, talk about and participate in policy matters. Issue networks contain both interest groups and individuals in and out of government who have a reputation for being knowledgeable in the issue. The true experts in the network are those who are well-informed about the pros and cons of the policy debate regardless of professional training. Issue networks are the exact opposite of stable subsystems because it is impossible to delimit the network's boundaries. Moreover,

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[32] James Anderson,. Public Policy-Making, 3rd ed., (New York: Holt, Rinehart and Winston, 1984), 48.

[33] Dodd and Schott, 224-5.

participants constantly move in and out of an issue network, resulting in the fact that no single person or group can control the policy process within a network.[34]

However, Heclo also believed that it would be foolish to suggest that issue networks have completely replaced the more traditional notions of subgovernments. Issue networks overlay these once stable political subsystems with new forces that complicate political decisions, decrease the predictability of policy outcomes and impose greater strains upon governmental leadership. This new superstructure of issue networks and issue politics reaches down into the farthest niches of formerly well-established politics of particularized policies and programs.[35]

Ripley and Franklin struck a balance between the subgovernment and issue network models in 1984 by noting that policy-making in the United States is extraordinarily complex for a number of reasons. First, there is a prevalence of subgovernments in many substantive issue areas. A subgovernment includes members of the House and the Senate in the relevant policy subcommittees and committees; members of their congressional staffs; bureaucrats in the relevant executive agencies; and interest group representatives who are either lobbyists or group spokesmen. Most of the policy-making conducted by subgovernments are routine in the sense that the substance of the policy evolves gradually over time with little controversy among the participants.

The routine nature of the policy-making decisions causes subgovernments to be relatively free from outside interference for long periods of time. However, subgovernments

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[34] Hugh Heclo, "Issue Networks and the Executive Establishment" in The New American Political System, ed. Anthony King, (Washington D.C.: AEI Press, 1978), 102-03.

[35] Ibid., 105.

may be "opened up" in a number of ways. If quiet compromise cannot settle a controversy within a subgovernment, the issue will become publicized and new actors will join the fray and upset its traditional power relationships. The Presidency or the Congress may open up subgovernments through budget and staff limitations, vigorous oversight, and restraints upon agency communications.[36] Finally, a new issue introduced into a subgovernment's jurisdiction can upset traditional power relationships, especially if that issue involves regulatory or redistributive policies.[37]

Gais, Peterson and Walker reexamined the subgovernment model in 1984 by noting that subgovernment policies depended upon the existence of distributive politics, yet the 1970s and 1980s were a period of regulatory and redistributive politics.[38] According to Lowi. Ripley and Franklin and other authors, policy types determine the political relationships within them -- thus regulatory politics would be somewhat different from the subgovernment politics that depend upon distributive policies. William Gormley confirmed this thesis in 1986 in his examination of regulatory politics. He created a typology of "board room," "hearing room," "operating room," and "street level" politics, that in some respects, run the range of resembling iron triangles and issue networks.[39] To add more confusion to the debate, Tim Miller argued in 1985 that subsystems effectively stopped President Carter from implementing his "hit list" of water resources projects.[40]

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[36] Randall B. Ripley, and Grace A. Franklin, Congress, the Bureaucracy, and Public Policy 3rd ed., (Homewood, IL: Dorsey Press, 1984) 6-7.

[37] Ibid., 8.

[38] Thomas Gais, Mark A. Peterson, and Jack Walker. "Interest Groups, Iron Triangles and Representative Institutions in American National Government," British Journal of Political Science 14 (April, 1984):164-5.

[39] William Gormley, "Regulatory Issue Networks in a Federal System." Polity 18 (Summer, 1986): 619.

[40] Tim Miller, "Recent Trends in Federal Water Resource Management: Are Iron Triangles in Retreat?" Policy Studies Review 5 (November, 1985): 400.

The available literature suggests that neither the subgovernment model nor the issue network model of the policy complex provide an accurate overarching paradigm of the policy complex. McCool suggested at the closing of his review of the subgovernment literature that "[g]iven the long-term popularity of the subgovernment model in the public policy literature and the recent criticism of the model; it appears necessary to clearly define our conceptualization of subgovernments and then test this against current political reality."[41] Further qualifications must be added to either model to best characterize the contemporary policy complex.

Summary

The metaphor of an "iron triangle" formerly described the national policy-making environments when chairmen dominated congressional committees and executive agency jurisdictions were relatively well-defined. However, the institutional changes in the legislative and executive branches combined with the rapid increase in the numbers of interest groups rendered the iron triangle metaphor obsolete. "Subsystems" or "subgovernments" replaced the iron triangle metaphor to better characterize the more diverse national policy complex that emerged in the 1970s. However, the continued decentralization of Congress coupled with ever-increasing numbers of executive agencies and interest groups that took place in the 1970s and 1980s may have also caused the subgovernment model to become incomplete. "Issue networks" may now overlay these subgovernments with participants who move in and out of the policy process. This thesis examines the hypothesis that the evidence from this case study of the national health-care

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[41] McCool, 293.

policy complex supports the literature that suggests this policy complex moved from a subgovernment to an issue network between 1961 and 1991.

Methodology

Definitions

In this analysis, it is necessary to distinguish amongst interest groups in terms of their level of involvement. The following distinctions are made to clarify the different levels of interest group activity.

interest groups -- national groups organized around promoting the interests of group members. A group's membership may be composed of individuals, businesses, other groups or associations, and government officials. An interest group may also serve beneficiary populations that are not official group members.

active interest group -- any interest group that sent representatives to three or more congressional hearings over a three-year period.

most active interest group -- any interest group that sent representatives to seven or more congressional hearings over a three year period.

most significant interest groups -- interest groups involved in the daily operations of an executive agency and made four or more appearances at congressional hearings of committee or subcommittees with jurisdiction over that agency in a three year period.

I used slightly different methodologies in collecting the empirical information for my two samples of the national health care policy-making environment. The study of the 1961 to 1963 health-care policy complex is marked by a significant lack of detailed information regarding the identity of the interest groups that regularly interacted with particular executive agencies. However, the study of the 1989 to 1991 period had a tremendous supply of information regarding the identity of interest groups that interacted with executive agencies. For both periods, there was ample information regarding the identity of the interest groups that interacted with the relevant legislative committees and subcommittees.

1961 to 1963

I used the following means to identify the political actors involved in health-care policy-making. First, I consulted the *U.S. Government Manual* to determine the exact names of the bureaus and offices with health care policy functions in the Department of Health, Education and Welfare.

Second, I compiled a list of all the hearing numbers from the *U.S. Congressional Committee Hearings Index 1959-1964* that corresponded to all the names of the HEW offices and bureaus during this three-year period.

Third, I consulted *Congress and the Nation* to determine the major health care legislation considered by Congress during the period from 1961 to 1963.

Fourth, I compiled a list of all the hearing numbers from the *U.S. Congressional Committee Hearings Index 1959-1964* that corresponded to the names of the major health-care legislation during this period.

Fifth, I examined the *U.S. Congressional Committee Hearings Index 1959-1964* to determine the names of the major interest groups involved in health care, and compiled a list of the hearing numbers that corresponded with these groups.

Sixth, I combined into one database the three lists of: 1) hearing numbers corresponding to executive agencies or offices; 2) hearing numbers corresponding to names of major health care legislation; and 3) hearing numbers corresponding to the names of major interest groups. A sorting process removed duplicate hearings from this database.

Seventh, I examined the hearing numbers in the "Abstracts" volume of the *U.S. Congressional Committee Hearings Index 1959-1964* to verify that each hearing pertained to health-care matters. I omitted some hearings that did not pertain to these matters and added other hearings to the database. This process created a complete database of all the executive bureaus and interest groups that corresponded with each congressional committee and subcommittee.

Eighth, I recorded the names of all national interest groups and HEW agencies that testified at committee and subcommittee hearings from 1961 to 1963.

Ninth, I sorted and consolidated the names of all interest groups and HEW agencies by committee and subcommittee. This process produced the number of appearances that representatives from interest groups made before a committee or subcommittee during the three-year period.

Tenth, information for the House, Senate, and Congress resulted from the combination and consolidation of committee and subcommittee lists within their respective chambers of Congress. This process eliminated the double-counting of interest groups that testified before more than one committee in the three year period.

Eleven, I consulted the *Encyclopedia of Associations* and the *Health and Medical Services Information Directory* to determine the founding year of each interest group. Also,

the descriptions of each group in these directories provided the basis for coding each groups according to membership type.

Twelfth, I duplicated the information regarding founding year and group type for each interest group throughout the database.

Thirteenth, I also sorted and consolidated samples of active, most active, and most significant interest groups according to hearing appearances, group membership type, and founding year.

1989 to 1991

I used the following methodology to characterize the congressional committees and subcommittees, executive agencies and interest groups during the period from 1989 to 1991. I limited this study to the interest groups and the congressional committees and subcommittees involved with the major health agencies within Department of Health and Human Services. (HHS)

First, I consulted the *U.S. Government Manual* for the period from 1989 to 1991 to determine the names of the major executive agencies with health-care functions within the Department of Health and Human Services.

Second, I consulted Congressional Quarterly's *Weekly Reports* to gather information regarding the major health issues considered before Congress from 1989 to 1991.

Third, I consulted the *CIS / Index* for the years from 1989 through 1991 to compile a list of all the congressional hearing numbers pertaining to health matters affecting each major HHS agency. I also determined the hearing numbers associated with the names of major health legislation from 1989 to 1991.

Fourth, I compiled a list of hearing numbers from the *CIS/Index* associated with a sample of major health interest groups.

Fifth, I sorted these hearing numbers and deleted the duplicate number from this list. I subdivided the hearing numbers according to the committee and subcommittee.

Sixth, I examined all hearings numbers in the CIS/Index to ensure they pertained to health matters affecting the major health agencies within the Department of Health and Human Services. I eliminated or added some hearing numbers to the database. This process created complete list of hearing numbers pertaining to health matters associated with HHS agencies.

Seventh, I recorded from *CIS/Abstracts* the names of all the national interest groups and HHS agencies that sent representatives to each congressional hearing. All hearing information corresponded to a congressional committee or subcommittee.

Eighth, I sorted and consolidated the lists of interest groups and HHS agencies by committee and subcommittee to count the total number of witness appearances that corresponded with each group and agency.

Ninth, I combined the committee and subcommittee information to determine totals for the House, Senate and the Congress. I sorted and consolidated these lists to count the total number of witness appearances throughout the chambers of Congress. This process eliminates double-counting interest groups that sent representatives to more than one committee or subcommittee from 1989 to 1991.

Tenth, I consulted the *Encyclopedia of Associations* and the *Health and Medical Services Information Directory* to determine the founding year of each interest group. Also, the descriptions of each group in these directories provided the basis for coding each groups according to membership type.

Eleventh, I duplicated the information regarding founding year and group type for each interest group throughout the database.

Twelfth, I also sorted and consolidated samples of active, most active, and most prominent interest groups according to hearing appearances, group membership type, and founding year.

Thirteenth, I determined the composition of most prominent groups by traveling to Washington D.C. to visit each bureau and office within the Department of Health and Human Services involved in the delivery of health-care programs. I did not visit bureaus or offices that served support functions.

Fourteenth, at each bureau or office I asked for the names of the private groups or associations that interacted with that particular bureau or office "more often than other groups over the past three years." I obtained these names in a variety of forms -- orally, mailing lists, skimming through Rolodexes, conference attendance lists, or some prepared material that listed constituent groups. I also asked each office which legislative subcommittees they worked with the most. I requested some of the information by telephone and subsequently received it in the mail.

Fifteenth, I compiled a database of all the interest groups that corresponded with each executive office. I cross-referenced the names of all the interest groups that corresponded with each executive office with the names of all the interest groups that testified before congressional committees or subcommittees with jurisdiction over each HHS agency.

Summary

A case study centering on the interest groups involved in health care policies should provide a rich and detailed source of information about a complex policy area. Analysis of the health care policy area will provide empirical evidence for confirming or disconfirming observations in the literature concerning trends in the representation of interests. It will also allow an assessment of the aptness of traditional characterizations of policy complexes as "subsystems," "subgovernments," or "issue networks." If none of these characterizations adequately describe the contemporary health care situation, this study may provide a basis for considering new ways of characterizing present and future policy complexes.

CHAPTER TWO

THE HEALTH-CARE POLICY COMPLEX: 1961 - 1963

This chapter characterizes the health-related policy complex associated with the Department of Health, Education, and Welfare (HEW) from 1961 to 1963. It begins with a description of the major health-related executive agencies within the department and a summary of the major items on the health-care policy agenda during this period. The remainder of the chapter focuses on identifying the major political actors that interacted within the health-care policy complex. The first analysis examines the political relationships between congressional committees and subcommittees and the executive agencies within the Department of Health, Education, and Welfare. Attention then turns to the relationships between different types of interest groups and congressional committees and subcommittees. The final section brings together all the major actors within Congress, the Department of Health, Education, and Welfare and the interest group community to describe this policy complex.

The Department of Health, Education, and Welfare

Four principle executive agencies administered the health functions of the Department of Health, Education, and Welfare: the Public Health Service; the Food and Drug Administration; the Office of Vocational Rehabilitation; and the Social Security Administration. The Public Health Service's daily operations made it the most active federal agency involved in promoting the Nation's health. The Public Health Service Act of July 1, 1944, consolidated and revised all the prior legislation surrounding the operations of the Public Health Service dating back to July 16, 1798, when Congress authorized marine

hospitals for merchant seamen. It served to promote research and training in public health methods and to aid in the development of the Nation's hospitals and research facilities. The Service also served to assist the states through community health centers used to prevent communicable diseases and promote a healthful environment.[42] The Office of the Surgeon General, the Bureau of Medical Services, the Bureau of State Services, the National Institutes of Health and the National Library of Medicine administratively composed the Public Health Services.

The Food and Drug Administration played a key role in protecting the health of citizens from unsafe consumer products and practices. The President's Reorganization Plan IV transferred this Administration from the Federal Security Agency to the Department of Health, Education, and Welfare on April 11, 1953. The Food and Drug Administration oversaw a number of field districts responsible for enforcing the Federal Food, Drug and Cosmetic Act within their jurisdictions. The Administration also operated a number of national research laboratories that tested foods, drugs, and consumer products for compliance with federal laws. Finally, the Food and Drug Administration certified manufacturing processes to ensure that manufactured products were safe for consumption.[43]

The Office of Vocational Rehabilitation was principally created to administer the Barden-LaFollette Act of July 6, 1943. Its core responsibilities concerned the provision of mental and physical rehabilitation designed to restore disabled persons to a productive lifestyle. The Office achieved its goals through the cooperation of state governments.[44]

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[42] Office of the Federal Register, U.S. Government Organization Manual 1962-63 (Washington D.C., 1962), 334.

[43] Ibid., 352-3.

[44] Ibid., 350.

The Social Security Administration constituted the final health-care agency within the Department of Health, Education, and Welfare. Reorganization Plan 1 of 1953 moved the Social Security Administration from the Federal Security Agency to the Department of Health, Education, and Welfare on April 11, 1953. The Social Security Administration principally implemented the health and welfare portions of the Social Security Act of 1935. The health activities of the Administration involved the provision of funds for state maternal and child health programs, medical aid to the aged, crippled children, and the disabled through its administration of block grants.[45] The Bureau of Old-Age and Survivor's Insurance; the Bureau of Family Services; and the Children's Bureau implemented the Social Security Administration's health responsibilities.

Major Items on the Health-Care Policy Agenda

President Kennedy's three annual health messages to Congress contained the major health issues confronting the health-care policy participants between 1961 and 1963. The succeeding paragraphs provide a summary of Kennedy's major proposals and the congressional actions on them.

On February 9, 1961, President Kennedy sent a special health message to Congress that outlined a comprehensive program of increased Federal activities. The major components of his proposal included: compulsory federal health insurance for the aged; additional funds for nursing care; increased funding for hospital research and development; a ten-year program of grants for the improvement and construction of medical schools, plus

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[45] Ibid., 341.

funds for scholarships for needy dental and medical students; a new national institute for child health and human development; additional funds for maternal and child services; and improved funding for medical research.[46]

Congress responded to these proposals with passage of the Community Health Services and Facilities Act of 1961. It provided additional funds for nursing care, medical research, and hospital research and development. The Labor - HEW appropriations bill granted increased funds for maternal and child health services. Kennedy's proposals for compulsory health insurance for the aged, a new national institute for child development, and funding for medical school construction and medical scholarships did not move forward.[47]

On February 27, 1962, President Kennedy delivered a special health message to Congress that included both new and prior proposals. Requests carried over from the previous year included: compulsory health insurance for the aged, grants to help build medical and dental schools and to provide scholarships for needy dental and medical students, and a new national institute for child health. New requests included federal aid to localities to help immunize children against common diseases, increased funding for all the National Institutes of Health, a new National Institute of Health for general medical sciences, extension of the Health Research Facilities Act of 1956, increased funds for the National Mental Health Institute, a strengthened Air Pollution Act of 1955, a National Environmental Health Center within the Public Health Service, federal loans for group

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[46] Rich, Spencer A. "Health, Education and Welfare" in Congress and the Nation (Washington: Congressional Quarterly, 1965) 1141.

[47] Ibid., 1141.

practice facilities in smaller communities, incentives for states to provide health-care for migrant farm workers, and structural changes within the Public Health Service.[48]

Congress defeated, or did not act upon several of these proposals in 1962. The President's proposal for mandatory health insurance for the aged again failed. A dramatic roll call vote in the Senate resulted in a major defeat for the Kennedy Administration. The Anderson amendment proposed to raise the payroll tax to pay for an extended list of hospital services for persons sixty-five and older. Senate Republicans and Southern Democrats united to table the amendment.[49] Grants for medical and dental school construction and federal scholarships for needy dental and medical students met a similar, but less dramatic fate when the Senate Labor and Public Welfare Committee failed to report the measures.[50] The National Environmental Health Center did not receive funding, nor did Congress take any action on the structural changes within the Public Health Service. However, Congress did take positive action on several of the President's proposals. Federal vaccination assistance to localities, and federal aid for migratory health-care passed by voice vote in both the House and the Senate. Conferees agreed to increase National Institutes of Health funding. Finally, the extension of the Health Research Facilities Act of 1956 created the two new National Institutes of Health.[51]

President Kennedy sent his third set of health-care proposals in three different messages to Congress during February 1963. His proposals covered four major areas: health personnel training; improvement of health facilities; protection from health hazards; and

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48 Ibid., 1144.
49 Ibid., 1154-55.
50 Ibid., 1144.
51 Ibid., 1144-45.

increased health research. The only new proposal asked for a five-year extension of the Hill-Burton Hospital Survey and Construction Act.[52]

The Health Professions Educational Assistance Act provided funds for medical and dental school construction and federal scholarships for needy students. Congress appropriated less for research than the Administration requested. The National Environmental Health Center received funding by the Senate, but not by the House of Representatives. A conference committee subsequently took the House position. Protection from health hazards took the form of a bill that required automobile seat belts to meet certain standards, but it did not pass.

These health-care issues were the principal concerns of the interest group representatives who attended congressional committee and subcommittee hearings from 1961 through 1963. The following sections depict the political relationships at hearings between congressional committees and subcommittees with HEW health officials and interest group representatives.

Executive - Legislative Relationships

Information regarding the jurisdiction of congressional committees and subcommittees over the Department of Health, Education, and Welfare was unattainable for the 1961 - 1963 period. Thus, this study uses congressional hearing records to identify the frequency with which HEW officials testified before congressional committees or subcommittees on behalf of their agency. The analysis counts the numbers of agencies -- not

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[52] Ibid., 1147.

the number of individual officials at hearings -- for depicting these executive - legislative relationships. Tables 2-1 and 2-2, respectively, present the data for the House of Representatives and for the Senate.

Table 2-1 summarizes the number of appearances that each health-related executive agency within the Department of Health, Education, and Welfare made before House committees and subcommittees in the 1961 to 1963 period. It indicates the House Appropriations Committee and its subcommittees not unexpectedly heard the greatest number of witnesses. There were seventy-six appearances by HEW agencies. This high frequency is not surprising for two reasons. First, members of Congress often use the appropriations process to oversee an agency's daily operations. Second, there is the need for executive agencies to annually appear before the appropriations committee and subcommittees to justify their budget requests. This figure also indicates that every executive agency appeared before this committee and its subcommittees at least once during the three-year period from 1961 to 1963.

Table 2-1 also indicates that the House Interstate and Foreign Commerce Committee and its Subcommittee on Health and Safety led all authorization committees and subcommittees with a total of thirty-five appearances by HEW agencies. While every executive agency appeared before the House Appropriations committee and its subcommittees, only the Food and Drug Administration, the Public Health Service and the National Institutes of Health appeared before the House Interstate and Foreign Commerce Committee and its Subcommittee on Health and Safety in the three-year study period.

Table 2 - 1

Department of Health, Education, and Welfare Officials Attending House Health-Related Hearings:1961 - 1963

Committees and Subcommittees	Social Security Admin.	Food & Drug Administration	Public Health Service	National Insts of Health*	Office Vocational Rehabilitation	Totals
Appropriations Committee plus Subcommittees	15	7	13	36	5	76
Ways & Means Committee plus Subcommittees	4	8	0	0	0	12
Interstate and Foreign Commerce Committee plus Subcommittee	0	7	24	4	0	35
Government Operations Committee plus Subcommittee	0	3	3	7	0	13
Judiciary Committee plus Subcommittee	0	1	0	0	0	1
Education & Labor Committee plus Subcommittee	0	0	1	0	0	1
Totals	19	26	41	47	5	138

* Although administratively a part of the Public Health Service, the National Institutes of Health are listed separately because of their distinct mission.

The Social Security Administration made the majority of its non-appropriations appearances before the House Ways & Means Committee and its Subcommittee on the Administration of Social Security Laws. The administrative components of the Social Security Administration did not make as many appearances at House hearings. The Bureau of Family Services and the Children's Bureau made no appearances, while the Bureau of Old Age and Survivors Insurance made only one appearance before the House Ways and Means Committee and its Subcommittee on the Administration of Social Security Laws.

Food and Drug Administration officials made eight appearances before the Ways and Means Committee and its subcommittees, and seven appearances before the full House Committee on Interstate and Foreign Commerce and its subcommittee. These officials appeared as witnesses before four authorization committees or subcommittees during the three-year period from 1961 to 1963. Representatives from the Public Health Service participated in twenty-four hearings of the House Interstate and Foreign Commerce Committee and its Subcommittee on Health and Safety during this period. These officials only appeared before three different authorization committees or subcommittees between 1961 and 1963.

Officials from the seven National Institutes of Health made seven appearances before the House Government Operation's Committee and its Subcommittee on Intergovernmental Relations, followed by three appearances before the full House Interstate and Foreign Commerce Committee, and one appearance before its Subcommittee on Health and Safety. They appeared before a total of three different authorizing committees or subcommittees during this period.

The Office of Vocational Rehabilitation officials only appeared before the House Appropriations Committee and its subcommittees.

In summary, Table 2-1 indicates that the Committee on Government Operations, the Committee on Interstate and Foreign Commerce, the Appropriations Committee, and their respective subcommittees were the three most active House committees or subcommittees involved with the major components of the Department of Health, Education, and Welfare. These committees and subcommittees had the closest relationships with the Food and Drug Administration, the Public Health Service and the National Institutes of Health. These legislative and executive groups composed the center of the health policy activity in the House of Representatives between 1961 and 1963.

Table 2-2 summarizes the frequency of appearances that HEW officials made before Senate committees and subcommittees. It indicates the Appropriations Committee entertained the greatest number of executive witnesses of all Senate committees and subcommittees, with a total of forty-nine agency appearances. For reasons mentioned previously, every executive agency appeared before this committee and its subcommittees at least once during the three-year period from 1961 to 1963.

Among the authorization committees, two tied for the most appearances by representatives from HEW agencies. The Senate Special Committee on Aging and its four subcommittees had a total of eleven agency appearances at their hearings. The Government Operations Committee and its Subcommittee on Reorganization and International Organizations heard officials from eleven HEW agencies at its hearings between 1961 and 1963.

Table 2-2

Department of Health, Education and Welfare Officials Attending Senate Health-Related Hearings: 1961 - 1963

Committees and Subcommittees	Social Security Admin.	Food & Drug Administration	Public Health Service	National Insts of Health *	Office Vocational Rehabilitation	Totals
Appropriations Committee plus Subcommittees	13	3	9	21	3	49
Finance Committee plus Subcommittees	0	0	0	0	0	0
Labor and Public Welfare Committee plus Subcommittees	2	0	3	2	0	7
Government Operations Committee plus Subcommittees	0	4	3	4	0	11
Judiciary Committee plus Subcommittees	0	5	0	0	0	5
Special Committee on Aging plus Subcommittees	5	4	2	0	0	11
Totals	20	16	17	27	3	83

* Although administratively a part of the Public Health Service, the National Institutes of Health are listed separately because of their distinct mission.

Social Security Administration officials made five appearances before the Special Committee on Aging, and two appearances before the Labor and Public Welfare Committee.

Officials from the Food and Drug Administration attended five hearings before the Senate Judiciary Committee's Subcommittee on Antitrust and Monopoly, which constitutes the most frequent appearances of its officials before any Senate authorizing committee or subcommittee. These officials made a total of thirteen appearances before three different authorizing committees or subcommittees during this study period.

Public Health Service officials made three appearances before the Government Operations Committee and the Labor and Public Welfare Committee. They also made two appearances before the Special Committee on Aging.

Representatives from the seven National Institutes of Health totaled six appearances before two authorizing committees and subcommittees. They made four appearances before the Senate Government Operations Committee's Subcommittee on Reorganization and International Organizations, and two before the Senate Labor and Public Welfare Committee's Subcommittee on Health.

No Office of Vocational Rehabilitation officials appeared before any of the Senate authorizing committees or subcommittees.

In summary, among the Senate authorization committees, the Labor and Public Welfare Committee, the Government Operations Committee, and the Special Committee on Aging with their subcommittees accounted for the majority of appearances by

representatives of the major components of the Department of Health, Education, and Welfare during the period in question. Representatives from the Food and Drug Administration, the Public Health Service and the National Institutes of Health made a total of twenty-two appearances as witnesses before these authorizing committees or subcommittees. These political actors joined with the Senate Appropriations Committee to form the visible elements in making health policy during this period.

Summary

The conclusions from Tables 2-1 and 2-2 indicate the most active executive agencies in numbers of appearances as witnesses before congressional committees and subcommittees include the Food and Drug Administration, the Public Health Service and the seven National Institutes of Health. In the House of Representatives, officials of these three executive agencies most frequently appeared before the House Government Operation Committee's Subcommittee on Intergovernmental Relations; the House Interstate and Foreign Commerce Committee and its Subcommittee on Health and Safety. In the Senate, officials from these three agencies most frequently appeared before the Senate Special Committee on Aging and its four subcommittees and the Senate Government Operations Committee's Subcommittee on Reorganization and International Organizations. These executive agencies and congressional committees along with the House and Senate Appropriations committees and subcommittees form the core of the legislative-executive relations in the health-care policy-making environment between 1961 and 1963.

Legislative - Interest Group Relationships

The purpose of this section is to identify the interest groups whose representatives appeared at hearings before congressional committees or subcommittees with jurisdiction over health-care policies associated with the Department of Health, Education, and Welfare. A series of figures presents the findings. The number of appearances indicates the number of times that interest group representatives appeared as witnesses to testify at congressional hearings.

Figure 2-1 lists the names of the thirty-one interest groups whose representatives appeared before the House Appropriations Committee and its subcommittees during the 1961 - 1963 period. It indicates that representatives from the American Nurses Association, the American Social Health Association (concerned with sexually transmitted diseases), the National Committee Against Mental Illness, and the National Rehabilitation Association each attended five hearings. Officials from thirteen different interest groups made three or more appearances at hearings before this committee and its subcommittees during this period.

Figure 2-2 lists the forty-six interest groups represented before the House Ways and Means Committee and its subcommittees during this study. Representatives from the American Public Health Association attended seven hearings. Officials from the AFL - CIO followed with five hearings, while representatives from the American Medical Association and the National Federation of the Blind each attended four hearings. In total, officials from seventeen interest groups attended three or more hearings before this committee and its subcommittees between 1961 and 1963.

Am. Nurses Assn.	5	Am. Heart Assn.	2
Am. Social Health Assn.	5	Research to Prevent Blindness Inc.	2
Nat. Committee Against Mental Illness	5	Am. Academy of Neurology	1
Nat. Rehabilitation Assn.	5	Am. Assn. of Workers for the Blind	1
AFL-CIO	4	Am. College of Surgeons	1
Am. Psychiatric Assn.	4	Am. Public Health Assn.	1
Am. Venereal Disease Assn.	4	Am. Rehabilitation Foundation	1
Nat. Assn. for Mental Health	4	Am. Soc. of Anesthesiologists	1
Nat. Assn. for Retarded Children	4	Assn. of Am. Medical Colleges	1
Nat. Assn. of Social Workers	4	Children's Cancer Research Found	1
Am. Dental Assn.	3	Food Law Institute	1
Am. Public Welfare Assn.	3	General Federation of Women's Clubs	1
Assn. of State and Territorial Health Officers	3	International Soc. of Cardiology	1
Am. Assn. of Dental Schools	2	Nat. Health Federation	1
Am. Cancer Society	2	Nat. Small Businessmen's Assn.	1
		Nat. Tuberculosis Assn.	1

Figure 2-1: Interest Groups Represented at HEW Health-Related Hearings before the House Appropriations Committee and Its Subcommittees: 1961 - 1963

Am. Public Health Assn.	7	Council of State Chambers of Commerce	2
AFL-CIO	5	Family Services Assn.	2
Am. Medical Assn.	4	Life Insurance Assn. of America	2
Nat. Federation of the Blind	4	Nat. Assn. of Retail Druggists	2
Am. Assn. of Retired Persons	3	Nat. Rehabilitation Assn.	2
Am. Hospital Assn.	3	National Assn. of Social Workers	2
Am. Nursing Home Assn.	3	AFSCME	1
Am. Optometric Assn.	3	Am. Soc. of Anesthesiologists	1
Am. Podiatry Assn.	3	Am. Assn. of Homes for the Aging	1
Americans for Democratic Action	3	Am. Assn. of Workers for the Blind	1
Chamber of Commerce of the US	3	Am. Foundation for the Blind	1
College of Am. Pathologists	3	Am. Geriatrics Soc.	1
Group Health Assn. of America	3	Am. Osteopathic Assn.	1
Intl. Assn. of Health Underwriters	3	Blue Cross Assn.	1
Nat. League of Senior Citizens	3	Child Welfare League	1
National Consumers League	3	Health Insurance Assn. of America	1
Physicians Forum	3	Nat. Medical Assn.	1
Am. Soc. of Internal Medicine	2	Nat. Medical Foundation for Eye Care	1
Am. Assn. of Medical Assistants	2	National Assn. of Manufacturers	1
Am. College of Radiology	2	National Conference of Catholic Charities	1
Am. Dental Assn.	2	National Council of Jewish Women	1
Am. Nurses Assn.	2	National Small Businessmen's Assn.	1
Am. Pharmaceutical Assn.	2	National Social Welfare Assembly	1

Figure 2-2: Interest Groups Represented at HEW Health-Related Hearings before the House Ways and Means Committee and Its Subcommittees: 1961 - 1963

Figure 2-3 lists the names of the forty-six interest groups whose representatives appeared at hearings of the House Interstate and Foreign Commerce Committee or its Subcommittee on Health and Safety. Officials from the American Public Health Association made ten appearances, while representatives from the American Medical Association and the American Optometric Association each made nine appearances. Officials from nineteen interest groups made three or more appearances and accounted for seventy-four percent of the total number interest group witnesses.

Am. Public Health Assn.	10	Am. Psychological Assn.	2
Am. Medical Assn.	9	Am. Veterinary Medical Assn.	2
Am. Optometric Assn.	9	Assn. for the Aid of Crippled Children	2
Assn. of State and Territorial Health Officers	8	Am. Academy of Optometry	1
Nat. Assn. of Retail Druggists	8	Am. Academy of Pediatrics	1
AFL-CIO	6	Am. Assn. of Dental Schools	1
Am. Nurses Assn.	6	Am. Assn. of Workers for the Blind	1
Assn. of Schools of Public Health	6	Am. College of Surgeons	1
Am. Hospital Assn.	4	Am. Council of the Blind	1
Assn. of Am. Medical Colleges	4	Am. Pharmaceutical Assn.	1
Intl. Chiropractors Assn.	4	Am. Public Welfare Assn.	1
Nat. Health Federation	4	Am. Sociological Assn.	1
Nat. Wholesale Druggists Assn.	4	Assn. of Schools and Colleges of Optometry	1
Am. Assn. of Colleges of Pharmacy	3	Blinded Veterans Assn.	1
Am. Dental Assn.	3	General Federation of Women's Clubs	1
Am. Osteopathic Assn.	3	Group Health Assn. of America	1
Am. Podiatry Assn.	3	Nat. Rehabilitation Assn.	1
Nat. Assn. for Retarded Children	3	Nat. Retired Teachers Assn.	1
Pharmaceutical Manufacturers Assn.	3	Nat. Tuberculosis Assn.	1
Am. Assn. of Retired Persons	2	Nat. Assn. for Mental Health	1
Am. Cancer Soc.	2	Nat. Assn. of State Mental Health Prgm. Dirs.	1
Am. Federation for the Blind	2	Nat. League for Nursing	1
Am. Psychiatric Assn.	2	Nat. Medical Assn.	1

Figure 2-3: Interest Groups Represented at HEW Health-Related Hearings before the House Interstate and Foreign Commerce Committee and its Subcommittee: 1961 - 1963

Figure 2-4 lists the four interest groups whose representatives appeared at health-related hearings before the House Government Operations Committee and its subcommittees between 1961 and 1963. Representatives from the American Medical Association, the American Nurses Association, the American Pharmaceutical Association and the Pharmaceutical Manufacturers of America each attended one hearing.

Am. Medical Assn.	1
Am. Nurses Assn.	1
Am. Pharmaceutical Assn.	1
Pharmaceutical Manufacturers Assn.	1

Figure 2-4: Interest Groups Represented at HEW Health-Related Hearings before the House Government Operations Committee and Its Subcommittees: 1961 - 1963

Figure 2-5 lists the names of the five interest groups whose representatives appeared as witnesses before the House Judiciary Committee and its subcommittees during the period from 1961 to 1963. The American Association of Retired Persons, the American Pharmaceutical Association, the National Association of Manufacturers, the National Retired Teachers Association and the Pharmaceutical Manufacturers Association each had representatives who attended one health-related hearing affecting the Department of Health, Education, and Welfare between 1961 to 1963.

Am. Assn. of Retired Persons	1
Am. Pharmaceutical Assn.	1
Nat. Assn. of Manufacturers	1
Nat. Retired Teachers Assn.	1
Pharmaceutical Manufacturers Assn.	1

Figure 2-5: Interest Groups Represented at HEW Health-Related Hearings before the House Judiciary Committee and its Subcommittees: 1961- 1963

Figure 2-6 indicates that thirty-two interest groups sent representatives before the House Education and Labor Committee and its subcommittees during this study. Officials from the National Rehabilitation Association attended six hearings, while representatives from the American Optometric Association and the National Association for Retarded

Children attended four hearings. Representatives from eight interest groups attended three or more hearings before this committee and its subcommittees in the three-year study period.

Nat. Rehabilitation Assn.	6	Am. Epilepsy Foundation	1
Am. Optometric Assn.	4	Am. Instructors of the Deaf	1
Nat. Assn. for Retarded Children	4	Am. Nursing Home Assn.	1
Am. Assn. of Workers for the Blind	3	Am. Pharmaceutical Assn.	1
Am. Foundation for the Blind	3	Am. Podiatry Assn.	1
Nat. Conference of Catholic Charities	3	Am. Public Welfare Assn.	1
Nat. Federation of the Blind	3	Am. Vocational Assn.	1
Nat. Organization for Mentally Ill Children	3	Americans for Democratic Action	1
Alexander Graham. Bell Assn. for the Deaf	2	Arthritis and Rheumatism Foundation	1
Am. Assn. of Retired Persons	2	Assn. for the Psychiatric Treatment of Offenders	1
Am. Speech and Hearing Assn.	2	Blind Professional Assn. of America	1
Blinded Veterans Assn.	2	General Federation of Women's Clubs	1
Council of Admnstrs of Sp Ed in Local School Systems	2	Nat. Assn. of Social Workers	1
Nat. Retired Teachers Assn.	2	Nat. Council of Church Women	1
Am. Assn. of Colleges of Pharmacy	1	Nat. Council of Jewish Women	1
Am. Assn. on Mental Deficiency	1	Nat. Federation of Licensed Practical Nurses	1

Figure 2-6: Interest Groups Represented at HEW Health-Related Hearings before the House Education and Labor Committee and Its Subcommittees: 1961 - 1963

Figure 2-7 lists the names of the nineteen interest groups whose representatives appeared before the Senate Appropriations Committee during this period. Officials from the American Academy of Neurology and the National Association for Retarded Children represented the only interest groups to make at least one appearance per year for each of the three-years of this study. The majority of interest groups attended only one hearing before this committee.

Figure 2-8 shows that twenty-five interest groups sent representatives to testify before the Senate Finance Committee and its subcommittees between 1961 and 1963. Officials with the American Optometric Association attended four hearings, while representatives from the American Public Welfare Association and the National Federation of the Blind each attended three hearings of this committee and its subcommittees.

Representatives from only three interest groups made three or more appearances before this committee and its subcommittees.

Am. Academy of Neurology	3	Am. Assn. of Dental Schools	1
Nat. Assn. for Retarded Children	3	Am. College of Surgeons	1
AFL-CIO	2	Am. Public Welfare Assn.	1
Am. Dental Assn.	2	Am. Speech and Hearing Assn.	1
Am. Rehabilitation Foundation	2	Am. Venereal Disease Assn.	1
Am. Social Health Assn.	2	Arthritis and Rheumatism Foundation	1
Children's Cancer Research Foundation	2	Assn. of State and Territorial Hlth Officers	1
Nat. Rehabilitation Assn.	2	Food Law Institute	1
National Assn. of Social Workers	2	National Assn. of Counties	1
		National Committee Against Mental Illness	1

Figure 2-7: Interest Groups Represented at HEW Health-Related Hearings before the Senate Appropriations Committee and Its Subcommittees: 1961 - 1963

Am. Optometric Assn.	4	Child Welfare League	1
Am. Public Welfare Assn.	3	College of Am. Pathologists	1
Nat. Federation of the Blind	3	Family Service Assn.	1
AFL-CIO	2	Health Insurance Assn. of America	1
Am. Dental Assn.	2	Intl. Chiropractors Assn.	1
Am. Medical Assn.	2	Life Insurance Assn. of America	1
Assn. of Schools and Colleges of Optometry	2	Nat. Chiropractic Assn.	1
Federation of Protestant Welfare Agencies	2	Nat. Medical Assn.	1
Nat. League of Senior Citizens	2	Nat. Medical Foundation for Eye Care	1
Am. Council of the Blind	1	Nat. Rehabilitation Assn.	1
Am. Nursing Home Assn.	1	National Social Welfare Assembly	1
Am. Public Health Assn.	1	Physicians Forum	1
Blue Cross Assn.	1		

Figure 2-8: Interest Groups Represented at HEW Health-Related Hearings before the Senate Finance Committee and Its Subcommittees: 1961 - 1963

Figure 2-9 lists the names of the forty-four interest groups whose representatives appeared before the Senate Labor and Public Welfare Committee or its subcommittees during the three-year period of study. Officials from the American Medical Association attended six hearings, while representatives from the American Optometric Association and

the American Public Health Association each attended five hearings. Officials from six interest groups attended three or more hearings between 1961 and 1963.

Am. Medical Assn.	6	Am. Dietetic Assn.	1
Am. Optometric Assn.	5	Am. Geriatrics Soc.	1
Am. Public Health Assn.	5	Am. Hospital Assn.	1
Am. Dental Assn.	4	Am. Instructors of the Deaf	1
Am. Psychiatric Assn.	3	Am. Podiatry Assn.	1
Intl. Chiropractors Assn.	3	Am. Psychological Assn.	1
AFL-CIO	2	Am. Vocational Assn.	1
Am. Assn. of Retired Persons	2	Assn. of Am. Medical Colleges	1
Am. Nurses Assn.	2	Fed. of Protestant Welfare Agencies	1
Am. Nursing Home Assn.	2	Health Insurance Assn. of America	1
Am. Pharmaceutical Assn.	2	International College of Surgeons	1
Am. Public Welfare Assn.	2	International Soc. of Cardiology	1
Am. Speech and Hearing Assn.	2	Nat. Assn. for Mental Health	1
Assn. of Schools of Public Health	2	Nat. Assn. for Retarded Children	1
Group Health Assn. of America	2	Nat. Assn. of Counties	1
Nat. Assn. of Retail Druggists	2	Nat. Assn. of Social Workers	1
Nat. Assn. of State Mental Health Prgm Dirs	2	Nat. Chiropractic Assn.	1
Nat. Rehabilitation Assn.	2	Nat. Committee Against Mental Illness	1
Alexander Graham. Bell Assn. for the Deaf	1	Nat. Council of Jewish Women	1
Am. Assn. of Dental Schools	1	Nat. League for Nursing	1
Am. Assn. on Mental Deficiency	1	Nat. Medical Assn.	1
Am. Chiropractic Assn.	1	National Fed of Licensed Practical Nurses	1

Figure 2-9: Interest Groups Represented at HEW Health-Related Hearings before the Senate Labor and Public Welfare Committee and Its Subcommittees: 1961 - 1963

The American Medical Association had its representatives appear once before the Senate Government Operations Committee and its subcommittees between 1961 and 1963. Few of its hearings concerned health matters affecting health activities of the Department of Health, Education, and Welfare.

Figure 2-10 lists the names of the eight interest groups whose representatives appeared before the Senate Judiciary Committee between 1961 and 1963. Officials from the American Medical Association and the Pharmaceutical Manufacturers Association each attended three hearings. Representatives from the American Pharmaceutical Association

attended two hearings, while representatives from the remaining interest groups each attended one hearing.

Am. Medical Assn.	3	College of Am. Pathologists	1
Pharmaceutical Manufacturers Assn.	3	Group Health Assn. of America	1
Am. Pharmaceutical Assn.	2	Physicians Forum	1
Am. Assn. of Retired Persons	1	Nat. Assn. of Retail Druggists	1

Figure 2-10: Interest Groups Represented at HEW Health-Related Hearings before the Senate Judiciary Committee and Its Subcommittee: 1961 - 1963

Figure 2-11 indicates that nineteen interest groups sent representatives to testify before the Senate Special Committee on Aging and its subcommittees. Officials from the American Association of Retired Persons attended seven hearings, while representatives from the National League of Senior Citizens attended three hearings. In total, representatives from two interest groups made three or more appearances before this committee and its subcommittees.

Am. Assn. of Retired Persons	7	Am. Public Welfare Assn. .	1
Nat. League of Senior Citizens	3	Am. Cancer Soc.	1
Am. Optometric Assn.	2	Am. Dental Assn.	1
Am. Medical Assn.	2	Am. Dental Soc.	1
Arthritis and Rheumatism Foundation	2	Am. Medical Foundation	1
Group Health Assn. of America	2	Am. Rheumatism Foundation	1
Am. Assn. of Homes for the Aging	1	Family Services Inc.	1
Am. Nursing Home Assn.	1	Health Insurance Assn. of America	1
Am. Public Health Assn.	1	Health Insurance Inst.	1
		National Health Foundation	1

Figure 2-11: Interest Groups Represented at HEW Health-Related Hearings before the Senate Committee on Aging and Its Subcommittee: 1961 - 1963

Table 2-3 summarizes the information presented in Figures 2-1 through 2-11. It demonstrates that a few interest groups tended to be more active at committee and subcommittee hearings by highlighting the "active" interest groups whose representatives attended three or more hearings before a committee and its subcommittees between 1961

Table 2-3

Proportion of Active Interest Groups and Their Representatives at Congressional Hearings: 1961 - 1963

Committee and Subcommittees	Number of Active Interest Groups (3 or more appearances)	Total Number of Interest Groups	Percent of Active Interest Groups to Total Interest Groups	Total Number of Witnesses from Active Interest Groups	Total Number of Witnesses	Percent of Active Interest Group Witnesses to Total Witnesses
Committee on Appropriations plus Subcommittees	13	31	41.94%	53	75	70.67%
Committee on Ways and Means plus Subcommittees	17	46	36.96%	59	100	59.00%
Committee on Interstate and Foreign Commerce plus Subcommittee	19	46	41.30%	100	134	74.63%
Committee on Government Operations plus Subcommittee	0	4	0.00%	0	4	0.00%
Committee on Judiciary plus Subcommittee	0	5	0.00%	0	5	0.00%
Committee on Education and Labor plus Subcommittee	8	32	25.00%	29	59	49.15%
House Subtotal in Absolute Terms	**49**	**98**	**50.00%**	**310**	**380**	**81.58%**
Committee on Appropriations plus Subcommittees	2	19	10.53%	6	30	20.00%
Committee on Finance plus Subcommittees	3	25	12.00%	10	38	26.32%
Committee on Labor and Public Welfare plus Subcommittees	6	44	13.64%	26	75	34.67%
Committee on Government Operations plus Subcommittees	0	1	0.00%	0	1	0.00%
Committee on Judiciary plus Subcommittees	2	8	25.00%	6	13	46.15%
Special Committee on Aging plus Subcommittees	2	19	10.53%	10	31	32.26%
Senate Subtotal in Absolute Terms	**24**	**72**	**33.33%**	**126**	**187**	**67.38%**
House and Senate Absolute Totals	**64**	**108**	**59.26%**	**494**	**567**	**87.13%**

Note: Table 2-3 reflects all the national interest groups represented at congressional hearings pertaining to the Department of Health, Education and Welfare between 1961 and 1963.

and 1963. Active interest groups average one appearance per annum for each year of the three-year study period. The total number of interest groups includes all the active interest groups, plus all those interest groups whose representatives attended only one or two hearings in the three-year study period.

There is no established relationship between the number of appearances that interest group representatives make before congressional hearings and the policy outcomes of legislative decision-making. However, there is a relationship between the frequency that interest group representatives attended congressional hearings and the frequency that a group's policy preferences are being officially recognized by congressional decision-makers. Furthermore, several scholars have noted that interest group representatives often use legislative hearings to build personal prestige and use this prestige to gain access to legislative decision-makers to personally influence policy decisions.[53] It would be reasonable to expect that those interest group representatives that frequently testified at congressional hearings would have greater opportunities to gain personal access to legislators than interest groups less involved in congressional hearings. Therefore, the frequency of appearances by interest group representatives should have a bearing on the political influence of that interest group in a policy matter. The groups that are more active at congressional hearings should have more political influence -- or clout -- in the policy process than other interest groups.

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[53] See for example: Harmon Zeigler, Interest Groups in American Society (Englewood Cliffs: Prentice - Hall, 1964) 256; Jeffrey Berry, The Interest Group Society (Boston: Little, Brown and Co., 1984) 185; Kay Schlozman and John Tierney, Organized Interests and American Society (New York; Harper & Row, 1986) 292-296.

Table 2-3 indirectly measures the relative political influence of singular groups in the hearing process along two dimensions. First, it compares the proportion of active interest groups to the total number of interest groups at congressional hearings. The proportion of active interest groups represented at three or more congressional hearings is compared to the total number of interest groups. Table 2-3 provides a second measure of estimating political clout by highlighting the proportion of active interest group witnesses to the total number of witnesses. A high proportion indicates that active groups dominate the information presented at congressional committee or subcommittee hearings, thus these groups should have more influence in policy decision-making. A low proportion indicates that a large number of interest groups present their policy positions at these hearings, with no groups gaining an edge in influencing the policy outcomes.

Moreover, the literature suggests that making presentations at congressional hearings attributes legitimacy and prestige to interest groups. Therefore active groups, by definition, probably have more prestige than less active groups since they send representatives to a greater number of congressional hearings. The literature further suggested that groups with more prestige have greater opportunities for personal access to legislative decision-makers, thus active interest groups should have more influence than less active groups in policy matters. Thus, a high proportion of active groups at committee hearings suggests that active groups have greater opportunities than less active groups to influence the policy decision base upon those hearings. A low proportion of active groups would suggest that there are greater opportunities for less active groups to have a greater say in the policy outcomes from committee hearings.

Representatives from thirteen of a total of thirty-one different interest groups attended three or more hearings before the House Appropriations committee between 1961 and 1963. Subtracting thirteen from thirty-one leaves eighteen interest groups whose representatives made only one or two appearances before this committee and its subcommittees. Thus, thirteen active interest groups constituted forty-two percent of the total number of interest groups represented at appropriations hearings.

The House Interstate and Foreign Commerce Committee and its subcommittee nearly duplicated these results. Nineteen interest groups sent their representatives to three or more hearings before this committee and its subcommittee between 1961 and 1963. Subtracting nineteen from forty-six leaves twenty-seven other interest groups represented at only one or two hearings during this period. Thus, active interest groups constituted forty-one percent of the total number of interest groups that appeared before this committee and subcommittee. In a similar fashion, for the House Ways and Means Committee and its subcommittees, seventeen active interest groups translated into thirty-seven percent of all the interest groups that appeared at their hearings. Also, eight active interest groups out of a total of thirty-two different interest groups appeared before the House Education and Labor Committee. No interest group representatives appeared three or more times before the House Government Operations Committee or the House Judiciary Committee and their respective subcommittees.

Table 2-3 highlights how representatives from a small number of active interest groups can dominate the points of view expressed at congressional hearings concerning health policy matters. For example, thirteen interest groups sent a total of fifty-three witnesses before the House Appropriations Committee between 1961 and 1963. A total of

seventy-five witnesses represented all thirty-one interest groups. Dividing the fifty-three witnesses from active interest groups into the total number of seventy-five witnesses reveals that representatives from the thirteen active interest groups accounted for seventy-one percent of all the witnesses that testified before the House Appropriations Committee between 1961 and 1963.

Nearly identical results occurred with the interest groups represented before the House Interstate and Foreign Commerce Committee and its subcommittee. Representatives from nineteen of forty-six interest groups made three or more appearances at their hearings between 1961 and 1963. Representatives from these nineteen active interest groups accounted for seventy-five percent of the 134 total number of witnesses. The House Ways and Means Committee and its subcommittees had seventeen interest groups send their representatives to three or more of its hearings in this study period. Representatives from these seventeen active interest groups accounted for fifty-nine percent of the total number of group appearances at Ways and Means hearings between 1961 and 1963. Only eight active interest groups sent their representatives to three or more hearings of the Education and Labor Committee and its subcommittees for a total of twenty-nine appearances in the study period. Thirty-two interest groups made a total of fifty-nine appearances at these hearings. Therefore, the active interest groups accounted for forty-nine percent of the total number of appearances. The House committees on Government Operations and the Judiciary had no active groups. However, representatives from several groups attended only one or two hearings between 1961 and 1963.

Absolute numbers provide an accurate characterization of interest group activity within the entire House of Representatives, since interest groups may testify before several

different committees and subcommittees. For example, summing the "Total Number of Interest Groups" for each committee and subcommittee in the House (31+46+46 ...) would suggest that 164 different interest groups testified before the House on HEW health matters between 1961 and 1963. This figure artificially overstates the number of interest groups represented before House committees and subcommittees. A total of ninety-eight different interest groups sent their representatives to health hearings in the House of Representatives. Accurately characterizing the number of active interest groups in the House also requires absolute numbers to again remove the overlap of interest groups that testified before more than one committee and subcommittee. Only forty-nine interest groups sent their representatives to three or more hearings throughout the House of Representatives on HEW health matters.

These forty-nine active interest groups composed exactly half of the total number of interest groups that sent representatives to House health hearings. Thus, fifty percent of the total number of interest groups were actively involved in HEW health matters. These forty-nine active interest groups supplied 310 of the 380 representatives from all ninety-eight interest groups. Thus, active interest groups in the House of Representatives accounted for eight-two percent of the total number of witnesses at hearings pertaining to HEW health matters.

The information supplied for the Senate is interpreted in the same manner as for the House of Representatives. Two "active" interest groups sent representatives to three or more hearings of the Senate Appropriations Committee between 1961 and 1963. A total of nineteen interest groups sent representatives before this committee, thus subtracting two from nineteen results in seventeen interest groups represented at only one or two hearings

during the study period. Active interest groups composed only eleven percent of the total number of interest groups represented at hearings before the Senate Appropriations committee and its subcommittees.

The Senate had fewer active interest groups than the House of Representatives during this period. The three active interest groups associated with the Senate Finance Committee accounted for only twelve percent of the total number of interest group appearances before it. Six active interest groups attended three or more hearings before the Senate Labor and Public Welfare Committee for fourteen percent of the total number of interest group representatives. Two interest groups associated with the Senate Judiciary Committee and its subcommittee accounted for twenty-five percent of the total of eight groups that appeared before them. The Special Committee on Aging and its subcommittees had only two of its nineteen different interest groups attend three or more of its hearings.

Representatives of active interest groups also accounted for a smaller proportion of the total number of witnesses before Senate committees and subcommittees than in the House. The two active interest groups before the Senate Appropriations committee and subcommittee supplied six of thirty witnesses, or twenty percent of the total. The three active interest groups related to Senate Finance Committee and its subcommittees supplied twenty-six percent of a total of thirty-eight witnesses. Representatives from the six active interest groups active with the Labor and Public Welfare Committee accounted for twenty-six percent of the seventy-five witnesses that appeared before its health hearings between 1961 and 1963. Two active interest groups provided six of the thirteen witnesses represented at Judiciary Committee health hearings. The Special Committee on Aging had two active

interest groups account for thirty-two percent of the total number of witnesses before its hearings.

Absolute numbers provide accurate information regarding the number of interest groups represented before all Senate hearings pertaining to HEW health matters. In the Senate, several interest groups sent representatives to one or two hearings before its committees and subcommittees. While interest group representatives did not attend three or more times before any one committee or subcommittee, they appeared at three or more Senate hearings between 1961 and 1963. Twenty-four interest groups sent representatives to three or more Senate hearings during this period. A considerable amount of overlap existed in number of interest groups represented before different Senate committees and subcommittees. A total of seventy-two different interest groups sent representatives to Senate hearings pertaining to HEW health matters between 1961 and 1963.

The twenty-four different active interest groups supplied 126 witnesses at these health hearings. A total of 187 witnesses represented all seventy-two interest groups during the study period. Thus, twenty-four active interest groups accounted for sixty-seven percent of the total number witnesses testifying before the Senate on health matters.

Combining House and Senate data, sixty-four different active interest groups sent representatives to three or more hearings on health issues relating to the Department of Health, Education, and Welfare. A total of 108 different interest groups participated in this policy complex. Out of a total of 567 witnesses, 494 -- or eighty-seven percent of the total -- represented active interest groups.

Figure 2-12 elaborates on Table 2-3 by providing the names of all the active interest groups appearing before House and Senate committees and subcommittees with jurisdiction over the daily operations of the executive agencies within the Department of Health, Education, and Welfare. In the House of Representatives, officials from the American Optometric Association attended sixteen hearings, while representatives from the AFL - CIO attended fifteen hearings. The National Rehabilitation Association, the American Medical Association, and the American Nurses Association each sent their representatives to fourteen hearings. In total, representatives from forty-nine active interest groups attended three or more health hearings in the House of Representatives.

In the Senate, representatives from the American Medical Association attended fifteen hearings, while the American Optometric Association sent representatives to eleven hearings. The American Association of Retired Persons accounted for ten witnesses at Senate hearings between 1961 and 1961. A total of twenty-four active interest groups sent their representatives to three or more hearings between 1961 and 1963.

Figure 2-13 combines the House and Senate data presented in Figure 2-12 to indicate the most active interest groups that participated in the legislative process from 1961 to 1963. The most active interest groups sent their representatives to seven or more hearings from 1961 to 1963. The American Medical Association's representatives attended twenty-nine different hearings from 1961 to 1963. Representatives from the American Optometric Association attended twenty-seven hearings, while officials from the AFL - CIO attended twenty-one hearings. From 1961 to 1963, there was a total of twenty-five most active interest groups throughout Congress on health matters affecting HEW agencies.

House of Representatives

Am. Optometric Assn.	16	Nat. Health Federation	5
AFL-CIO	15	Pharmaceutical Manufacturers Assn.	5
Nat. Rehabilitation Assn.	14	Nat. Assn. for Mental Health	5
Am. Medical Assn.	14	Am. Assn. of Colleges of Pharmacy	4
Am. Nurses Assn.	14	Am. Cancer Soc.	4
Am. Public Health Assn.	13	Am. Venereal Disease Assn.	4
Nat. Assn. for Retarded Children	12	Americans for Democratic Action	4
Assn. of State and Territorial Health Officers	11	Intl. Chiropractors Assn.	4
Am. Public Welfare Assn.	10	Nat. Conference of Catholic Charities	4
Nat. Assn. of Retail Druggists	10	Am. Nursing Home Assn.	4
Am. Assn. of Retired Persons	8	Group Health Assn. of America	4
Am. Dental Assn.	8	Nat. Retired Teachers Assn.	4
Nat. Federation of the Blind	7	Nat. Wholesale Druggists Assn.	4
Am. Hospital Assn.	7	Am. Osteopathic Assn.	4
Am. Podiatry Assn.	7	Nat. League of Senior Citizens	3
Nat. Assn. of Social Workers	7	Am. Assn. of Dental Schools	3
Am. Assn. of Workers for the Blind	6	Chamber of Commerce of the US	3
Am. Foundation for the Blind	6	General Federation of Women's Clubs	3
Am. Pharmaceutical Assn.	6	Assn. of Schools and Colleges of Optometry	3
Assn. of Schools of Public Health	6	Blinded Veterans Assn.	3
Am. Psychiatric Assn.	6	Intl. Assn. of Health Underwriters	3
Nat. Committee Against Mental Illness	5	College of Am. Pathologists	3
Am. Social Health Assn.	5	Physicians Forum	3
Assn. of Am. Medical Colleges	5	Nat. Consumers League	3
		Nat. Organization for Mentally Ill Children	3

Senate

Am. Medical Assn.	15	Am. Nursing Home Assn.	4
Am. Optometric Assn.	11	Am. Pharmaceutical Assn.	4
Am. Assn. of Retired Persons	10	Arthritis and Rheumatism Foundation	3
Am. Dental Assn.	9	Nat. Federation of the Blind	3
Am. Public Health Assn.	7	Fed of Protestant Welfare Agencies	3
Am. Public Welfare Assn.	7	Health Insurance Assn. of America	3
AFL-CIO	6	Nat. Assn. of Retail Druggists	3
Nat. League of Senior Citizens	5	Pharmaceutical Manufacturers Assn.	3
Nat. Rehabilitation Assn.	5	Am. Academy of Neurology	3
Group Health Assn. of America	5	Am. Psychiatric Assn.	3
Intl. Chiropractors Assn.	4	Am. Speech and Hearing Assn.	3
Nat. Assn. for Retarded Children	4	Nat. Assn. of Social Workers	3

Figure 2-12: Interest Groups Whose Representative Attended Three or More Hearings in the House of Representatives or the Senate from 1961 to 1963

Am. Medical Assn.	29	Nat. Assn. of Social Workers	10
Am. Optometric Assn.	27	Nat. Federation of the Blind	10
AFL-CIO	21	Am. Pharmaceutical Assn.	10
Am. Public Health Assn.	20	Group Health Assn. of America	9
Nat. Rehabilitation Assn.	19	Am. Psychiatric Assn.	9
Am. Assn. of Retired Persons	18	Pharmaceutical Manufacturers Assn.	8
Am. Public Welfare Assn.	17	Am. Nursing Home Assn.	8
Am. Dental Assn.	17	Assn. of Schools of Public Health	8
Nat. Assn. for Retarded Children	16	Intl. Chiropractors Assn.	8
Am. Nurses Assn.	16	Am. Podiatry Assn.	8
Nat. Assn. of Retail Druggists	13	Am. Hospital Assn.	8
Assn. of State and Territorial Health Officers	12	Nat. League of Senior Citizens	8
		Am. Social Health Assn.	7

Figure 2-13: Most Active Interest Groups Whose Representative Attended Seven or More Congressional Hearings Affecting HEW Agency Operations from 1961 to 1963

Table 2-4 reveals the different types of interest groups involved in the health policy complex between 1961 to 1963. All the interest groups were coded according to a membership type that I devised for the purpose of this study. It characterizes the groups according to their frequency of appearances before congressional committees. Unrestricted Membership groups have few, if any, qualifications for membership. Groups of this type include the American Association of Retired Persons or the American Heart Association. Industry Groups are restricted to members of a certain economic group. The American Hospital Association and the Pharmaceutical Manufacturers Association are examples of industry groups. Unions such as the AFSCME and the AFL - CIO restrict membership to their union lists. Restricted Membership groups place stringent qualifications on members, such as advanced education or common organizational purpose. Groups of this type include the Federation of Protestant Welfare Agencies or the American Pharmaceutical Association. Professional Membership groups consist of members who are certified by an accrediting board and pass stringent requirements to join the groups. The American Medical Association and the American Osteopathic Association provide examples of this type of interest group.

Table 2 -4

Comparison of Interest Group Type and Frequency of Appearances at Congressional Hearings: 1961 - 1963

Group Types	1 to 2	3 to 4	5 to 6	7 to 9	10 to 13	14 to 17	18 to 21	22 to 25	26 plus	Totals	Active Groups (3 + appearances)	Most Active Groups (7 + appearances)
Unrestricted Membership	9	8	7	2	1	2	3	0	0	32	23	8
Industry Group	6	5	1	5	1	0	0	0	0	18	12	6
Union	0	0	0	0	0	0	1	0	0	1	1	1
Restricted Membership	5	3	0	0	1	0	0	0	0	9	4	1
Professional Membership	16	5	3	2	1	2	0	0	2	31	15	7
Intergovernmental	2	1	0	0	1	0	0	0	0	4	2	1
Coalition	0	0	0	0	0	0	0	0	0	0	0	0
Staff/Public Interest	0	1	0	0	0	0	0	0	0	1	1	0
Think Tanks	2	3	1	0	0	0	0	0	0	6	4	0
Unidentified	4	0	1	1	0	0	0	0	0	6	2	1
Totals	44	26	13	10	5	4	4	0	2	108	64	25

Intergovernmental groups compose government employees at the local, state or federal level organized around their official responsibilities. These types of groups include the National Governor's Association and the National Association of State Mental Health Program Directors. A Coalition is a collection of different, active interest working toward one mutual goal. These include groups such as the Coalition on Smoking OR Health. Staff/Public Interest groups serve beneficiary groups that are not necessarily formal members of the group. The Children's Cancer Research Foundation is an example of this type of interest group. Think Tanks are a mixture of staff and unrestricted membership groups oriented toward producing and promoting ideologically consistent public policies. The Brooking Institution and the American Enterprise Institute are examples of think tanks. Unidentified groups are those remaining groups for which information on membership practices is not available.

Table 2-4 provides information regarding the composition of all interest groups involved in health policies from 1961 to 1963. In addition, Table 2-4 characterizes the composition of active interest groups and most active groups throughout Congress during this period.

Table 2-4 indicates that Professional Membership groups most often sent representatives to one or two hearings from 1961 to 1963. Unrestricted Membership Groups most often typified interest groups represented at three to six hearings. Industry Groups best describe groups whose representatives attended seven to nine congressional hearings. Unrestricted Membership groups and Professional Membership groups most often sent representatives to hearings from fourteen to seventeen times, while Unrestricted Membership groups most often sent representatives to attend eighteen to twenty-one

hearings. Only Professional Membership groups sent representatives to attend twenty-six or more hearings. The majority of all interest groups represented themselves at one to four hearings. Unrestricted Membership groups and Professional Membership groups constitute the majority of group types testifying at health hearings between 1961 and 1963.

The composition of active interest groups is similar to the composition of all interest groups during this study. Unrestricted Membership Groups constituted the majority of all active groups, respectively followed by Professional Membership groups and Industry Groups. Restricted Membership groups and Think Tanks also maintained a presence in the total composition of active interest groups between 1961 and 1963. The most active interest groups sent representatives to seven or more congressional hearings from 1961 to 1963. Unrestricted Membership groups, Professional Membership groups, and Industry Groups, respectively, constituted the three most active group types. Unions, Restricted Membership groups and Intergovernmental groups each had one group that sent representatives to seven or more hearings during this period. In total, there were sixty-four active groups and twenty-five most active groups throughout Congress from 1961 to 1963.

Table 2-5 compares a group's age to the frequency of appearances its representatives made before congressional hearings from 1961 to 1963. The table is divided between twenty-seven and twenty-eight years to be consistent with Table 3-5 in the following chapter. (Twenty-seven years marks the period of time between the two studies.) The greatest number of interest groups represented themselves from one to four times at congressional hearings during this study. This period does not seem to have a period of outstanding growth in interest group formation found in the second study. Interest groups twenty-eight years and older constitute the majority of groups across most hearing frequencies. Groups represented

Table 2-5

Comparison of Group Age to Frequency of Appearances at Congressional Hearings: 1961 to 1963

Group Age	1 to 2	3 to 4	5 to 6	7 to 9	10 to 13	14 to 17	18 to 21	22 to 25	26 plus	Totals	Active Groups (3 + appearances)	Most Active Groups (7 + appearances)
1 to 5 years	4	1	-	1	-	-	1	-	-	7	3	2
6 to 10 years	4	1	1	1	1	-	1	-	-	9	5	3
11 to 15 years	6	2	-	1	-	1	-	-	-	10	4	2
16 to 20 years	-	4	1	-	-	-	-	-	-	5	5	0
21 to 27 years	3	1	2	1	2	-	-	-	-	9	6	3
28 to 35 years	6	1	1	-	-	1	-	-	-	9	3	1
36 to 40 years	3	-	2	1	-	-	1	-	-	7	4	2
41 to 45 years	3	1	1	-	-	-	-	-	-	5	2	0
46 to 50 years	1	1	1	-	-	-	-	-	-	3	2	0
51 to 60 years	3	5	1	2	-	-	-	-	-	11	8	2
61 to 70 years	2	5	1	1	1	1	-	-	1	12	10	4
71 to 80 years	-	3	-	-	-	-	-	-	-	3	3	0
81 to 90 years	2	1	1	-	-	-	-	-	-	4	2	0
91 to 100 years	1	-	-	-	-	-	1	-	-	2	1	1
101 + years	1	-	-	1	1	1	-	-	1	5	4	4
Unidentified	5	0	1	1	0	0	0	0	0	7	2	1
Subtotals												
27 Years or less	17	9	4	4	3	1	2	0	0	40	23	10
28 years or more	22	17	8	5	2	3	2	0	2	61	39	14
Difference	-5	-8	-4	-1	1	-2	0	0	-2	-21	-16	-4
Totals	44	26	13	10	5	4	4	0	2	108	64	25

at ten to thirteen hearings tended to be twenty-seven years and younger.

Active interest groups represented at three or more hearings from 1961 to 1963 also tended to be older than twenty-eight years. There were sixteen more groups that were older than twenty-seven than younger than twenty-seven. The most active groups did not have this great a difference in ages. Only four more groups were older than twenty-seven than were younger than twenty-seven. Groups less than twenty-seven years of age constitute a greater proportion of the total as the category of interest group activity moves from all interest groups to active interest groups to most active groups.

Summary

This section described legislative - interest Group relations in terms of the activity levels and the composition of interest groups involved in the health policy complex as it was in the 1961 to 1963 period. Table 2-3 provides absolute totals for the House and Senate indicating that sixty-four of 108 interest groups sent representatives to three or more hearings during this study. Representatives from these active interest groups accounted for eighty-seven percent of the total number of witnesses at all House health hearings affecting HEW operations. Table 2-4 showed that Unrestricted Membership groups, Professional Membership groups, and Industry Groups, respectively, characterize the most frequent group types throughout active, most active, and all interest groups. Table 2-5 demonstrated that a group's age has little influence on activity level. In the hearing categories, a majority of interest groups were twenty-eight years and older.

Legislative - Executive - Interest Group Relationships

Figure 2-14 synthesizes the information presented in previous sections. The congressional hearings pertaining to the Department of Health, Education, and Welfare serve as the linchpin for connecting the executive and legislative branches with interest groups that frequently interacted with both branches of government. It uses a concept of association for relating the interest groups with the executive agencies that jointly appeared before congressional committee or subcommittee hearings to describe this health policy complex. The interest groups listed in Figure 2-14 maintained a most significant presence in this policy complex by bridging the executive and legislative institutions of government. A minimum legislative activity level of four hearings is used to signify those interest groups that involved themselves in the daily operations of an executive agency and testified at committee or subcommittee hearings with jurisdiction over that agency's activities. The minimum level of four hearings reduces the likelihood that an interest group testified at only one committee's or subcommittee's hearings in the three year study period. Table 2-6 summaries those interest groups that were most significant in the 1961 to 1963 health policy complex.

Officials from the Social Security Administration appeared at hearings of the House and Senate Appropriations Committees and their subcommittees. Additionally, the Social Security Administration appeared before the House Ways and Means Committee's Subcommittee on the Administration of Social Security Laws and the Senate Labor and Public Welfare Committee's Subcommittee on Problems of Aging and the Aged. Representatives from the American Public Health Association made sixteen appearances before these committees and subcommittees. Officials from the AFL - CIO made thirteen

Social Security Administration	• House Committee on Appropriations	Am Public Health Assn	16
	• House Subcommittee on Deficiencies	AFL-CIO	13
	• House Subcommittee on Departments of Labor, Health, Education and Welfare and Related Agencies	Am Medical Assn	10
		Nat Rehabilitation Assn	10
		Am Dental Assn	9
	• Senate Committee on Appropriations	Am Nurses Assn	9
		Nat Assn of Social Workers	9
	• House Committee on Ways and Means	Am Optometric Assn	8
	• Subcommittee on the Administration of Social Security Law	Am Psychiatric Assn	7
		Nat Committee Against Mental Illness	6
	• Senate Committee on Labor and Public Welfare	Am Assn of Retired Persons	5
	• Subcommittee on Problems of Aging and the Aged	Am Nursing Home Assn	5
		Am Social Health Assn	5
	• Senate Special Committee on Aging	Group Health Assn of America	5
	• Subcommittee on Federal/State Activities	Nat Assn for Retarded Children	5
	• Subcommittee on Federal/State/Community Services	Am Hospital Assn	4
	• Subcommittee on Health of the Elderly	Am Pharmaceutical Assn	4
		Am Podiatry Assn	4
		Am Venereal Disease Assn	4
		Assn of State and Territorial Health Offi.	4
		Nat Assn for Mental Health	4
		Nat Assn of Retail Druggists	4
		Nat Federation of the Blind	4

Food and Drug Administration	• House Committee on Appropriations	Am. Medical Assn.	16
	• Subcommittee on Deficiencies	Am. Public Health Assn.	14
	• Subcommittee on Departments of Labor, Health, Education and Welfare and Related Agencies	AFL-CIO	13
		Am. Nurses Assn.	12
	• Senate Committee on Appropriations	Assn. of State and Territorial Health Off	12
		Am. Optometric Assn.	11
	• House Committee on Government Operations	Nat. Assn. for Retarded Children	10
	• House Subcommittee on Intergovernmental Relations	Am. Dental Assn.	9
	• Senate Committee on Government Operations	Nat. Rehabilitation Assn.	9
	• Subcommittee on Reorganization and International Organization	Nat. Assn. of Retail Druggists	8
		Pharmaceutical Manufacturers Assn.	8
		Am. Social Health Assn.	7
	• House Committee on Interstate and Foreign Commerce	Am. Psychiatric Assn.	6
	• Subcommittee on Health and Safety	Assn. of Schools of Public Health	6
		Nat. Assn. of Social Workers	6
	• House Committee on the Judiciary	Nat. Committee Against Mental Illness	6
	• Subcommittee on Antitrust	Am. Assn. of Retired Persons	5
	• Senate Committee on the Judiciary	Am. Cancer Soc.	5
	• Subcommittee on Antitrust and Monopoly	Am. Venereal Disease Assn.	5
		Assn. of Am. Medical Colleges	5
	• House Committee on Ways and Means	Nat. Assn. for Mental Health	5
	• Subcommittee on Administration of Social Security Laws	Am. Academy of Neurology	4
	• Senate Special Committee on Aging	Am. Assn. of Dental Schools	4
	• Subcommittee on Federal/State Activities	Am. Hospital Assn.	4
	• Subcommittee on Frauds and Misrepresentations Affecting the Elderly.	Am. Pharmaceutical Assn.	4
		Intl. Chiropractors Assn.	4
		Nat. Health Federation	4
		Nat. Wholesale Druggists Assn.	4

Figure 2-14: Interest Groups and Congressional Committees and Subcommittees Associated with the Department of Health, Education, and Welfare.

Public Health Service	• House Committee on Appropriations	Am. Public Health Assn.	16
	• Subcommittee on Deficiencies	AFL-CIO	13
	• Subcommittee on Departments of Labor,	Am. Medical Assn.	13
	Health, Education and Welfare and Related Agencies	Am. Nurses Assn.	13
	• Senate Committee on Appropriations	Am. Optometric Assn.	12
		Assn. of State and Territorial Health Off	12
	• House Committee on Government Operations	Nat. Assn. for Retarded Children	11
	• Subcommittee on Intergovernmental Relations	Am. Dental Assn.	10
	• Senate Committee on Government Operations	Nat. Assn. of Retail Druggists	10
	• Subcommittee on Reorganization	Nat. Rehabilitation Assn.	9
	and International Organization	Am. Psychiatric Assn.	8
		Am. Social Health Assn.	7
	• House Committee on Interstate and Foreign Commerce	Assn. of Schools of Public Health	7
	• Subcommittee on Health and Safety	Intl. Chiropractors Assn.	7
	• Senate Labor and Public Welfare Committee	Nat. Committee Against Mental Illness	7
	• Subcommittee on Health	Am. Assn. of Retired Persons	6
		Assn. of Am. Medical Colleges	6
	• House Committee on Education and Labor	Nat. Assn. for Mental Health	6
	• Subcommittee on Education	Nat. Assn. of Social Workers	6
		Am. Assn. of Dental Schools	5
	• Senate Special Committee on Aging	Am. Venereal Disease Assn.	5
	• Subcommittee on Federal/State/Community Services	Nat. Health Federation	5
	• Subcommittee on Health of the Elderly	Am. Academy of Neurology	4
		Am. Cancer Society	4
		Am. Hospital Assn.	4
		Am. Pharmaceutical Assn.	4
		Am. Podiatry Assn.	4
		Am. Rehabilitation Foundation	4
		Nat. Wholesale Druggists Assn.	4
		Pharmaceutical Manufacturers Assn.	4
National Institutes of Health	• House Committee on Appropriations	Am. Public Health Assn.	16
	• Subcommittee on Deficiencies	AFL-CIO	13
	• Subcommittee on Departments of Labor,	Am. Medical Assn.	13
	Health, Education and Welfare and Related Agencies	Am. Nurses Assn.	13
	• Senate Committee on Appropriations	Assn. of State and Territorial Health Off	12
		Am. Optometric Assn.	11
	• House Committee on Government Operations	Nat. Assn. for Retarded Children	11
	• Subcommittee on Intergovernmental Relations	Am. Dental Assn.	10
	• Senate Committee on Government Operations	Nat. Assn. of Retail Druggists	10
	• Subcommittee on Reorganization	Nat. Rehabilitation Assn.	9
	and International Organization	Am. Psychiatric Assn.	8
		Am. Social Health Assn.	7
	• House Committee on Interstate and Foreign Commerce	Assn. of Schools of Public Health	7
	• Subcommittee on Health and Safety	Intl. Chiropractors Assn.	7
	• Senate Labor and Public Welfare Committee	Nat. Committee Against Mental Illness	7
	• Subcommittee on Health	Assn. of Am. Medical Colleges	6
		Nat. Assn. for Mental Health	6
		Nat. Assn. of Social Workers	6
		Am. Assn. of Dental Schools	5
		Am. Venereal Disease Assn.	5
		Am. Academy of Neurology	4
		Am. Cancer Society	4
		Am. Hospital Assn.	4
		Am. Pharmaceutical Assn.	4
		Nat. Health Federation	4
		Nat. Wholesale Druggists Assn.	4
		Pharmaceutical Manufacturers Assn.	4

Figure 2-14 (continued)

Office of Vocational Rehabilitation	• House Committee on Appropriations	Am. Social Health Assn.	7
	• House Subcommittee on Deficiencies	Nat. Assn. for Retarded Children	7
	• House Subcommittee on Departments of Labor, Health, Education and Welfare and Related Agencies	Nat. Rehabilitation Assn.	7
		AFL-CIO	6
		Nat. Assn. of Social Workers	6
	• Senate Committee on Appropriations	Nat. Committee Against Mental Illness	6
		Am. Dental Assn.	5
		Am. Nurses Assn.	5
		Am. Venereal Disease Assn.	5
		Am. Academy of Neurology	4
		Am. Psychiatric Assn.	4
		Am. Public Health Assn.	4
		Assn. of State and Territorial Health Off	4
		Nat. Assn. for Mental Health	4

Figure 2-14 (continued)

appearances, and representatives from the American Medical Association made ten appearances. This list includes the names of all interest groups whose representatives made four or more appearances before these committees in the three-year study period. This threshold of four appearances indicates the representatives from an interest group must have made more than one appearance before one committee for each of the three-years of this study.

The House and Senate Appropriations, Government Operations, and Judiciary committees with their respective subcommittees oversaw the daily operations of the Food and Drug Administration. The Food and Drug Administration also appeared before the House Interstate and Foreign Commerce Committee, the House Ways and Means Committee, and the Senate Special Committee on Aging and their subcommittees. Representatives from the American Medical Association made sixteen appearances before these committees and subcommittees, followed by representatives from other interest groups who made four or more appearances before these committees and subcommittees during the three-year study period.

Representatives from the Public Health Service appeared before the House and Senate committees on Appropriations and Government Operations and their subcommittees along with the House Interstate and Foreign Commerce Committee, the House Committee on Education and Labor, the Senate Labor and Public Welfare Committee and the Senate Special Committee on Aging and their subcommittees. Officials from the American Public Health Association attended sixteen hearings before these committees and subcommittee during this study period. Representatives from the AFL - CIO, the American Medical Association and the American Nurses Association each made thirteen appearances before

these committees and subcommittees. The remaining interest groups attended four or more hearings before these committees or subcommittees in the three-year period of this study.

Officials from the National Institutes of Health appeared before the House and Senate committees on Appropriations and Government Operations with their subcommittees. The House Interstate and Foreign Commerce Committee and the Senate Labor and Public Welfare Committee and their respective subcommittees also shared jurisdiction over the Public Health Service. Representatives from the American Public Health Association appeared sixteen times at hearings before these committees or subcommittees. The other interest groups listed appeared four or more times at hearings before these committees and subcommittees during the three-year study period.

Officials from the Office of Vocational Rehabilitation only appeared before the House and Senate Appropriations Committees and subcommittees during this study. Representatives from the American Social Health Association, the National Association for Retarded Children and the National Rehabilitation Association each made seven appearances before these committees and subcommittees. The other interest groups had representatives who appeared at hearings before these committees or subcommittees at least four times during this study period.

Table 2-6 provides a comparison of interest groups that were most significant in this policy complex. For the purposes of this analysis, a subcomplex includes one executive agency and the congressional committees and subcommittees with jurisdiction over that agency, along with the interest groups actively involved with both institutions of government. Table 2-6 summarizes and compares the group type of all the interest groups that were most

Table 2-6

Comparison of Group Types to Frequency of Interactions between HEW Agencies and Congress: 1961 - 1963

Group Type	1	2	3	4	5	Totals
Unrestricted Membership	1	-	6	-	5	12
Industry Group	2	-	3	2	-	7
Union	-	-	-	-	1	1
Restricted Membership	-	-	-	1	-	1
Professional Membership	-	1	-	3	4	8
Intergovernmental	-	-	-	-	1	1
Coalition	-	-	-	-	-	0
Staff/Public Interest	-	-	-	-	-	0
Think Tanks	1	-	-	-	1	2
Unidentified	-	-	-	-	1	1
Totals	4	1	9	6	13	33

significant in the policy complex with its corresponding number of subcomplexes. The five agencies within the Department of Health, Education, and Welfare limits the total number of subcomplexes to a total of five.

Table 2-6 reveals that five Unrestricted Membership groups interacted with all five HEW agencies and interacted with the congressional committees or subcommittees with jurisdiction over those agencies. Four Professional Membership groups and one Think Tank also interacted with all five agencies and their respective congressional committees and subcommittees. Unrestricted Membership groups composed the most frequent group type of all the interest groups that were most significant in the health care policy complex. Professional Membership groups and Industry Groups, respectively, constituted the second and third largest group types. Unions, Restricted Membership groups, Intergovernmental groups and Think Tanks each participated in one subcomplex. Unrestricted Membership groups compose the most prominent group type among the other interest groups that were most significant in this policy complex.

Summary

This chapter presented the major items on the health policy agenda and a description of the health functions of the Department of Health, Education, and Welfare as background information for characterizing the health policy environment during the period from 1961 to 1963. The first analysis provided a description of the relationships between House and Senate committees and subcommittees and the executive officials from HEW health agencies. A second analysis examined the relationships between these congressional committees and subcommittees and the interest groups that attended their hearings. Finally, this chapter

concluded with a synthesis of the relationships between Congress, the Department of Health, Education, and Welfare and the interest groups involved in health-care policies. Unrestricted Membership groups constituted the most prominent group type among all interest groups that were most significant in the 1961 to 1963 health-care policy complex.

CHAPTER THREE

THE HEALTH-CARE POLICY COMPLEX: 1989 - 1991

This chapter characterizes the health-related policy complex associated with the Department of Health and Human Services (HHS) from 1989 to 1991. It begins with a description of the major health-related executive agencies within the department and a summary of the major items on the health-care policy agenda during this period. The remainder of the chapter focuses on identifying the major political actors who interacted within the health-care policy complex. An examination of the political relationships between congressional committees and subcommittees and the executive agencies within the Department of Health and Human Services precedes an analysis of the relationships between interest groups and congressional committees and subcommittees. The last section of the chapter brings together all the major actors within Congress, the Department of Health and Human Services, and the interest group community to depict this policy complex.

The Department of Health and Human Services

The Department of Health and Human Services was a cabinet-level department in the executive branch principally involved in promoting the nation's health. It evolved from the Department of Health, Education, and Welfare in the Department of Education Organization Act on May 4, 1980. Five principal agencies composed the Department of Health and Human Services: the Administration on Aging; the Administration on Children and Families; the Health Care Financing Administration; the Public Health Service; and the Social Security Administration. Many of these agencies provide social services rather than

services oriented toward health-care maintenance or improvement. For example, the Administration on Aging primarily implemented the Older Americans Act, while the Social Security Administration focused on social welfare programs. Furthermore, the Administration on Children and Families was an amalgam of subagencies that primarily administered block grants to the states that included Aid to Families with Dependent Children, Head Start, grants for community services directed toward family support, grants to improve the welfare of native Americans, and grants aimed at improving the opportunities of persons with developmental disabilities.

The two principal agencies within the Department of Health and Human Services charged with implementing health-care delivery responsibilities were the Health Care Financing Administration and the Public Health Service. Each agency contained numerous agencies and bureaus that performed a wide variety of health-related functions. The Health Care Financing Administration inherited the medical care programs that formerly were the responsibility of the Social Security Administration. It principally administered the Medicaid and Medicare programs, but performed other health-related functions such as developing standards and regulations for many health professions. Medicare is a health insurance program for persons over sixty-five years of age funded through Social Security contributions and through general revenue, while Medicaid provides medical services to the needy and the medically needy.[54] The Social Security Administration contributed to Medicare policy by administering the special trust fund where contributions go to help people 65 years old and older pay their hospital bills.[55]

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[54] Office of the Federal Register, National Archives and Records Administration, The United States Government Manual 1991/92 (Lanham, MD: Bernan, 1991), 318.

[55] Ibid., 319.

The Public Health Service contained the following suborganizations with health-related functions: the Agency for Health Care Policy and Research; the Agency for Toxic Substances and Disease Registry; the Alcohol, Drug Abuse and Mental Health Administration; the Centers for Disease Control; the Food and Drug Administration; the Health Resources and Services Administration; the Indian Health Service; and the National Institutes of Health.

The Agency for Health Care Policy and Research contributed to health-care delivery by: organizing, financing and directing health-care services to improve the access, delivery, and results of these services; by facilitating the development of standardized guidelines and measures of quality care for use by physicians and other health professionals; and by systematically distributing health research findings to the scientific community.[56]

The Agency for Toxic Substances and Disease Registry principally directed programs designed to protect workers and the general public from the adverse health effects from exposure to hazardous substances.[57]

The Alcohol, Drug Abuse and Mental Health Administration promoted effective strategies to remedy the health problems associated with alcohol, drug abuse and mental illness and endeavored to discover medical solutions to these conditions.[58] The Centers for Disease Control served to protect the public health by providing leadership and direction in the prevention and control of diseases and other preventable conditions.[59] The Food and

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56 Ibid., 304.
57 Ibid., 308.
58 Ibid., 305.
59 Ibid., 308.

Drug Administration primarily served the public by inspecting and regulating impure and unsafe foods, drugs, cosmetics, and other potential hazards.[60]

The Health Resources and Services Administration provided general health services and resources relating to the access, quality, cost and equity of health care to the Nation.[61] The Indian Health Service provided comprehensive health services to American Indians and Alaska Natives to meet their health needs.[62] The National Institutes of Health conducted and promoted research to develop a greater understanding of the biomedical processes underlying human health, disease and disability. Furthermore, the many Institutes worked to develop more reliable methods for detecting, diagnosing and treating disease, and disseminating this information to the scientific and medical communities.[63]

Major Items on the Health-care Policy Agenda

The two most significant health issues confronting Congress from 1989 to 1991 concerned Medicare. The 1988 Medicare Catastrophic Coverage Act caused an immediate reaction among several interest groups that lobbied for its repeal. Congress responded to the outraged senior citizen's groups as it moved through a process of repealing the 1988 Medicare Catastrophic Coverage Act. The second major legislative issue Congress considered sought to save the federal Treasury from the soaring costs of the Medicaid program. This issue sparked considerable debate among interest groups and legislators anxious to save some programs at the expense of others. Other issues entered the legislative agenda concerning AIDS,

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60 Ibid., 309.
61 Ibid., 311.
62 Ibid., 314.
63 Ibid., 314.

childhood vaccines, and the regulation of medical devices, however no other important health-care bills on the legislative agenda compared to the significance of Medicaid issues.

The repeal of the 1988 Medicare Catastrophic Coverage Act marked the first time that Congress rescinded major social benefits. This about face occurred when senior citizens realized they would carry the cost burden for the expanded medical coverage. Interest groups immediately began attacking the measure after its enactment in 1989 and urged for its repeal. The House Ways and Means Committee responded to these pressures by instructing its Subcommittee on Health to "fix" the act. New legislation passed the committee; however, a bipartisan coalition in the House asked the Rules Committee to substitute an outright repeal of the act for the Ways and Means "fix." The Rules Committee assented to this request, and the House quickly passed a repeal of the act by a large majority. The Senate Finance Committee fought to defend catastrophic coverage against its harshest critics, yet forwarded no legislation to the Senate floor. The committee's inaction prompted the Senate to pass a free-standing bill to partially repeal the act. After a two-week conference, Congress approved a full repeal of the 1988 Medicare Catastrophic Coverage Act.[64]

The second major health issue concerned the soaring costs of Medicare. The necessity to defend the Treasury prompted the House Ways and Means Committee to order its Subcommittee on Health to pare 2.3 billion dollars from the Medicare budget. The subcommittee accomplished this task by establishing a nationwide fee schedule based on the relative value of services, limiting the amounts that doctors could bill patients above the Medicare fee, and preventing doctors from compensating for price cuts by increasing

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64 Christine C. Lawrence, ed., Congressional Quarterly Almanac, vol. XLV, (Washington, D.C.: CQ Press, 1990), 148 - 156.

Medicare patient volume. Another important element prevented doctors from referring patients to clinics they partially (or wholly) owned. The full Ways and Means Committee approved these changes. However, the Energy and Commerce Committee's Subcommittee on Health and the Environment shared jurisdiction over Part B of Medicare, and it approved a different version of the overhaul. The budget reconciliation legislation that passed the House included the two contradictory plans. The Senate Labor and Human Resources Committee considered the payment overhaul sections of the bill and made several changes before the Senate approved the legislation. The three versions of the bill went to a conference committee, resulting in a compromise that included most of the Ways and Means overhaul of the physician payment system, along with a watered down prohibition against doctors referring patients to their own clinics.[65]

Other legislation that entered the health-care policy agenda concerned an expansion of Medicaid benefits to poor children, new regulations for medical devices, the AIDS Resources Emergency Act, and a childhood vaccine program. Legislation was introduced in the House and Senate on the same day to expand the medical coverage of Medicaid beneficiaries. The House legislation was more dramatic, because the chairman of the Energy and Commerce's Subcommittee on Health pushed for sweeping reforms. The Senate Finance Committee's version was more moderate. Both chambers passed their respective committee's bill, leaving the two committees to reconcile their differences in conference. This conference resulted in a moderate expansion of Medicare benefits. [66]

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[65] Ibid., 156 -69.

[66] Christine C. Lawrence, ed., Congressional Quarterly Almanac, Vol. XLVI, (Washington, D.C.: CQ Press, 1990), 569 - 81.

In more routine matters, Congress updated the requirements that the Food and Drug Administration enforced for medical devices. The House Energy and Commerce Committee and the Senate Labor and Human Resources Committee reported similar bills on the matter. The essential difference between the measures concerned the civil penalties imposed on violators. Each chamber passed its own version of the bill, and a conference committee created a modified civil penalties provision in the legislation.

Another routine measure before Congress was a childhood vaccine program that originated in the House Energy and Commerce Committee's Subcommittee on Health. It passed both chambers and became part of the 1991 Labor, Health and Human Services appropriations bill.[67]

The AIDS Resource Emergency Act originated in the Senate Labor and Human Resources Committee to provide assistance to state and local governments in providing health care to AIDS patients. The Senate approved this measure, and it went to the Subcommittee on Health and the Environment of the House Energy and Commerce Committee. This subcommittee authorized funding for the bill, but dropped some of the Senate provisions for implementation. The bill passed "clean" through the full Energy and Commerce Committee and the House. A conference committee reconciled differences in the funding levels and implementation procedures, and President Bush signed the bill into law.[68]

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67 Ibid., 579 - 81, 591 - 92.
68 Ibid., 582 - 89.

Executive - Legislative Relationships

This section identifies the political relationships between Department of Health and Human Services agencies and the congressional committees and subcommittees with jurisdiction over their activities. Two tables characterize these relationships by identifying the congressional committees and subcommittees that held hearings attended by officials from the major HHS agencies. Table 3-1 depicts these relationships within the House of Representatives while Table 3-2 does so for the Senate.

Table 3-1 indicates the frequency of appearances that officials from the Health Care Financing Administration and the Public Health Service made before House committees and subcommittees. Those agencies contained within the Service include: the Agency for Health Care Policy and Research; the Agency for Toxic Substances and Disease Registry; and the offices under the Assistant Secretary for Health. The other major components of the Public Health Service are listed as categories across the top of this table.

Table 3-1 indicates that every major agency testified before the House Appropriations Committees and its subcommittees during the three-year study period. This number is not surprising for two reasons. First, executive agencies participate in the oversight process that occurs within the appropriations process. Second, there is the need for executive agencies to appear annually before the appropriations committee and subcommittees to justify their budget requests. The appropriations committee and subcommittees were the most active congressional participants in health matters with 101 appearances by HHS agencies. The House Energy and Commerce Committee and its Subcommittee on Health and Safety drew a total of seventy-six agency appearances. The House Government Operations Committee and

Table 3-1

Department of Health and Human Services Officials Attending House Health-Related Hearings: 1989 - 1991

Committees and Subcommittees	Social Security Administration	Health Care Financing Administration	Health Resources Services Administration	Public Health Service	National Insts of Health	Food & Drug Administration	Alcohol, Drug Abuse and Mental Health Administration	Centers for Disease Control	Indian Health Service	Totals
Appropriations Committee plus Subcommittees	-	3	3	5	54	6	13	3	14	101
Ways and Means Committee plus Subcommittees	2	19	0	1	2	1	0	0	0	25
Energy and Commerce Committee plus Subcommittee	0	12	6	9	13	21	6	9	0	76
Government Operations Committee plus Subcommittee	0	3	2	8	6	5	2	6	0	32
Judiciary Committee plus Subcommittees	1	0	0	0	0	0	0	0	0	1
Education and Labor Committee plus Subcommittees	0	0	0	0	0	0	0	1	0	1
Select Committee on Aging plus Subcommittees	0	8	1	3	7	2	1	0	0	22
Science and Technology Committee plus Subcommittee	0	0	0	3	2	1	0	0	0	6
Totals	3	45	12	29	84	36	22	19	14	264

its subcommittees heard thirty-two officials. The House Judiciary Committee and its subcommittee had one official from the Centers for Disease Control appear at its health hearings during the three-year study period.

Excluding the appropriations committee and its subcommittees, every agency except two interacted most frequently with the House Energy and Commerce Committee and its Subcommittee on Health and Safety. The Health Care Finance Administration and the Social Security Administration were the two agencies that made more appearances before the House Ways and Means Committee than the Energy and Commerce Committee. Most agency officials had their second highest frequency of appearances before the House Government Operations Committee and its subcommittees. Officials from the Health Care Finance Administration made their second highest number of appearances before the House Energy and Commerce Committee and its health subcommittee, while officials from the many National Institutes of Health made their second most frequent appearances before the House Select Committee on Aging and its subcommittees. Officials from the Social Security Administration appeared before the Ways and Means Committee and its subcommittees, followed by a single appearance before a hearing of the Judiciary Committee and its subcommittee.

Table 3-1 indicates that the core of the House health-care authorizing committees and subcommittees revolved around the House Energy and Commerce Committee, the Government Operations Committee, and their subcommittees. The Select Committee on Aging also heard a large number of witnesses from a variety of executive agencies. In the case of the Ways and Means Committee's jurisdiction over Social Security, including Medicare, officials from the Health Care Finance Administration constituted the vast

majority of the executive officials at its hearings. These four committees and subcommittees held the most frequently attended hearings by officials from all the executive agencies.

The categories of Table 3-2 are identical to Table 3-1 in representing the major components of the Department of Health and Human Services with health-care delivery responsibilities. It indicates that the appropriations committee and subcommittees had more officials appear at its hearings than any other Senate committee or subcommittee during the three-year study period. Moreover, this committee and its subcommittees heard witnesses from every agency during this period. The Senate Labor and Human Resources Committee and its subcommittees heard representatives on twenty occasions. This committee and its subcommittees heard officials from every agency except the Social Security Administration and the Indian Health Service. For the Senate Select Committee on Indian Affairs, there were seven appearances by officials from the Indian Health Service and from three other agencies. The Senate Judiciary Committee and its subcommittees heard the fewest numbers of executive agency officials.

Table 3-2 further indicates that the Senate Labor and Human Resources Committee and the Senate Government Affairs Committee and their subcommittees were the authorizing committees at the heart of health-care policy making in the Senate. Forty-four percent of the total number of officials from all the health-related agencies in the Department of Health and Human Services attended their hearings. Officials from the Public Health Service, the Health Resources Administration, the Food and Drug Administration, the Alcohol, Drug Abuse and Mental Health Administration and the Centers for Disease Control made the most of their non-appropriations appearances as witnesses before these

Table 3-2

Department of Health and Human Services Officials Attending Senate Health-Related Hearings: 1989 - 1991

Committees and Subcommittees	Social Security Administration	Health Care Financing Administration	Public Health Service	Health Resources Services Administration	National Insts of Health	Food & Drug Administration	Alcohol, Drug Abuse and Mental Health Administration	Centers for Disease Control	Indian Health Service	Totals
Appropriations Committee plus Subcommittees	-	4	5	3	33	7	4	4	4	64
Finance Committee plus Subcommittees	1	13	0	0	0	0	0	0	0	14
Labor and Human Resources plus Subcommittees	0	2	2	4	3	5	2	2	0	20
Government Affairs Committee plus Subcommittees	0	1	1	1	0	1	3	2	1	10
Judiciary Committee plus Subcommittees	1	0	0	0	0	3	1	0	0	5
Special Committee on Aging plus Subcommittees	0	5	0	1	1	0	0	1	0	8
Select Committee on Indian Affairs plus Subcommittees	0	0	1	0	1	0	1	0	7	10
Totals	2	25	9	9	38	16	11	9	12	131

two committees. The Senate Appropriations Committee, the Senate Labor and Human Resources Committee, and the Senate Government Affairs Committee, along with their respective subcommittees, accounted for seventy-two percent of the total number of witness appearances before the Senate by officials from all the agencies during the three-year study period.

Summary

Three sets of congressional committees and their subcommittees interacted most frequently with HHS agencies. The Appropriations Committee, Energy and Commerce Committee and the Government Operations Committee in the House of Representatives interacted most often with HHS agencies from 1989 to 1991. The Appropriations Committee, Labor and Human Resources Committee, and the Government Affairs Committee in the Senate constituted the nucleus of Senate committees and subcommittees most involved with HHS agencies during this period.

Legislative - Interest Group Relationships

This section depicts the institutionalized relationships between congressional committees and subcommittees and the interest groups that appeared at their hearings. Figures 3-1 through 3-12 presents the names of the interest groups and the number of hearings their representatives attended by committee. The number of appearances by interest group representatives indicates the number of times they testified at congressional hearings.

Figure 3-1 lists the names of the active interest groups that appeared before the House Appropriations Committee and its subcommittees. Representatives from the American Psychological Association attended eight hearings during the three-year study period. Appearing at four hearings were officials from the American Society for Cell Biology, National Organizations Responding to AIDS, Research to Prevent Blindness, American Heart Association, Society for Animal Protective Legislation, Society for Neuroscience, American College of Cardiology, American Urological Association, and the National Coalition for Research in Neurological and Communicative Disorders. Representatives from seventy-five of 274 total interest groups identified in this analysis participated three or more times at health-related appropriations hearings.

Figure 3-2 lists the names of the active interest groups whose representatives appeared before the House Ways and Means Committee and its subcommittees in the period from 1989 to 1991. Representatives from the American Association of Retired Persons attended eleven hearings, while officials from the American Hospital Association attended ten health-related hearings. Representatives from the American Medical Association and the Blue Cross/Blue Shield Association each attended eight hearings. Representatives from sixteen of a total of ninety-one different interest groups attended three or more hearings.

Figure 3-3 identifies the active interest groups whose representatives frequently appeared before the House Energy and Commerce Committee and its subcommittees. The American Academy of Pediatrics sent representatives to nine hearings before this committee and subcommittee, while American Medical Association representatives appeared at eight hearings on health-related issues during the three-year study. Officials from the American

Am Psychological Assn.	8	Nat Assn. of Anorexia Nervosa & Assoc. Disorders	3
Am Soc. for Cell Biology	4	Nat Family Planning & Reprod. Health Assn.	3
Nat Organizations Responding to AIDS	4	Nat Rehabilitation Assn.	3
Research to Prevent Blindness	4	Am Assn. of Colls of Osteopathic Medicine	3
Am Heart Assn.	4	Am Assn. of University Affiliated Programs	3
Soc. for Animal Protective Legislation	4	Am Congress of Rehabilitation Medicine	3
Soc. for Neuroscience	4	Am Fed of Government Employees	3
Am Coll. of Cardiology	4	Am Soc. of Clinical Oncology	3
Am Urological Assn.	4	Assn. of Am Cancer Institutes	3
Nat Coal for Rsrch in Neur. & Comm. Disodrs	4	Assn. of Minority Hlth Professions Schools	3
Am Soc. for Biochemistry & Molecular Biology	3	Cystic Fibrosis Found	3
Children's Brain Diseases Found	3	Fed of Behav, Psych. and Cognitive Sciences	3
Committee on Problems of Drug Dependence	3	Intl. Union Against Tuberculosis & Lung Dis.	3
Conjoint Committee on Diagnostic Radiology	3	Soc. for the Study of Reproduction	3
Friends of the Nat Inst. on Deafness	3	Am Acad. of Child & Adolescent Psychiatry	3
Intersoc. Cncl for Rsch of the Kidney & Urinary Tract	3	Am Acad. of Dermatology	3
Tri-Council on Nursing	3	Am Acad. of Family Physicians	3
AIDS Action Council	3	Am Acad. of Neurology	3
Alzheimer's Assn.	3	Am Acad. of Orthopaedic Surgeons	3
Am Assn. of Dental Schools	3	Am Acad. of Otolaryngology	3
Am Assn. of Retired Persons	3	Am Acad. of Pediatrics	3
Am Cancer Society	3	Am Assn. for Cancer Research	3
Am Found for AIDS Research	3	Am Coll. of Rheumatology	3
Am Narcolepsy Assn.	3	Am Dental Assn.	3
Am Public Health Assn.	3	Am Dental Hygienists Assn.	3
Am Social Health Assn.	3	Am Gastroenterological Assn.	3
Arthritis Found	3	Am Lung Assn.	3
Assn. of Am Medical Colleges	3	Am Pediatric Society	3
Children's Defense Fund	3	Am Psychiatric Assn.	3
Cooley's Anemia Found	3	Am Soc. for Microbiology	3
Dystrophic Epidermolysis Bullosa Rsrch Assn.	3	Assn. of Medical School Pediatric Dept. Chrm	3
Epilepsy Found	3	Assn. of Professors of Medicine	3
Huntington's Disease Soc. of Am	3	Congress of Neurological Surgeons	3
Interstitial Cystitis Assn.	3	Soc. for Pediatric Research	3
Juvenile Diabetes Found Intl.	3	Interstate Conf. of Emplymnt Sec. Agencies	3
March of Dimes Birth Defects Foundation	3	Coal of Patient Advocates for Skin Disease Rsrch	3
Nat Alliance for the Mentally Ill	3	Nat Coal for Cancer Research	3

Figure 3-1: Interest Groups Represented at HHS Health-Related Hearings before the House Appropriations Committee and Its Subcommittees: 1989 - 1991

Am Assn. of Retired Persons	11	Am Acad. of Family Physicians	4
Am Hospital Assn.	10	Consumer's Union	4
Blue Cross/Blue Shield Assn.	8	Nat Assn. for Home Care	3
Am Medical Assn.	8	Nat Rural Health Assn.	3
Nat Assn. of Public Hospitals	6	Group Health Assn. of America	3
Am Coll. of Physicians	6	Nat Assn. of Manufacturers	3
Am Coll. of Surgeons	6	Am Coll. of Radiology	3
Health Insurance Assn.	5	Nat Assn. of Insurance Commissioners	3

Figure 3-2: Interest Groups Represented at HHS Health-Related Hearings before the House Ways & Means Committee and Its Subcommittees: 1989 and 1991

Am Acad. of Pediatrics	9	Public Voice for Food & Health Policy	4
Am Medical Assn.	8	Am Assn. of Dental Schools	3
Am Public Health Assn.	7	Am Clinical Laboratory Assn.	3
Children's Defense Fund	7	Am Heart Assn.	3
Am Coll. of Physicians	7	Am Lung Assn.	3
Consumer's Union	7	Am Paper Inst.	3
Environmental Defense Fund	7	Chamber of Commerce of the US	3
Assn. of Am Medical Colleges	6	Greenpeace USA	3
Nat Food Processors Assn.	6	Nat Assn. of Community Health Centers	3
Am Coll. of Obstetricians & Gynecologists	6	Nat Hemophilia Foundation	3
Am Assn. of Retired Persons	5	Nat Right to Life Committee	3
AFL - CIO	5	National PTA	3
Health Insurance Assn. of Am	5	Planned Parenthood Federation	3
Am Acad. of Family Physicians	5	Am Acad. of Nurse Practitioners	3
Am Coll. of Nurse Mid-wives	5	Am Assn. of Bioanalysts	3
Assn. of Metropolitan Water Agencies	5	Am Assn. of Colleges of Nursing	3
Washington Business Group on Health	4	Am Assn. of Colls. of Osteopathic Medicine	3
AIDS Action Council	4	Am Pharmaceutical Assn.	3
Alzheimer's Assn.	4	Am Thoracic Society	3
Natural Resources Defense Council	4	Grocery Manufacturers of America	3
Assn. of Minority Health Profession Schools	4	Nat Assn. of Chain Drug Stores	3
Blue Cross/Blue Shield Assn.	4	Pharmaceutical Manufacturer's Assn.	3
Group Health Assn.	4	Am Soc. of Internal Medicine	3
Nat Education Assn.	4	Nat Assn. of State Mental Retard. Prgm Dirs.	3
Am Coll. of Surgeons	4	Nat Governor's Assn.	3
Am Nurses Assn.	4	State Medicaid Director's Assn.	3
Families USA Found	4	Coal on Smoking OR Health	3
Nat Mental Health Assn.	4	Public Citizen Litigation Group	3

Figure 3-3: Interest Groups Represented at HHS Health-Related Hearings before the House Energy & Commerce Committee and Its Subcommittee: 1989 - 1991

College of Physicians, the American Public Health Association, the Children's Defense Fund, the Consumer's Union and the Environmental Defense Fund each attended seven health-related hearings during this period. Representatives from fifty-six interest groups attended three or more hearings before this committee, while representatives from 198 other interest groups attended one or two hearings, for a total of 254 interest groups.

Figure 3-4 lists the interest groups whose officials most frequently appeared before the House Government Operations Committee and its subcommittee. No interest group representatives made more than three appearances. Representatives from the AIDS Action Council, the Environmental Defense Fund and the Public Citizen Health Research Group each made two appearances. A total of thirty interest groups appeared at its health hearings.

AIDS Action Council	2	Public Citizen Health Research Group	2
Environmental Defense Fund	2		

Figure 3-4: Interest Groups Represented at HHS Health-Related Hearings before the House Government Operations Committee and its Subcommittee: 1989 - 1991

Figure 3-5 indicates the House Select Committee on Aging and its subcommittees had representatives from two interest groups attend three or more hearings during the three-year study period. Representatives from the American Association of Retired Persons attended six hearings on health-related issues, while officials from the National Committee for the Prevention of Elder Abuse attended three hearings relating to the Department of Health and Human Services. Representatives from each of the remaining interest groups each made two appearances, while forty other interest group representatives attended only one hearing.

Am Assn. of Retired Persons	6	Am Pharmaceutical Assn.	2
Nat Committee for the Prevention of Elder Abuse	3	Am Psychiatric Assn.	2
Am - Italian Found for Cancer Research	2	Am Psychological Assn.	2
Nat Aging Resource Center on Elder Abuse	2	Nat Assn. of Area Agencies on Aging	2
Am Assn. of Homes for the Aging	2	Nat Assn. of State Units on Aging	2
Gray Panthers	2	Nat Mental Health Assn.	2

Figure 3-5: Interest Groups Represented at HHS Health-Related Hearings before the House Select Committee on Aging and Its Subcommittees: 1989 - 1991

The House Science, Space and Technology Committee and its subcommittee had no active interest groups represented at its hearings from 1989 to 1991. Figure 3-6 indicates that the American Heart Association's representatives made two appearances at its hearings, while the remaining interest groups appeared at only one hearing pertaining to health-related matters concerning the Department of Health and Human Services. This committee had some minor jurisdiction over the National Institutes of Health.

Am Heart Assn.	2	Conservation Foundation	1
Am Public Health Assn.	1	Industrial Biotechnology Assn.	1
Assn. of Biotechnology Companies	1	Nat Cattlemen's Assn.	1
Assn. of State & Territorial Public Health Nutrition Dirs.	1	Environmental Defense Fund	1

Figure 3-6: Interest Groups Represented at HHS Health-Related Hearings before the House Committee on Science, Space & Technology and Its Subcommittee: 1989 - 1991

Although the House Judiciary Committee and the House Education and Labor Committee held hearings at which health agency officials appeared, no interest group representatives joined them.

Figure 3-7 lists the interest groups with the most frequent appearances before health-related hearings of the Senate Appropriations Committee and its subcommittee. Representatives from the American Psychological Association attended eight hearings, followed by representatives of the National Rehabilitation Association who attended five hearings. Representatives from the Cystic Fibrosis Foundation attended four hearings, while the remaining interest groups indicated in Figure 3-7 had representatives attend three health-related hearings. In total, forty-nine of 213 different interest groups made three or more appearances at health-related hearings before this committee and subcommittee between 1989 and 1991, while the balance made one or two appearances.

Am Psychological Assn.	8	Am Thoracic Soc.	3
Nat Rehabilitation Assn.	5	Assn. for Education of Rehab. Facility Personnel	3
Cystic Fibrosis Found	4	Assn. of Am Cancer Institutes	3
Nat Captioning Inst.	3	Assn. of Minority Health Professions Schools	3
Nat Orgs Responding to AIDS	3	Blue Cross/Blue Shield Assn.	3
Tri-Council for Nursing	3	Consortium of Social Science Assns.	3
AIDS Action Council	3	Dystrophic Epidermolysis Bullosa Research Assn.	3
Am Assn. of Dental Schools	3	Fed of Am Societies for Experimental Biology	3
Am Assn. of Retired Persons	3	Fed of Behavioral, Psychological & Cog. Sciences	3
Am Assn. on Mental Retardation	3	Intersoc Cncl on Rsch of the Kidney & Urinary Tract	3
Am Heart Assn.	3	Nat Assn. of Private Residential Resources	3
Am Lung Assn.	3	Nat Council on Rehabilitation Education	3
Am Narcolepsy Assn.	3	Soc. for Investigative Dermatology	3
Arthritis Found	3	Am Acad. of Dermatology	3
Assn. for Retarded Citizens	3	Am Acad. of Family Physicians	3
Assn. of Am Medical Colleges	3	Am Acad. of Neurology	3
Interstitial Cystitis Assn.	3	Am Acad. of Otolaryngology	3
Juvenile Diabetes Found Intl.	3	Am Assn. for Cancer Research	3
Nat Alliance for the Mentally Ill	3	Am Assn. of Nurse Anesthetists	3
Nat Family Planning & Reprod Health Assn.	3	Am Dental Hygienists Assn.	3
Nat Head Injury Found	3	Am Gastroenterological Assn.	3
Soc. for Animal Protective Legislation	3	Am Psychiatric Assn.	3
Am Assn. for Dental Research	3	Joint Council of Allergy & Immunology	3
Am Assn. of Colleges of Osteopathic Medicine	3	Assn. of Professional Sleep Societies	3
		Nat Mental Health Assn.	3

Figure 3-7: Interest Groups Represented at HHS Health-Related Hearings before the Senate Appropriations Committee: 1989 to 1991

The Senate Finance Committee and its subcommittees had far fewer interest groups involved in its health-related hearings than did the House Ways and Means Committee and its subcommittees. However, Figure 3-8 indicates that representatives from twelve interest groups testified at three or more health-related hearings during the study period. Representatives from the American Association of Retired Persons and the American Medical Association each attended eight hearings. Officials from the Health Insurance Association attended five health-related hearings, while representatives from the Consumer's Union followed with four hearing appearances concerning the health activities of the Department of Health and Human Services. Of the seventy-one interest groups, twelve groups attended three health-related hearings between 1989 and 1991.

Am Assn. of Retired Persons	8	Am Medical Peer Review Assn.	3
Am Medical Assn.	8	Blue Cross/Blue Shield Assn.	3
Health Insurance Assn.	5	Am Acad. of Family Physicians	3
Consumer's Union	4	Am Coll. of Surgeons	3
Nat Council of Senior Citizens	3	Nat Governor's Assn.	3
Am Hospital Assn.	3	Brookings Inst.	3

Figure 3-8: Interest Groups Represented at HHS Health-Related Hearings before the Senate Finance Committee and Its Subcommittees: 1989 - 1991

Figure 3-9 lists the interest groups that appeared at health-related hearings before the Senate Labor and Human Resources Committee between 1989 to 1991. This figure indicates that only three interest groups participated in three health-related hearings. They were the Association of Minority Health Professions Schools, the American Academy of Pediatrics, and the American Nurses Association. The remaining interest groups had their representatives testify at two hearings during the three-year period. A total of one hundred different interest groups sent their representatives before this committee and its subcommittees between 1989 and 1991.

Assn. of Minority Health Professions Schools	3	Am Acad. of Nurse Practitioners	2
Am Acad. of Pediatrics	3	Am Assn. of Coll. of Nursing	2
Am Nurses Assn.	3	Am Congress of Rehab. Medicine	2
Nat Alliance of Nurse Practitioners	2	Am Soc. of Allied Health Professions	2
Nat Assn. for Prenatal Addiction Rsch & Educ.	2	Am Acad. of Family Physicians	2
Am Assn. of Critical Care Nurses	2	Am Acad. of Physical Medicine	2
Am Assn. of Retired Persons	2	Am Occupational Therapy Assn.	2
Am Cancer Soc.	2	Nat Coal for Cancer Research	2
Am Public Welfare Assn.	2	Consumer's Union	2
Assn. of Am Medical Colleges	2	Families & Work Inst.	2
Chamber of Commerce of the US	2	Public Citizen Health Research Group	2

Figure 3-9: Interest Groups Represented at HHS Health-Related Hearings before the Senate Labor & Human Resources Committee and Its Subcommittees: 1989 - 1991

Figure 3-10 indicates the interest groups that appeared before health hearings of the Senate Government Affairs Committee and its subcommittee. Six interest groups had their representatives attend only one hearing in the three-year study period. The only hearings held by this committee and subcommittee that concerned the Department of Health and Human Services considered the health effects and treatment of smoking.

Am Heart Assn.	1	Center for Science in the Public Interest	1
Am Assn. of Advertising Agencies	1	Am Coll. of Emergency Physicians	1
Assn. of Nat Advertisers	1	Nat Assn. of State Alcohol & Drug Abuse Dirs.	1

Figure 3-10: Interest Groups Represented at HHS Health-Related Hearings before the Senate Government Affairs Committee and Its Subcommittee: 1989 - 1991

Figure 3-11 concerns the interest groups that sent representatives before the Senate Special Committee on Aging and its subcommittees. Representatives of the American Association for Retired Persons made three appearances during the three-year period. Representatives of four other interest groups each made two appearances at Aging Committee hearings. A total of twenty-five interest groups sent representatives before this committee and its subcommittees.

Am Assn. of Retired Persons	3	Am Hospital Assn.	2
Am Acad. of Ophthmalogy	2	Am Optometric Assn.	2
Am Assn. of Homes for the Aging	2	Center for Public Representation	2

Figure 3-11: Interest Groups Represented at HHS Health-Related Hearings before the Senate Special Committee on Aging and Its Subcommittees: 1989 - 1991

The Senate Select Committee on Indian Affairs held a limited number of hearings on Indian health matters. Figure 3-12 lists all the national interest groups represented before this committee. It indicates the Consolidated Tribal Project was the interest group most frequently represented before the committee. Officials of the remaining interest groups attended only one hearing. However, it is important to note that it is the exception rather than the rule for Indian tribes to consolidate their congressional activities through interest groups. Indian nations prefer to represent themselves before this committee, and the number of witnesses at its hearings can number into the hundreds.

Consolidated Tribal Health Project	2	Am Coll. of Obstetricians & Gynecologists	1
Robert Wood Johnson Found	1	Am Nurses Assn.	1
UNITY	1	Am Psychiatric Assn.	1
Am Assn. of Colleges of Nursing	1	Am Psychological Assn.	1
Am Indian Health Care Org	1	Assn. of Am Indian Physicians	1

Figure 3-12: Interest Groups Represented at HHS Health-Related Hearings before the Senate Select Committee on Indian Affairs: 1989 - 1991

Table 3-3 summarizes the information presented in Figures 3-1 through 3-12. It indicates that a few interest groups tended to be more active at committee and subcommittee hearings by highlighting the "active" interest groups whose representatives attended three or more hearings before a committee and its subcommittees between 1989 and 1991. Active interest groups are those that average one appearance per annum for each year of the three-

Table 3-3

Proportion of Active Interest Groups and Their Representatives at Congressional Hearings: 1989 to 1991

Committee and Subcommittees	Number of Active Interest Groups (3 or more appearances)	Total Number of Interest Groups	Percent of Active Interest Groups to Total Interest Groups	Total Number of Witnesses from Active Interest Groups	Total Number of Witnesses	Percent of Active Interest Group Witnesses to Total Witnesses
Committee on Appropriations plus Subcommittees	75	274	27.37%	239	506	47.23%
Committee on Ways and Means plus Subcommittees	16	91	17.58%	86	182	47.25%
Committee on Energy and Commerce plus Subcommittee	56	252	22.22%	233	483	48.24%
Committee on Government Operations plus Subcommittee	0	30	0.00%	0	33	0.00%
Committee on Judiciary plus Subcommittee	0	0	0.00%	0	0	0.00%
Committee on Education and Labor plus Subcommittee	0	0	0.00%	0	0	0.00%
Select Committee on Aging plus Subcommittees	2	52	3.85%	9	70	12.86%
Science, Space and Technology plus Subcommittee	0	9	0.00%	0	9	0.00%
House Subtotals in Absolute Numbers	**170**	**541**	**31.42%**	**811**	**1280**	**63.36%**
Committee on Appropriations plus Subcommittees	49	213	23.00%	155	376	41.22%
Committee on Finance plus Subcommittees	12	71	16.90%	49	116	42.24%
Committee on Labor and Human Resources plus Subcommittees	3	100	3.00%	9	125	7.20%
Committee on Government Affairs plus Subcommittees	0	6	0.00%	0	6	0.00%
Committee on Judiciary plus Subcommittees	0	0	0.00%	0	0	0.00%
Special Committee on Aging plus Subcommittees	1	25	4.00%	3	32	9.38%
Select Committee on Indian Affairs plus Subcommittees	0	10	0.00%	0	11	0.00%
Senate Subtotals in Absolute Numbers	**82**	**345**	**23.77%**	**320**	**660**	**48.48%**
House and Senate Absolute Totals	**245**	**652**	**37.58%**	**1442**	**1940**	**74.33%**

Note: Table 3-3 reflects all the national interest groups represented at congressional hearings pertaining to the Department of Health and Human Services between 1989 and 1991.

year study period. The total number of interest groups includes all the active interest groups along with all those interest groups whose representatives attended only one or two hearings in the three-year study period.

As mentioned previously, the number of appearances that interest group representatives make before congressional hearings does not have a direct effect on influencing legislative decision-making. However, the frequency that interest group representatives appear at legislative hearings corresponds with the frequency that a singular group's policy preferences are being officially recognized by congressional decision-makers. Furthermore, several scholars have noted that interest group representatives often use legislative hearings to build prestige for themselves and their group, and use this prestige for creating opportunities for personal access to legislators to influence their policy decisions.[69] It would be reasonable to expect that those interest group representatives that frequently testify at congressional hearings have greater opportunities to gain personal access to legislators than interest groups less involved in congressional hearings. Therefore, the frequency of appearances by an interest group's representatives should have a direct bearing on the political influence of an interest group. The groups most active at congressional hearings should have more political influence -- or clout -- in the policy process than less active interest groups.

Table 3-3 indirectly measures the relative political influence of individual interest groups along two dimensions. First, it compares the proportion of active interest groups to

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[69] See for example: Harmon Zeigler, Interest Groups in American Society (Englewood Cliffs: Prentice - Hall, 1964), 256; Jeffrey Berry, The Interest Group Society (Boston: Little, Brown and Co., 1984), 185; Kay Schlozman and John Tierney, Organized Interests and American Society (New York; Harper & Row, 1986), 292-296.

the total number of interest groups at congressional hearings. Table 3-3 provides a second measure of political clout by measuring the proportion of active interest group witnesses to the total number of witnesses. A high proportion indicates that active groups dominate the information presented at congressional committee or subcommittee hearings, thus these groups should have more influence in policy decision-making. A low proportion indicates that a large number of interest groups present their policy positions at these hearings, with no groups gaining an edge in influencing the policy outcomes through the hearings process.

The literature suggests that making presentations at congressional hearings attributes legitimacy and prestige to an interest group. Therefore, it would be expected that active groups that testify more frequently at congressional hearings would probably have more prestige than less active groups. The literature also suggests that groups with more prestige have greater opportunities for personal access to influence legislative decision-makers. Therefore, active groups would be expected to have more influence in policy matters than less active groups. A high proportion of active groups at committee hearings would suggest that those active groups have greater opportunities than less active groups to influence the policy decisions based upon those hearings. A low proportion of active groups would suggest that less active groups have enhanced opportunities to influence the policy outcomes from committee hearings.

Representatives from seventy-five of a total of 274 different interest groups attended three or more hearings before the House Appropriations committee between 1989 and 1991. Subtracting seventy-five from 274 leaves 199 interest groups whose representatives made only one or two appearances before this committee and its subcommittees. Thus, seventy-five

active interest groups constituted twenty-seven percent of the total number of interest groups represented at appropriations hearings.

Similar results were found in the House Energy and Commerce Committee and its subcommittee. Fifty-six interest groups sent their representatives to three or more hearings before this committee and its subcommittee between 1989 and 1991. Subtracting fifty-six from the total of 252 interest groups leaves 196 other interest groups represented at only one or two hearings during this period. Thus, active interest groups constituted twenty-two percent of the total number of interest groups that appeared before this committee and subcommittee. In a similar fashion, the House Ways and Means Committee and its subcommittees had sixteen active interest groups constitute eighteen percent of all the interest groups that appeared at its hearings. The House Government Operations Committee had no interest groups represented three or more times at its hearings. The Select Committee on Aging had two active interest groups from the total of fifty-two different groups represented at its hearings. The Judiciary Committee and the Education and Labor Committee and their subcommittees did not hold any hearings pertaining to health matters involving the Department of Health and Human Services. The Science, Space and Technology Committee had nine different interest groups represented at one or two hearings between 1989 and 1991.

Table 3-3 also highlights how representatives from a small number of active interest groups can dominate the points of view expressed at congressional hearings concerning health policy matters. For example, seventy-five interest groups sent a total of 239 witnesses before the House Appropriations Committee between 1989 and 1991. A total of 506 witnesses represented all 274 interest groups. Dividing the 239 witnesses from the active interest

groups into the 506 total number of witnesses reveals that representatives from seventy-five interest groups accounted for forty-seven percent of all the witnesses that testified before the House Appropriations Committee between 1989 and 1991.

Similar results occurred with the interest groups represented before the House Energy and Commerce Committee and its subcommittee. Representatives from fifty-six of 252 interest groups made three or more appearances at this committee's hearings between 1989 and 1991. Representatives from these fifty-six active interest groups accounted for forty-eight percent of the 483 witnesses before this committee and subcommittee. The House Ways and Means Committee and its subcommittees had sixteen interest groups send their representatives to three or more of its hearings in this study period. Representatives from these sixteen active interest groups accounted for forty-seven percent of the total number of witnesses appearing at Ways and Means hearings between 1989 and 1991. The two active interest groups represented before the Special Committee on Aging accounted for thirteen percent of the total number of witnesses that appeared at its hearings. The Science, Space and Technology did not have any active interest groups at its hearings. The Judiciary Committee and the Education and Labor Committee did not hold any health hearings pertaining to the Department of Health and Human Services.

Absolute numbers accurately represent the interest group activity within the entire House of Representatives by eliminating the possibility of double-counting one interest group that sent representatives to several different committee and subcommittee hearings. For example, summing the "Total Number of Interest Groups" for each committee and subcommittee in the House (274+91+252 ...) would suggest that 708 different interest groups testified before the House on HHS health matters between 1989 and 1991. However, since

many interest groups testified before several committees in the House, this figure is artificially inflated because only 541 different interest groups were represented at health hearings throughout the House. Accurately describing the number of active interest groups in the House also requires absolute numbers to remove the overlap of interest groups that testified before more than one committee and subcommittee. Only 170 different interest groups sent their representatives to three or more hearings throughout the House of Representatives pertaining to HHS health matters.

Representatives from the 170 interest groups attended three or more health hearings in the House, while 371 other interest groups had representatives who attended only one or two health hearings. Thus, thirty-one percent of the total number of interest groups were actively involved in HHS health matters. Representatives of these 170 active interest groups supplied 811 of the 1280 witnesses from all 541 interest groups. Thus, active interest groups in the House of Representatives accounted for sixty-three percent of the total number of witnesses at hearings pertaining to HHS health matters.

The information supplied for the Senate is interpreted in the same manner as for the House of Representatives. Forty-nine "active" interest groups sent representatives to three or more hearings of the Senate Appropriations Committee between 1989 and 1991. A total of 213 interest groups sent representatives before this committee. Subtracting forty-nine from 213 results in 164 interest groups represented at only one or two hearings during the study period. Active interest groups composed twenty-three percent of the total number of interest groups represented at hearings before the Senate Appropriations committee and its subcommittees.

The twelve active interest groups associated with the Senate Finance Committee accounted for only seventeen percent of the total number of interest groups appearing before it. Three active interest groups attended three or more hearings before the Senate Labor and Human Resources Committee for three percent of the 100 represented at its hearings. In regard to the Special Committee on Aging and its subcommittees, only one of twenty-five interest groups attended three or more hearings. For the Government Affairs Committee and the Select Committee on Indian Affairs, there were no active interest groups. There were no Senate Judiciary Committee hearings pertaining to health matters affecting the Department of Health and Human Services.

Representatives from active interest groups also composed a large proportion of the total number of witnesses before Senate committees and subcommittees. The forty-nine interest groups active before the Senate Appropriations committee supplied 155 of the 376 witnesses, or forty-one percent of the total who appeared before this committee. For the Senate Finance Committee and its subcommittees, twelve active interest groups supplied forty-two percent of the 116 total witnesses. Representatives of the three active interest groups accounted for nine of the 125 witnesses that appeared at the health hearings of the Labor and Human Resources Committee between 1989 and 1991. In regard to the Special Committee on Aging, one active interest group accounted for nine percent of the thirty-two witnesses at its hearings. The Select Committee on Indian Affairs did not have any active interest groups represented at its hearings. The Senate Government Affairs Committee and the Judiciary Committee did not hold health-related hearings involving the Department of Health and Human Services.

Absolute numbers provide accurate information regarding the number of interest groups represented at all Senate hearings pertaining to HHS health matters. In the Senate, there were several interest groups whose representatives attended one or two hearings before several Senate committees and subcommittees. While these interest groups may not have been represented three or more times before any one committee or subcommittee, they were represented at three or more hearings in the Senate between 1989 and 1991. Thus, there were eighty-two interest groups whose representatives attended three or more Senate hearings that dealt with health matters. There was also a considerable amount of overlap in the total number of interest groups represented before the various Senate committees and subcommittees. A total of 345 different interest groups sent representatives to Senate hearings pertaining to HHS health matters between 1989 and 1991.

The eighty-two active interest groups supplied 320 witnesses at these health hearings. A total of 660 witnesses represented all 345 interest groups during the study period. Thus, eighty-two active interest groups accounted for forty-eight percent of the total number witnesses testifying at Senate hearings on health matters affecting the Department of Health and Human Services.

A total of 240 different active interest groups in both the House and the Senate sent representatives to health hearings involving the Department of Health and Human Services. A total of 652 different interest groups sent representatives to hearings in both chambers of Congress. Of the 1940 total number of witnesses before Congress, 1442 witnesses -- or seventy-three percent of the total -- represented active interest groups.

Figure 3-13 elaborates on the information presented in Table 3-3 by identifying the names of the interest groups whose representatives made three or more appearances before House committees and subcommittees between 1989 and 1991. Representatives of the American Association of Retired Persons appeared at twenty-six hearings in the House of Representatives on health matters affecting the Department of Health and Human Services. Officials from the American Psychological Association attended twenty-one hearings, and representatives of the American Medical Association followed with seventeen. A total of 170 different interest groups made three or more appearances in the House between 1989 and 1991.

Figure 3-14 lists the interest groups represented three or more times in Senate hearings. Officials from the American Association of Retired Persons attended sixteen hearings. Representatives of the American Psychological Association attended ten hearings. Officials from the American Medical Association followed with nine hearing appearances, while representatives of the American Academy of Family Physicians and the Health Insurance Association of America each attended eight hearings. Representatives of eighty-two groups from a total of 345 interest groups testified at three or more hearings in the Senate.

Figure 3-15 synthesizes the information presented in Figure 3-13 and 3-14 to characterize the most active interest groups that participated in hearings throughout the House and the Senate from 1989 to 1991. Representatives from the American Association of Retired Persons attended forty-two hearings, while officials from the American Psychological Association followed attended thirty-one hearings. The American Medical Association

Am Assn. of Retired Persons	26	Nat Assn. of Insurance Commissioners	5
Am Psychological Assn.	21	Nat Governor's Assn.	5
Am Medical Assn.	17	Nat Hemophilia Foundation	5
Am Coll. of Physicians	14	Nat Organizations Responding to AIDS	5
Blue Cross/Blue Shield Assn.	14	Soc. for Animal Protective Legislation	5
Am Acad. of Family Physicians	12	Am Acad. of Orthopaedic Surgeons	4
Am Acad. of Pediatrics	12	Am Acad. of Physical Medicine & Rehabilitation	4
Am Public Health Assn.	12	Am Assn. of Colleges of Nursing	4
Children's Defense Fund	12	Am Assn. of Nurse Anesthetists	4
Health Insurance Assn. of Am	12	Am Coll. of Cardiology	4
Am Hospital Assn.	11	Am Coll. of Emergency Physicians	4
Assn. of Am Medical Colleges	11	Am Health Care Assn.	4
Consumer's Union	11	Am Medical Care & Review Assn.	4
Am Coll. of Surgeons	10	Am Soc. for Cell Biology	4
Environmental Defense Fund	10	Am Soc. of Internal Medicine	4
AIDS Action Council	9	Am Social Health Assn.	4
Alzheimer's Assn.	9	Ambulatory Pediatrics Assn.	4
Am Coll. of Obstetricians & Gynecologists	9	Chamber of Commerce of the US	4
Am Heart Assn.	9	Consumer's Federation	4
Nat Mental Health Assn.	8	Juvenile Diabetes Found Intl.	4
AFL - CIO	7	Nat Assn. for Home Care	4
Am Cancer Society	7	Nat Assn. of Manufacturers	4
Assn. of Minority Health Professions Schools	7	Nat Coal for Rsch in Neur. & Comm. Disorders	4
Nat Assn. of Public Hospitals	7	Nat Education Assn.	4
Am Assn. of Colleges of Osteopathic Medicine	6	Nat Family Planning & Reprod. Health Assn	4
Am Assn. of Dental Schools	6	Nat Rural Health Assn.	4
Am Lung Assn.	6	Natural Resources Defense Council	4
Am Urological Assn.	6	Pharmaceutical Manufacturer's Assn.	4
Nat Assn. of Community Health Centers	6	Planned Parenthood Federation	4
Nat Assn. of State Mental Health Program Dirs.	6	Public Citizen Health Research Group	4
Nat Food Processors Assn.	6	Public Voice for Food & Health Policy	4
Washington Business Group on Health	6	Research to Prevent Blindness	4
Am Acad. of Nurse Practitioners	5	Robert Wood Johnson Found	4
Am Assn. of Homes for the Aging	5	Service Employees Intl. Union	4
Am Assn. of University Affiliated Programs	5	Soc. for Neuroscience	4
Am Coll. of Nurse Mid-wives	5	Am Acad. of Child & Adolescent Psychiatry	3
Am Coll. of Radiology	5	Am Acad. of Dermatology	3
Am Congress of Rehabilitation Medicine	5	Am Acad. of Neurology	3
Am Found for AIDS Research	5	Am Acad. of Otolaryngology	3
Am Nurses Assn.	5	Am Acad. of Physician Assistants	3
Am Pharmaceutical Assn.	5	Am Assn. for Cancer Research	3
Am Thoracic Society	5	Am Assn. for Dental Research	3
Assn. of Metropolitan Water Agencies	5	Am Assn. of Bioanalysts	3
Coal on Smoking OR Health	5	Am Clinical Laboratory Assn.	3

Figure 3-13: Interest Groups Represented Three or More Times before House Hearings Relating to HHS Health Issues: 1989 - 1991

Cooley's Anemia Found	5	Am Coll. of Rheumatology	3
Epilepsy Foundation	5	Am Dental Assn.	3
Families USA Found	5	Am Dental Hygienists Assn.	3
Nat Alliance for the Mentally Ill	5	Am Diabetes Assn.	3
Am Fed of Government Employees	3	Grocery Manufacturers of America	3
Am Fertility Soc.	3	Group Health Assn. of America	3
Am Gastroenterological Assn.	3	Huntington's Disease Soc. of Am	3
Am Medical Peer Review Assn.	3	Intersoc Cncl for Rsrch of the Kidney & Urinary Tract	3
Am Narcolepsy Assn.	3	Interstate Conf. of Emplymnt Security Agencies	3
Am Paper Inst.	3	Interstitial Cystitis Assn.	3
Am Pediatric Society	3	Intl. Union Against Tuberculosis & Lung Disease	3
Am Public Welfare Assn.	3	Joint Cmsn on the Accreditation of Hlth Care Orgs	3
Am Soc. for Biochemistry & Molecular Biology	3	March of Dimes Birth Defects Foundation	3
Am Soc. for Clinical Pathologists	3	Mental Health Law Project	3
Am Soc. for Microbiology	3	Nat Alopecia Areata Found	3
Am Soc. of Clinical Oncology	3	Nat Assn. for Ped. Nurses Assocs. & Practcnrs	3
Am Soc. of Pediatric Nephrology	3	Nat Assn. of Anorexia Nervosa & Assoc Disrdrs	3
Arthritis Found	3	Nat Assn. of Area Agencies on Aging	3
Assn. of Operating Room Nurses	3	Nat Assn. of Chain Drug Stores	3
Assn. for Health Services Research	3	Nat Assn. of Protection & Advocacy Systems	3
Assn. for University Programs in Health Admsn	3	Nat Assn. of State Univs. & Land Grant Colls.	3
Assn. of Am Cancer Institutes	3	Nat Cmte to Preserve Soc Sec and Medicare	3
Assn. of Am Universities	3	Nat Coal for Cancer Research	3
Assn. of Med. School Pediatric Dept. Chrmn	3	Nat Cmte for the Prevention of Elder Abuse	3
Assn. of Professors of Medicine	3	Nat Cncl of Community Mental Health Centers	3
Assn. of State & Territorial Health Officials	3	Nat Council of Senior Citizens	3
Brookings Institute	3	Nat Council on Alcoholism & Drug Dependence	3
Children's Brain Diseases Found	3	Nat Health Law Program	3
Citizens for Public Action on Cholesterol	3	Nat Leadership Cmsn for Healthcare	3
Coal of Patient Advocates for Skin Dis.. Rsrch	3	Nat Organization for Rare Disorders	3
Committee on Problems of Drug Dependence	3	Nat Rehabilitation Assn.	3
Congress of Neurological Surgeons	3	Nat Right to Life Committee	3
Conjoint Committee on Diagnostic Radiology	3	National PTA	3
Cystic Fibrosis Found	3	Older Women's League	3
Deafness Research Foundation	3	Public Citizen Litigation Group	3
Dystrophic Epidermolysis Bullosa Rsrch Assn.	3	Save Our Security	3
Fed of Am Soc. for Experimental Biology	3	Soc. for Pediatric Research	3
Fed of Behav., Psych. and Cog. Sciences	3	Soc. for the Study of Reproduction	3
Fed of State Medical Boards	3	State Medicaid Director's Assn.	3
Friends of the Nat Inst. on Deafness	3	Tri-Council on Nursing	3
Greenpeace USA	3	United Automobile Workers	3

Figure 3-13: Continued

Am Assn. of Retired Persons	16	Am Coll. of Surgeons	3
Am Psychological Assn.	10	Am Congress of Rehabilitation Medicine	3
Am Medical Assn.	9	Am Dental Hygienists Assn.	3
Am Acad. of Family Physicians	8	Am Diabetes Assn.	3
Health Insurance Assn. of Am	8	Am Fed of Government Employees	3
Consumer's Union	7	Am Gastroenterological Assn.	3
Am Hospital Assn.	6	Am Medical Peer Review Assn.	3
Assn. of Minority Health Professions Schools	6	Am Narcolepsy Assn.	3
Blue Cross/Blue Shield Assn.	6	Am Public Health Assn.	3
Am Acad. of Pediatrics	5	Am Public Welfare Assn.	3
Am Nurses Assn.	5	Am Soc. of Internal Medicine	3
Assn. of Am Medical Colleges	5	Arthritis Found	3
Chamber of Commerce of the US	5	Assn. for Retarded Citizens	3
Nat Rehabilitation Assn.	5	Assn for the Educ. of Rehab Facility Personnel	3
Am Acad. of Nurse Practitioners	4	Assn. of Am Cancer Institutes	3
Am Assn. of Dental Schools	4	Assn. of Professional Sleep Societies	3
Am Assn. of Nurse Anesthetists	4	Brookings Inst.	3
Am Cancer Soc.	4	Children's Defense Fund	3
Am Coll. of Emergency Physicians	4	Coal on Smoking OR Health	3
Am Heart Assn.	4	Consortium of Social Science Assns.	3
Am Lung Assn.	4	Dystrophic Epidermolysis Bullosa Rsrch Assn.	3
Am Psychiatric Assn.	4	Epilepsy Found	3
Am Thoracic Soc.	4	Fed of Am Societies for Experimental Biology	3
Cystic Fibrosis Found	4	Fed of Behav., Psych. & Cog. Sciences	3
Nat Assn. of Community Health Centers	4	Intersociety Cncl on Rsch of the Kidney and Urinary Tract	3
Nat Coal for Cancer Research	4	Interstitial Cystitis Assn.	3
Nat Council of Senior Citizens	4	Joint Council of Allergy & Immunology	3
Nat Family Planning & Reprod. Health Assn.	4	Juvenile Diabetes Found Intl.	3
Nat Head Injury Found	4	Nat Alliance for the Mentally Ill	3
AIDS Action Council	3	Nat Assn. of Insurance Commissioners	3
Alliance for Aging Research	3	Nat Captioning Inst.	3
Alzheimer's Assn.	3	Nat Council on Rehabilitation Education	3
Am Acad. of Dermatology	3	Nat Governor's Assn.	3
Am Acad. of Neurology	3	Nat Mental Health Assn.	3
Am Acad. of Ophthmalogy	3	Nat Orgs Responding to AIDS	3
Am Acad. of Otolaryngology	3	Pharmaceutical Manufacturer's Assn.	3
Am Assn. for Cancer Research	3	Planned Parenthood Federation	3
Am Assn. for Dental Research	3	Soc. for Animal Protective Legislation	3
Am Assn. of Colleges of Osteopathic Medicine	3	Soc. for Investigative Dermatology	3
Am Assn. of University Affiliated Programs	3	Tri-Council for Nursing	3
Am Coll. of Obstetricians & Gynecologists	3	United Cerebral Palsy Assn.	3

Figure 3-14: Interest Groups Represented Three or More Times before Senate HHS Health-Related Hearings: 1989 - 1991

Am Assn. of Retired Persons	42	Nat Organizations Responding to AIDS	8
Am Psychological Assn.	31	Am Assn. of University Affiliated Programs	8
Am Medical Assn.	26	Epilepsy Foundation	8
Blue Cross/Blue Shield Assn.	20	Nat Alliance for the Mentally Ill	8
Health Insurance Assn. of Am	20	Nat Family Planning & Reprod. Health Assn.	8
Am Acad. of Family Physicians	20	Nat Rehabilitation Assn.	8
Consumer's Union	18	Soc. for Animal Protective Legislation	8
Am Hospital Assn.	17	AFL - CIO	8
Am Acad. of Pediatrics	17	Am Congress of Rehabilitation Medicine	8
Assn. of Am Medical Colleges	16	Am Assn. of Nurse Anesthetists	8
Am Coll. of Physicians	16	Am Coll. of Emergency Physicians	8
Am Public Health Assn.	15	Am Urological Assn.	8
Children's Defense Fund	15	Nat Assn. of Insurance Commissioners	8
Am Heart Assn.	13	Nat Governor's Assn.	8
Assn. of Minority Health Professions Schools	13	Coal on Smoking OR Health	8
Am Coll. of Surgeons	13	Am Assn. of Dental Schools	7
AIDS Action Council	12	Cooley's Anemia Found	7
Alzheimer's Assn.	12	Cystic Fibrosis Found	7
Am Coll. of Obstetricians & Gynecologists	12	Juvenile Diabetes Found Intl.	7
Am Cancer Society	11	Nat Council of Senior Citizens	7
Environmental Defense Fund	11	Nat Hemophilia Found	7
Nat Mental Health Assn.	11	Planned Parenthood Federation	7
Am Lung Assn.	10	Am Assn. of Homes for the Aging	7
Nat Assn. of Community Health Centers	10	Nat Food Processors Assn.	7
Am Nurses Assn.	10	Pharmaceutical Manufacturer's Assn.	7
Chamber of Commerce of the US	9	Washington Business Group on Health	7
Am Assn. of Colleges of Osteopathic Medicine	9	Am Acad. of Child & Adolescent Psychiatry	7
Nat Assn. of Public Hospitals	9	Am Soc. of Internal Medicine	7
Am Acad. of Nurse Practitioners	9	Nat Assn. of State Mental Health Program Dirs.	7
Am Thoracic Society	9	Nat Coal for Cancer Research	7

Figure 3-15: Most Active Interest Groups Represented Seven or More Times at Congressional Hearings Affecting HHS Agencies: 1989 - 1991

represented its interests at twenty-six hearings. Representatives from the Blue Cross/Blue Shield Association, the Health Insurance Association of America and the American Academy of Family Physicians each attended twenty hearings. In total, sixty most active interest groups aggressively represented their interests seven or more times at congressional hearings between 1989 and 1991.

The next table summarizes the different types of interest groups that were part of the health policy complex in this period. All the interest groups were coded according to type of membership. It characterizes interest groups according to group type and frequency of

appearances at congressional hearings. As noted in the previous chapter, Unrestricted Membership groups require few, if any, qualifications for membership. Industry Group membership includes only members of a certain economic group. Unions restrict membership to their union lists. Restricted Membership groups place stringent qualifications, such as advanced education, on potential members to join the group. Professional Membership groups consist of members certified by an accrediting board and who pass stringent requirements to join them. Intergovernmental groups include government employees at the local, state or federal level organized around their official responsibilities. A Coalition is a collection of different, active interests working toward a mutual goal. Staff/Public Interest groups serve beneficiary groups that are not necessarily formal members of the group. Think Tanks are a mixture of staff and unrestricted membership groups oriented toward producing and promoting ideologically consistent public policies. Unidentified groups are those for whom information to type them is unavailable.

Table 3-4 provides information regarding the composition of all the interest groups that participated in the 1989 to 1991 health-care policy complex. It also provides subtotals regarding the composition of the active interest groups and the most active interest group during this period.

Table 3-4 indicates that the largest proportion of interest groups sent representatives to only one or two hearings between 1989 and 1991. Unrestricted Membership and Industry Groups were the most prominent among them. Unrestricted Membership and Professional Membership groups stand out among those at three to four congressional hearings. Representatives of Professional Membership groups are most characteristic among groups that appeared at five to six hearings between 1989 and 1991. Groups represented from seven

Table 3 -4

Comparison of Interest Group Type and Frequency of Appearances at Congressional Hearings: 1989 - 1991

Group Types	1 to 2	3 to 4	5 to 6	7 to 9	10 to 13	14 to 17	18 to 21	22 to 25	26 plus	Totals	Active Groups (3 + appearances)	Most Active Groups (7 + appearances)
Unrestricted Membership	82	34	16	14	6	3	0	0	1	156	74	24
Industry Group	76	17	9	6	1	1	2	0	0	112	36	10
Union	3	3	2	1	0	0	0	0	0	9	6	1
Restricted Membership	27	7	5	3	0	0	0	0	0	42	15	3
Professional Membership	58	24	20	5	3	2	1	0	2	115	57	13
Intergovernmental	16	5	4	3	0	0	0	0	0	28	12	3
Coalition	27	10	2	2	0	0	0	0	0	41	14	2
Staff/Public Interest	19	7	3	0	2	0	1	0	0	32	13	3
Think Tanks	5	0	2	0	0	0	0	0	0	7	2	0
Unidentified	94	10	5	1	0	0	0	0	0	110	16	1
Total	407	117	68	35	12	6	4	0	3	652	245	60

to seventeen times before congressional hearings most often were Unrestricted Membership groups. Professional Membership groups composed the second most frequent group type in this range of witness appearances. The totals for Congress as a whole indicates that Unrestricted Membership groups were the most common type of interest groups during this study. Professional Membership groups and Industry Groups were the second and third most common type of interest groups. Restricted Membership groups, Coalitions, and Staff/Public Interest groups closely followed the top three group types.

The totals for the active and most active group types reflects these results. Of the 245 active interest groups, Unrestricted Membership groups, Professional Membership Groups and Industry Groups, respectively, composed the top three group types. The sixty most active groups also had the same three group types characterize these most active interest groups.

Table 3-5 characterizes the age of interest groups according to the frequency that group representatives appeared at congressional hearings. The table highlights the age equivalent of 1964 to highlight the groups created after the 1961 to 1963 study period. Table 3-5 indicates that 250 groups formed after 1963, while 254 formed before 1963. The bottom of the table shows that an interesting relationship occurred between an interest group's age and the frequency of its appearances at congressional hearings. Groups formed after 1963 tended to have their representatives attend one to four hearings. However, the most active groups during this study were also the oldest groups. Thus, an interest group's age seems to have a bearing on its level of legislative activity.

The active interest groups in this study sent representatives to three or more hearings between 1989 and 1991. The majority of active groups formed more than twenty-

Table 3-5

Comparison of Group Age to Frequency of Appearances at Congressional Hearings: 1989 to 1991

Group Age	1 to 2	3 to 4	5 to 6	7 to 9	10 to 13	14 to 17	18 to 21	22 to 25	26 plus	Totals	Active Groups (3 + appearances)	Most Active Groups (7 + appearances)
1 to 5 years	13	4	1	-	-	-	-	-	-	18	5	0
6 to 10 years	33	8	9	3	1	-	1	-	-	55	22	5
11 to 15 years	34	11	3	2	2	-	-	-	-	52	18	4
16 to 20 years	38	16	4	1	-	1	-	-	-	60	22	2
21 to 27 years	38	16	5	4	2	-	-	-	-	65	27	6
28 to 35 years	17	8	6	5	-	-	1	-	1	38	21	7
36 to 40 years	11	4	2	5	1	-	-	-	-	23	12	6
41 to 45 years	17	6	4	1	-	-	1	-	-	29	12	2
46 to 50 years	12	7	1	-	-	-	-	-	-	20	8	0
51 to 60 years	15	6	8	1	-	-	1	-	-	31	16	2
61 to 70 years	11	2	6	3	1	1	-	-	-	24	13	5
71 to 80 years	17	5	3	2	2	1	-	-	-	30	13	5
81 to 90 years	10	2	1	4	2	-	-	-	-	19	9	6
91 to 100 years	6	2	6	1	1	1	-	-	1	18	12	4
101 + years	10	5	3	1	-	2	-	-	1	22	12	4
Unidentified	125	15	6	2	-	-	-	-	-	148	23	2
Subtotals												
27 Years or less	156	55	22	10	5	1	1	0	0	250	94	17
28 years or more	126	47	40	23	7	5	3	0	3	254	128	41
Difference	30	8	-18	-13	-2	-4	-2	0	-3	-4	-34	-24
Totals	282	102	62	33	12	6	4	0	3	652	245	60

eight years ago. The most active interest groups sent representatives to seven or more hearings during this period. The majority of these active groups also formed more than twenty-eight years ago. The totals for active groups, most active interest groups, and for all interest groups indicate that the greatest period of interest group formation occurred from six to thirty-five years ago.

Summary

Table 3-3 indicated that 245 of 652 interest groups sent representatives to three or more health hearings affecting HHS activities between 1989 and 1991. These active groups composed thirty-eight percent of the total number of groups, and the representatives from these active groups accounted for seventy-four percent of the total number of witnesses. Table 3-4 identifies the composition of the active groups, most active groups, and all the interest groups involved in this policy complex. The top three group types for active, most active, and all interest groups respectively were Unrestricted Membership groups, Professional Membership groups, and Industry Groups. Table 3-5 demonstrated that group age had an effect on its level of activity. Interest groups twenty-seven years of age or less were most likely to attend from one to four hearings. However, groups aged twenty-eight years and older were more likely to attended five or more hearings.

Executive - Legislative - Interest Group Relationships

This final section synthesizes the information presented in this chapter to create a more concise representation of the policy complex that includes the principal agencies within the Department of Health and Human Services. Figure 3-16 presents this information by

Social Security Administration

- House Appropriations Committee
  Subcommittee on Departments of Labor, Health and Human Services and Related Agencies
- Senate Appropriations Committee
  Subcommittee on Departments of Labor, Health and Human Services and Related Agencies
- House Ways and Means Committee
  Subcommittee on Social Security
- Senate Finance Committee
  Subcommittee on Social Security and Family Policy
- House Ways and Means Committee
  Subcommittee on Human Resources
- Senate Labor and Human Resources Committee
  Subcommittee on Aging
- Senate Labor and Human Resources Committee
  Subcommittee on Children, Families, Drugs and Alcoholism
- House Education and Labor Committee
  Subcommittee on Labor Standards
- Senate Labor and Human Resources Committee
  Subcommittee on Labor
- House Select Committee on Aging
  Subcommittee on Retirement Income and Employment
- Senate Special Committee on Aging

Am Assn. of Retired Persons	39	Arthritis Found	6
Am Public Welfare Assn.	25	Nat Head Injury Foundation	6
Am Hospital Assn.	17	Am Acad. of Child & Adolescent Psychiatry	5
Children's Defense Fund	14	Am Assn. of Homes for the Aging	5
Am Acad. of Pediatrics	12	Am Diabetes Assn.	5
AIDS Action Council	10	Am Health Care Assn.	5
Chamber of Commerce of the US	9	Nat Assn. of Manufacturers	5
AFL - CIO	8	Nat Rehabilitation Assn.	5
Am Psychiatric Assn.	8	Am Assn. on Mental Retardation	4
Cystic Fibrosis Found	7	Am Speech-Language-Hearing Assn.	4
Nat Council of Senior Citizens	7	Council of State Administrators of Vocational Reha	4
Nat Food Processors Assn.	7	Nat Education Assn.	4
Am Fed of Government Employees	6	Older Women's League	4

Health Care Financing Administration

- House Appropriations Committee
  Subcommittee on Departments of Labor, Health and Human Services and Related Agencies
- Senate Appropriations Committee
  Subcommittee on Departments of Labor, Health and Human Services and Related Agencies
- House Energy and Commerce Committee
  Subcommittee on Health and the Environment
- Senate Labor and Human Resources Committee
- House Ways and Means Committee
  Subcommittee Health
- Senate Finance Committee
  Subcommittee on Health for Families and the Uninsured
- Senate Finance Committee
  Subcommittee on Medicare and Long-term Care
- House Select Committee on Aging
- Senate Special Committee on Aging

Am Acad. of Family Physicians	7
Am Coll. of Emergency Physicians	5
Am Coll. of Physicians	5
Am Lung Assn.	4
Am Psychiatric Assn.	4
Am Soc. of Internal Medicine	4
Am Urological Assn.	4

Figure 3-16: Congressional Committees and Interest Groups Related to Agencies Within the Department of Health and Human Services

Public Health Service

- House Appropriations Committee
  Subcommittee on Departments of Labor, Health and Human Services and Related Agencies
- House Ways and Means Committee
  Subcommittee on Health
- House Energy and Commerce Committee
  Subcommittee on Health and Environment
- Senate Appropriations Committee
  Subcommittee on Departments of Labor, Health and Human Services and Related Agencies
- Senate Finance Committee
  Subcommittee on Health
- Senate Labor and Human Resources Committee

Am Acad. of Family Physicians
Am Assn. of Retired Persons
Am Public Health Assn.
Am Acad. of Pediatrics
Am Coll. of Physicians
Assn. of Am Medical Colleges
Am Coll. of Obstetricians & Gynecologists
Am Medical Assn.

13	Am Nurses Assn.	8
13	Nat Family Planning & Reproductive Health Assn.	8
13	Am Dental Assn.	5
12	Health Insurance Assn. of Am	5
12	Am Acad. of Pediatricians	4
10	Assn. of Schools of Public Health	4
9	Assn. of State & Territorial Health Officials	4
9	Nat Organizations Responding to AIDS	4
	Washington Business Group on Health	4

Alcohol, Drug Abuse nd Mental Health Administration

- House Appropriations Committee
  Subcommittee on Departments of Labor, Health and Human Services and Related Agencies
- House Ways and Means Committee
  Subcommittee on Health
- House Energy and Commerce Committee
  Subcommittee on Health and Environment
- Senate Appropriations Committee
  Subcommittee on Departments of Labor, Health and Human Services and Related Agencies
- Senate Finance Committee
  Subcommittee on Health
- Senate Labor and Human Resources Committee
  Subcommittee on Children, Families, Drugs and Alcoholism

Am Psychological Assn.
Am Acad. of Family Physicians
Am Public Health Assn.
Am Acad. of Pediatrics
Am Assn. of Colleges of Osteopathic Medicine
Am Medical Assn.
Am Acad. of Nurse Practitioners
Am Coll. of Physicians
Am Nurses Assn.
Nat Alliance for the Mentally Ill

16	Nat Mental Health Assn.	8
13	Am Psychiatric Assn.	7
13	Am Cancer Soc.	6
12	Nat Assn. of Community Health Centers	6
9	Am Acad. of Child & Adolescent Psychiatry	5
9	Am Dental Assn.	5
8	Am Assn. of Colleges of Nursing	4
8	Assn. of Schools of Public Health	4
8	Assn. of State & Territorial Health Officials	4
8	March of Dimes Birth Defects Foundation	4
	Washington Business Group on Health	4

Centers for Disease Control
no information for this agency

Figure 3-16: (continued)

Food and Drug Administration

- House Appropriations Committee Subcommittee on Agriculture, Rural Development and Related Agencies
- House Energy and Commerce Committee Subcommittee on Health and Environment
- Senate Appropriations Committee Subcommittee on Agriculture, Rural Development and Related Agencies
- Senate Labor and Human Resources Committee

Am Public Health Assn.	13	Arthritis Found	6
Am Acad. of Pediatrics	12	Am Acad. of Physician Assistants	5
Am Heart Assn.	10	Am Coll. of Rheumatology	5
Assn. of Am Medical Colleges	10	Am Dental Assn.	5
Am Assn. of Colleges of Osteopathic Medicine	9	Health Insurance Assn. of Am	5
Am Medical Assn.	9	Am Coll. of Surgeons	4
Alzheimer's Assn.	8	Am Diabetes Assn.	4
Am Acad. of Nurse Practitioners	8	Am Soc. for Microbiology	4
Am Coll. of Physicians	8	Am Soc. of Clinical Oncology	4
Am Nurses Assn.	8	Am Soc. of Hematology	4
Am Psychiatric Assn.	7	Am Soc. of Internal Medicine	4
Assn. of Minority Health Professions Schools	7	Assn. of State & Territorial Health Officials	4
Am Acad. of Dermatology	6	Fed of Am Societies for Experimental Biology	4
		Public Citizen Health Research Group	4

Health Resources Services Administration

- House Appropriations Committee Subcommittee on Departments of Labor, Health and Human Services and Related Agencies
- House Energy and Commerce Committee Subcommittee on Health and Environment
- Senate Appropriations Committee Subcommittee on Departments of Labor, Health and Human Services and Related Agencies
- Senate Labor and Human Resources Committee

Am Psychological Assn.	16	Am Coll. of Nurse - Midwives	6
Am Acad. of Family Physicians	13	Am Dental Hygienists Assn.	6
Am Assn. of Retired Persons	13	Arthritis Found	6
Am Public Health Assn.	13	Nat Assn. of Community Health Centers	6
Am Acad. of Pediatrics	12	Am Acad. of Child & Adolescent Psychiatry	5
Children's Defense Fund	12	Am Acad. of Physician Assistants	5
AIDS Action Council	10	Am Dental Assn.	5
Assn. of Am Medical Colleges	10	Am Social Health Assn.	5
Am Assn. of Colleges of Osteopathic Medicine	9	Cooley's Anemia Found	5
Am Assn. of Dental Schools	9	Health Insurance Assn. of Am	5
Am Medical Assn.	9	Am Coll. of Surgeons	4
Am Acad. of Nurse Practitioners	8	Am Soc. of Internal Medicine	4
Am Coll. of Physicians	8	Am Speech-Language-Hearing Assn.	4
Am Nurses Assn.	8	Assn. of Schools of Public Health	4
Nat Mental Health Assn.	8	Assn. of State & Territorial Health Officials	4
Am Assn. of Nurse Anesthetists	7	Nat Alliance of Nurse Practitioners	4
Am Psychiatric Assn.	7	Nat Education Assn.	4
Juvenile Diabetes Foundation International	7	Nat Orgs Responding to AIDS	4
Nat Hemophilia Foundation	7	Public Citizen Health Research Group	4
Am Assn. of University Affiliated Programs	6	Washington Business Group on Health	4

Figure 3-16: (continued)

Indian Health Service

- House Appropriations Committee
  Subcommittee on Departments of Labor,
  Health and Human Services and Related Agencies
- House Energy and Commerce Committee
  Subcommittee on Health and Environment
- House Interior and Insular Affairs Committee
- Senate Appropriations Committee
  Subcommittee on Departments of Labor,
  Health and Human Services and Related Agencies
- Senate Select Committee on Indian Affairs

Indian nations represent themselves before Congress
with no collective associations for national indian health cre

National Insititutes of Health

- House Appropriations Committee
  Subcommittee on Departments of Labor,
  Health and Human Services and Related Agencies
- House Energy and Commerce Committee
  Subcommittee on Health and Environment
- Senate Labor and Human Resources Committee
- Senate Labor and Human Resources Committee
  Subcommittee on Disability Policy
- House Science, Space and Technology Committee
  Subcommittee on the Environment

Am Psychological Assn.	16	Am Narcolepsy Assn.	6
Am Acad. of Family Physicians	13	Am Thoracic Soc.	6
Am Assn. of Retired Persons	13	Nat Assn. of Community Health Centers	6
Am Public Health Assn.	13	Research to Prevent Blindness	6
Am Acad. of Pediatrics	12	Am Acad. of Physician Assistants	5
Children's Defense Fund	12	Am Coll. of Rheumatology	5
AIDS Action Council	10	Am Dental Assn.	5
Am Heart Assn.	10	Am Diabetes Assn.	5
Am Lung Assn.	10	Am Soc. for Cell Biology	5
Assn. of Am Medical Colleges	10	Cooley's Anemia Found	5
Am Assn. of Colleges of Osteopathic Medicine	9	Friends of the Nat Inst. on Deafness & Other Com	5
Am Coll. of Obstetricians & Gynecologists	9	Nat Organization for Rare Disorders	5
Am Medical Assn.	9	Soc. for Investigative Dermatology	5
Am Coll. of Physicians	8	Am Acad. of Physical Medicine & Rehabilitation	4
Am Nurses Assn.	8	Am Assn. of Colleges of Nursing	4
Nat Family Planning & Reproductive Health Assn	8	Am Assn. on Mental Retardation	4
Am Psychiatric Assn.	7	Am Coll. of Cardiology	4
Assn. of Minority Health Professions Schools	7	Am Soc. for Microbiology	4
Cystic Fibrosis Found	7	Am Soc. of Clinical Oncology	4
Juvenile Diabetes Foundation International	7	Am Soc. of Hematology	4
Planned Parenthood Federation	7	Am Soc. of Internal Medicine	4
Am Acad. of Dermatology	6	Am Speech-Language-Hearing Assn.	4
Am Acad. of Neurology	6	Assn. for Retarded Citizens	4
Am Acad. of Otolaryngology - Head & Neck Surg	6	Assn. of State & Territorial Health Officials	4
Am Assn. of University Affiliated Programs	6	Fed of Am Societies for Experimental Biology	4
Am Coll. of Nurse - Midwives	6	March of Dimes Birth Defects Foundation	4
Am Dental Hygienists Assn.	6	Nat Alopecia Areata Found	4
Am Gastroenterological Assn.	6	Nat Captioning Inst.	4
		Soc. for Neuroscience	4

Figure 3-16: (continued)

relating executive agencies, congressional committees and subcommittees with jurisdiction over their daily operations, and interest groups that appeared as witnesses at committee hearings on health matters. The interest groups listed in Figure 3-16 maintained a most significant presence in this policy complex by bridging the executive and legislative institutions of government. A minimum legislative activity level of four hearings is used to characterize those interest groups that involved themselves in the daily operations of an executive agency and testified at committee or subcommittee hearings with jurisdiction over that agency's activities. The minimum level of four hearings reduces the likelihood that an interest group testified at only one committee's or subcommittee's hearings in the three-year study period. Table 3-6 summaries and characterizes those interest groups with a most significant presence in the 1989 to 1991 health policy complex.

Figure 3-16 lists the congressional committees and subcommittees with jurisdiction over the over the major health-care agencies within the Department of Health and Human Services in the period from 1989 to 1991. The Appropriations committees, the Ways and Means and Finance committees, the Education and Labor, and the Labor and Human Resources committees, and the aging committees -- together with their respective subcommittees -- all shared jurisdiction over the Social Security Administration. The interest groups listed are those groups that most frequently sent their representatives to health-related hearings of these committees and subcommittee between 1989 and 1991. These interest groups were also reported by the Social Security Administration to be active in its daily operations during this period. Representatives of the American Association of Retired Persons attended a total of thirty-nine hearings before these committees and subcommittees in this three-year period. Officials from the American Public Welfare Association attended a total of twenty-one hearings, while representatives of the American Hospital Association

attended seventeen hearings. The remainder of the list includes all the interest groups whose representatives attended a total of four or more hearings before this set of committees and subcommittees with jurisdiction over the Social Security Administration.

Officials from the Health Care Financing Administration were overseen by several sets of House and Senate committees and subcommittees. Both Appropriations committees, the Ways and Means and Finance committees, the Energy and Commerce and Labor and Human Resources committees, and the aging committees -- together with their respective subcommittees -- shared jurisdiction over its daily operations. The list of interest groups that were active in relation to this agency and who sent their representatives to health-related hearings is led by the American Academy of Pediatrics with seven hearing appearances, followed by the American College of Emergency Physicians and the American College of Physicians with five hearing appearances.

The Public Health Service listing includes the Agency for Toxic Substances and Disease Registry, the Agency for Health Care Planning and Research, and the office of the Assistant Secretary of Health. Three pairs of House and Senate committees and subcommittees oversaw these agencies: the Appropriations committees; the Ways and Means and Finance committees; and the Energy and Commerce and the Labor and Human Resources committees together with their respective subcommittees. The listed interest groups interacted in the daily operations of these agencies within the Public Health Service, and attended hearings before this set of congressional committees and subcommittees. Representatives from the American Academy of Family Physicians, the American Association of Retired Persons and the American Public Health Association each attended thirteen hearings. Officials from the American Academy of Pediatrics and the American College of

Physicians attended twelve health hearings during the three-year study period. The remaining interest groups sent their representatives to four or more hearings.

The operations of the Alcohol, Drug Abuse and Mental Health Administration were overseen by the House and Senate committees on Appropriations, the Ways and Means and Finance committees, and the Energy and Commerce and Labor and Human Resources committees together with their respective subcommittees. The interest groups reported to be active in the daily operations of this agency and that attended health-related hearings before this set of committees and subcommittees included the American Psychological Association whose representatives attended a total of sixteen hearings. Officials from the American Academy of Family Physicians and the American Public Health Association each attended a total of thirteen hearings. The remaining interest groups sent representatives to four or more health-related hearings before these committees and subcommittees.

There is no available information regarding the political actors surrounding the Centers for Disease Control during this study period.

Officials from the Food and Drug Administration were overseen by the House and Senate Appropriations committees together with the House Energy and Commerce and the Senate Labor and Human Resources committees. Representatives from the American Public Health Association made thirteen appearances at health-related hearings before these committees and subcommittees. Officials from the American Academy of Pediatrics, the American Heart Association and the Association of American Medical Colleges attended twelve hearings. Representatives of the remaining interest groups attended at least four or more hearings.

The daily operations of the Health Resources Services Administration were overseen by two pairs of committees and subcommittees -- the House and Senate Appropriations committees together with the House Energy and Commerce Committee and the Senate Labor and Human Resources Committee. Officials from the American Psychological Association were reported to be active in the daily operations of the Health Resources Services Administration and attended a total of sixteen health-related hearings before these committees and subcommittees. Representatives from the American Academy of Family Physicians, the American Association of Retired Persons and the American Public Health Association each attended thirteen hearings. The remaining interest groups sent their representatives to four or more hearings between 1989 and 1991.

The Indian Health Service was overseen by the House and Senate Appropriations Committees, together with the House Interior and Insular Affairs Committee and the Senate Select Committee on Indian Affairs. The native Indian nations strongly protect their rights to directly petition Congress on their own behalf, and thus have no national associations that represent the health interests of all native Indian nations.

Finally, the daily operations of the National Institutes of Health were overseen by the House and Senate Appropriations Committees and their subcommittees together with the Energy and Commerce and Labor and Human Resources committees and their subcommittees. The House Science, Space and Technology Committee also shared jurisdiction with these committees and subcommittees over some research issues. Officials from the American Psychological Association attended a total of sixteen hearings, followed by the American Academy of Family Physicians, the American Association of Retired Persons,

and the American Public Health Association whose representatives attended thirteen hearings. The remaining interest groups sent their representatives to four or more hearings during the period of study.

Table 3-6 provides a comparison of interest groups that maintained a most significant presence in this policy complex. A subcomplex includes one executive agency and the congressional committees and subcommittees with jurisdiction over that agency, along with the interest groups actively involved with both institutions of government. Table 3-6 summarizes and compares the group type of all the interest groups with a most significant presence in the policy complex with its corresponding number of subcomplexes. The nine agencies within the Department of Health and Human Services limits the number of subcomplexes to a total of nine, however no interest group involved itself in more than six subcomplexes.

Professional Membership groups composed the major group type involved in five or six subcomplexes. Thus, they interacted in the daily operations of five or six HHS agencies and testified before congressional committees or subcommittees with jurisdiction over those agencies. Unrestricted Membership groups heavily involved themselves in one or two subcomplexes, and consequently composed the most frequent group type. Professional Membership groups and Industry Groups respectively constituted the second and third most frequent group types. Restricted Membership groups, Intergovernmental groups, and Staff/Public Interest groups each involved themselves in three subcomplexes. Unions and Thinks each participated in one policy subcomplex. Professional Membership groups constitute the most prominent of the interest group types of those groups with a most significant presence in the health-care policy complex.

Table 3-6

Comparison of Group Types to Frequency of Interactions between HHS Agencies and Congress: 1989 - 1991

Group Type	1	2	3	4	5	6	Totals
Unrestricted Membership	17	10	5	2	1	-	35
Industry Group	5	3	3	1	-	-	12
Union	1	1	-	-	-	-	2
Restricted Membership	2	-	1	-	-	-	3
Professional Membership	8	9	4	1	4	3	29
Intergovernmental	2	-	-	-	1	-	3
Coalition	-	-	-	-	-	-	0
Staff/Public Interest	1	2	-	-	-	-	3
Think Tanks	1	-	-	-	-	-	1
Unidentified	3	1	-	-	-	-	4
Totals	40	26	13	4	6	3	92

Summary

This chapter presented the major items on the health policy agenda and a description of the health functions of the Department of Health and Human Services as background information for characterizing the health policy complex during the period from 1989 to 1991. Next followed a characterization of the relationships between House and Senate committees and subcommittees and executive officials from the Department of Health and Human Services. A second analysis examined the relationships between these same congressional committees and subcommittees and the interest groups that attended their hearings. Finally, this Chapter concluded with a synthesis of the relationships among Congress, the Department of Health and Human Services and the interest groups involved in health-care policies. Professional Membership groups were the most prominent group type among those groups with a most significant presence in the health-care policy complex.

CHAPTER FOUR

CHANGES IN THE HEALTH-CARE POLICY COMPLEX

This chapter characterizes the changes that occurred in the health-care policy complex between the 1961 - 1963 period and the 1989 - 1991 period. It begins with a discussion of certain political trends that influenced changes in the health-care policy complex. Next, an analysis of changes in executive - legislative relationships precedes an analysis of changes in legislative - interest group relationships. This chapter concludes with a characterization of the changes that occurred in legislative - executive - interest group in both policy complexes.

Institutional Changes Affecting Health Policy-Makers

The literature review indicated that health-care policy-making between 1961 and 1963, in a sense, was "in the calm before a storm." The decade of the 1960s marked a tremendous growth in the scope of federal activities into more and more aspects of people's lives. Federal legislation became increasingly involved in controlling more aspects of the environment, the economic system, and the social relationships among citizens. As indicated, the policy-making structure of Congress profoundly changed from committee to subcommittee government in the early 1970s. Also, the size of the federal bureaucracy and the scope of its activities increased during this period to implement the expanding numbers of federal programs. The government transformed itself into a more powerful. malleable influence in American society. Interest groups responded to these new developments by descending upon Washington to influence that sphere of government institutions that

or implemented policies that most affected their private interests.[70] The swelling numbers of interest groups displaced the former small hegemony of powerful interest groups that had dominated policy-making in committee government.[71] In sum, these institutional changes created a policy complex in 1989 to 1991 that was very different from its counterpart in 1961 to 1963.

The information presented in the preceding chapters is summarized and compared to characterize the changes that occurred in the thirty years between the two policy complexes. First, changing patterns in executive - legislative relationships are characterized, followed by changes in legislative - interest group relationships. Changing patterns in the representation of interest groups are also considered. Finally, executive - legislative - interest group relations are characterized in terms of the changes that involve all three major policy complex participants.

Executive - Legislative Relationships

Table 4-1 provides three types of information concerning changing legislative - executive relationships within the House of Representatives. First, it identifies the number of executive agencies that sent officials to testify before each committee's and its subcommittee's hearings. Second, it highlights the proportion to the total number of agencies that sent officials before each committee. A high proportion indicates that a committee and its subcommittees were heavily involved in executive - legislative relationships among the

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[70] Robert H. Salisbury, "The Paradox of Interest Groups in Washington: More Groups, Less Clout" in The New American Political System, ed. Anthony King, 2nd ed., (Washington D.C.: AEI Press, 1990), 223.

[71] Ibid., 203-04.

Table 4-1

Frequency Comparison of HEW and HHS Officials Testifying at House Hearings: 1961 - 1963 and 1989 - 1991

House Committees	Study Period	Number of Agencies	Proportion of Total Agencies	Total Number of Executive Appearances	Average Frequency of Appearances per Agency *
Appropriations Committee	1989 - 1991	9	1.00	101	11
plus Subcommittees	1961 - 1963	5	1.00	76	15
	Difference	4		25	
Ways and Means Committee	1989 - 1991	5	0.56	25	5
plus Subcommittees	1961 - 1963	2	0.40	12	6
	Difference	3		13	
Energy and Commerce Committee	1989 - 1991	7	0.78	76	11
plus Subcommittee	1961 - 1963	3	0.60	35	12
	Difference	4		41	
Government Operations Committee	1989 - 1991	7	0.78	32	5
plus Subcommittee	1961 - 1963	3	0.60	13	4
	Difference	4		19	
Judiciary Committee	1989 - 1991	1	0.11	1	1
plus Subcommittees	1961 - 1963	1	0.20	1	1
	Difference	0		0	
Education and Labor Committee	1989 - 1991	1	0.11	1	1
plus Subcommittees	1961 - 1963	1	0.20	1	1
	Difference	0		0	
Select Committee on Aging	1989 - 1991	6	0.67	22	4
plus Subcommittees	1961 - 1963	0	0.00	0	0
	Difference	6		22	
Science, Space and Technology Committee	1989 - 1991	3	0.33	6	2
plus Subcommittee	1961 - 1963	0	0.00	0	0
	Difference	3		6	
Totals	1989 - 1991	9	1.00	236 †	26
	1961 - 1963	5	1.00	138	28
	Difference	4		98	

* The figures in this category are rounded to whole numbers.

† This statistic excludes the House Select Committee on Aging and the Science, Space, and Technology Committee for a uniform comparison between study periods.

major health-care agencies. A lower proportion indicates a lesser degree of involvement. Third, the total number of executive agency appearances are listed for each committee. This information highlights those congressional committees and their subcommittees that most frequently interacted with the major executive health-care agencies. Fourth, the average frequency of agency appearances is provided for each committee and its subcommittees. This average divides the total number of executive appearances by the number of agencies that testified before each committee. This average provides a second measure indicating the major congressional committees and subcommittees involved with the executive branch. Additionally, this column highlights the average number of times that each agency sent its officials to congressional hearings.

The number of major agencies involved in health care increased between the two periods. In the Department of Health, Education, and Welfare there were five principal administrative components involved in implementing its health-care responsibilities. These included the Social Security Administration, the Food and Drug Administration, the Public Health Service, the seven National Institutes of Health, and the Office of Vocational Rehabilitation. Almost thirty years later the Department of Health and Human Services had nine principal administrative components implementing its health programs. These components included a Social Security Administration that played a minor role in the health policy process, since the Health Care Financing Administration assumed most of its major administrative health responsibilities. Additionally, the Health Resources Services Administration, the Alcohol, Drug Abuse, and Mental Health Administration, the Centers for Disease Control and the Indian Health Service constitute the five new agencies that joined the Public Health Service, the seventeen National Institutes of Health, and the Food and Drug Administration.

The number of active congressional committees and subcommittees also increased from the first period to the second. Two new committees in the House of Representatives gained jurisdiction over certain health matters. These committees were the Select Committee on Aging and the Science, Space and Technology Committee and their subcommittees. The Senate Select Committee on Indian Affairs also became a part of the health policy complex after the 1961 to 1963 period.

The three principal authorizing committees and subcommittees in the later study became more involved with a greater proportion of major health-care agencies than in the previous period. The House Ways and Means Committee, the Energy and Commerce Committee (compared with the Interstate and Foreign Commerce Committee) and the Government Operations Committee were the three principal non-appropriations committees that most interacted with HEW and HHS agencies on health matters during both studies. Officials from a higher proportion of all the executive agencies testified before each of these three committees in the later study. As more committees and their subcommittees become involved in any one executive agency, no clear jurisdiction between the House of Representatives and HHS health agencies can be established. This creates the possibility of reduced accountability to Congress for agency actions.

The House Judiciary Committee and the Education and Labor Committee each had one agency represented at their hearings during both studies. The higher total number of agencies in the later period causes the proportion to total agencies to decrease in these two committees between studies. A uniform comparison between the Select Committee on Aging and the Science, Space and Technology Committee is not possible since neither committee

was active in the health policy complex from 1961 to 1963. However, the Select Committee on Aging did hear officials from a large proportion of executive agencies in the later study.

The total number of agency executive appearances increased between studies throughout the House of Representatives. Examining the totals indicates that the executive agencies most often sent their officials before the Appropriation Committee, the Ways and Means Committee, the Energy and Commerce Committee (and its counterpart, the Interstate and Foreign Commerce Committee), and the Government Operations Committee during both studies. These committees also witnessed an increase in the total number of executive appearances between studies. The Select Committee on Aging had six executive agencies represented twenty-two times in the second study. The Judiciary Committee and the Education and Labor Committee each had one agency appear at one hearing during both studies. Neither the Select Committee on Aging nor the Science, Space, and Technology Committee were active in health policy matters from 1961 to 1963.

The average frequency of agency appearances indicates the average number of times that executive agencies testify before congressional committees and subcommittees. It represents the frequency of official interactions between the executive and legislative branches of government. It is also an indirect measure of the opportunities that congressional committees have to oversee the operations of the executive agencies. The average frequency of agency appearances decreased in the appropriations hearings and in two of the three principal House committees. The average number of agency appearances decreased by four in the appropriations hearings. This average also decreased by one in the Ways and Means Committee and the Energy and Commerce Committee hearings. The average number of hearings increased by one at Government Operations Committee

hearings. The average number of hearings did not increase at Judiciary Committee or Education and Labor Committee hearings between studies. Again, no comparison can be made between studies regarding the Select Committee on Aging and the Science, Space, and Technology Committee.

The totals for the House indicate that four additional agencies were part of the health policy complex from 1989 to 1991 that were not active in the earlier study. Excluding the Select Committee on Aging and the Science, Space, and Technology Committee, all nine HHS agencies appeared ninety-eight more times at House health hearings than in the previous study. However, it is noteworthy that the average number of appearances per agency decreased by two appearances between studies. These mark two fewer opportunities per agency for Congress to oversee the operations of the nine major HHS agencies.

Table 4-2 indicates the results from the Senate approximated the results obtained from the House of Representatives. First, the majority of committees and their subcommittees had a greater proportion of executive officials attend their hearings. Second, the total number of agency appearances increased for most committees. Third, the average frequency of appearances per agency decreased between studies.

Every Senate committee except the Special Committee on Aging had a higher proportion of the total number of HHS agencies testify at its hearings during the second study than during the earlier study. As in the House of representatives, this proportion indicates that congressional committees and subcommittees are involved with a greater portion of the executive branch of government. However, clear jurisdictional lines of

Table 4-2

Frequency Comparison of HEW and HHS Officials Testifying at Senate Hearings: 1961 - 1963 and 1989 - 1991

Senate Committees	Study Period	Number of Agencies	Percent of Total Agencies	Total Number of Executive Appearances	Average Frequency of Appearances per Agency *
Appropriations Committee	1989 - 1991	9	1.00	64	7
plus Subcommittees	1961 - 1963	5	1.00	49	10
	Difference	4		15	
Finance Committee	1989 - 1991	2	0.22	14	7
plus Subcommittees	1961 - 1963	0	0.00	0	0
	Difference	2		14	
Labor and Human Resources	1989 - 1991	7	0.78	20	3
plus Subcommittees	1961 - 1963	3	0.60	7	2
	Difference	4		13	
Government Affairs Committee	1989 - 1991	7	0.78	10	1
plus Subcommittees	1961 - 1963	3	0.60	11	4
	Difference	4		-1	
Judiciary Committee	1989 - 1991	3	0.33	5	2
plus Subcommittees	1961 - 1963	1	0.20	5	5
	Difference	2		0	
Special Committee on Aging	1989 - 1991	4	0.44	8	2
plus Subcommittees	1961 - 1963	3	0.60	11	4
	Difference	1		-3	
Select Committee on Indian Affairs	1989 - 1991	4	0.44	10	3
plus Subcommittees	1961 - 1963	0	0.00	0	0
	Difference	4		10	
Totals	1989 - 1991	9	1.00	121 †	13
	1961 - 1963	5	1.00	83	17
	Difference	4		38	

* The figures in this category are rounded to whole numbers.

† This statistic excludes the Select Committee on Indian Affairs to allow a uniform comparison of the two periods.

responsibility become blurred when each agency is represented before more committees and subcommittees.

The total number of agency appearances before a committee also increased throughout the Senate between studies. Table 4-2 indicates that HHS agencies most often represented themselves the Senate Appropriations Committee, the Finance Committee, the Labor and Human Resources Committee, and the Government Affairs Committee. HEW agencies most often appeared before the Appropriations Committee, the Labor and Public Welfare Committee, the Government Affairs Committee, and the Special Committee on Aging. The Government Affairs Committee and the Special Committee on Aging had executive agencies represented less frequently at their hearings, while the remaining committees and their subcommittees all had executive agency officials attend a larger number of hearings.

As mentioned previously, the average frequency of agency appearances indicates the average number of interactions between each executive agency and a congressional committee and subcommittee. It is also an indirect measure of the opportunities for oversight of an agency's activities by congressional committees and subcommittees. This average also showed a downward trend in the Senate between studies. However, there was one notable exception to this trend. The Labor and Human Resources Committee was very involved in the executive branch through seven HHS agencies represented twenty times at its hearings. The average frequency of these appearances increased by one between studies.

The totals for the Senate exclude the Select Committee on Indian Affairs since it was not formed prior to the earlier study period. First, the totals indicate that four more agencies

became part of the 1989 to 1991 health policy complex that were not in operation during the earlier study period. Second, the total number of agency appearances increased by thirty-eight appearances throughout the Senate between studies. Third, the average frequency of agency appearances decreased by an average of four appearances per agency between studies, lessening opportunities for congressional oversight of executive agencies.

Looking at the House and Senate together, some distinct trends in executive - legislative relationships are clearly indicated. First, the proportion of executive agencies appearing before congressional committees increased. Or in other terms, each committee oversaw the operations of a greater number of agencies. These findings are consonant with the literature that suggests policies are becoming increasing fragmented among executive agencies and congressional committees. The literature also suggests that this state of policy fragmentation reduces the opportunities for agency accountability to the legislature. Third, the average frequency of agency appearances decreased by two in the House and three in the Senate. This situation suggests that Congress had fewer opportunities to oversee the operations of executive agencies, and might lessen the accountability of an agency's actions.

Legislative - Interest Group Relationships

A tremendous amount of change in legislative - interest group relationships occurred between the two periods. There has been a marked increase in the number of active interest groups, along with a tremendous increase in the total number of interest groups represented at congressional hearings. However, the presence of more interest groups in the policy environment suggests the possibility of decreased influence for individual groups.

More Groups - Less Clout

There can be no guarantee that the number of appearances that interest group representatives make before congressional hearings directly affects legislative decision-making. However, it can be asserted that the frequency of appearances made by interest group representatives at legislative hearings corresponds with the frequency that a group's policy preferences are being officially recognized by congressional decision-makers. Furthermore, several scholars have noted that interest group representatives often use legislative hearings to build prestige and create an opportunity to gain access to a legislator to personally lobby for desired policy outcomes. It would be reasonable to expect that those interest group representatives that frequently testify at congressional hearings have a greater opportunity to gain personal access to legislators than interest groups less involved in congressional hearings. Therefore, the frequency of appearances by an interest group's representatives should have a bearing on the political influence of that interest group in a policy matter. The groups that are more active at congressional hearings should have more political influence -- or clout -- in the policy process than other interest groups.

The literature suggests that a few active interest groups supplying a high percentage of the total number of witnesses at congressional hearings would indicate the prevalence of a subgovernment type of policy environment. The alternative case of congressional hearings where active interest groups send a minority of the total number of witnesses suggests that these hearings opened up to accommodate additional representatives from a large number of interests. This situation resembles the issue network model of a policy environment that is open to a wide variety participants.[72]

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[72] Hugh Heclo, 102-3.

Table 4-3 indirectly measures the relative political influence of singular groups along two dimensions. First, it compares the proportion of active interest groups whose representatives appeared at three or more hearings before a congressional committee or subcommittee to the total number of interest groups. Table 4-3 provides a second measure of political clout by highlighting the proportion of active interest group witnesses to the total number of witnesses. A high proportion indicates that active groups dominate the information presented at congressional committee or subcommittee hearings, thus these groups should have more influence in policy decision-making. A low proportion indicates that a large number of interest groups present their policy positions at these hearings, with no groups gaining an edge in influencing the policy outcomes through the hearing process.

Table 4-3 indicates that there was an increase in the total number of interest groups involved with the four principal House committees: the Appropriations Committee, the Ways and Means Committee, the Energy and Commerce Committee (formerly the Interstate and Foreign Commerce Committee) and the Government Operations Committee. Moreover, the proportion of active interest groups decreased, as did the proportion of witnesses supplied by active groups to the total number of witnesses.

From 1989 to 1991, the appropriations hearings drew sixty-two more active groups out of 246 additional interest groups to its hearings than in the earlier period. Also, the total number of witnesses from active groups increased by 186, with the total number of witnesses from all groups rising by 433 witnesses. However, active interest groups composed a smaller proportion of the total numbers of groups, and their representatives composed a smaller proportion of the total number of witnesses. The proportion of active groups to the total

Table 4-3

Comparison of Interest Group Activity at House Health-Related Hearings between the 1961 - 1963 and the 1989 - 1991 Study Periods

Committee and Subcommittees	Study Period	Number of Active Interest Groups	Total Number of Interest Groups	Percent of Active Interest Groups to Total Interest Groups	Total Number of Witnesses from Active Interest Groups	Total Number of Witnesses	Percent of Active Interest Group Witnesses to Total Witnesses
Committee on Appropriations	1989 - 1991	75	277	27.08%	239	508	47.05%
plus Subcommittees	1961 - 1963	13	31	41.94%	53	75	70.67%
	Change	62	246	-35.43%	186	433	-33.42%
Committee on Ways and Means	1989 - 1991	16	91	17.58%	86	182	47.25%
plus Subcommittees	1961 - 1963	17	46	36.96%	59	100	59.00%
	Change	-1	45	-52.42%	27	82	-19.91%
Committee on Energy and Commerce	1989 - 1991	56	254	22.05%	233	483	48.24%
plus Subcommittee	1961 - 1963	19	46	41.30%	100	134	74.63%
	Change	37	208	-46.62%	133	349	-35.36%
Committee on Government Operations	1989 - 1991	0	30	0.00%	0	33	0.00%
plus Subcommittee	1961 - 1963	0	4	0.00%	0	4	0.00%
	Change	0	26	0.00%	0	29	0.00%
Committee on Judiciary	1989 - 1991	0	0	0.00%	0	0	0.00%
plus Subcommittee	1961 - 1963	0	5	0.00%	0	5	0.00%
	Change	0	-5	0.00%	0	-5	0.00%
Committee on Education and Labor	1989 - 1991	0	0	0.00%	0	0	0.00%
plus Subcommittee	1961 - 1963	8	32	25.00%	29	59	49.15%
	Change	-8	-32	-100.00%	-29	-59	-100.00%
Select Committee on Aging	1989 - 1991	2	53	3.77%	9	70	12.86%
plus Subcommittees	1961 - 1963	-	-	-	-	-	-
	Change	-	-	-	-	-	-
Science, Space and Technology	1989 - 1991	0	8	0.00%	0	8	0.00%
plus Subcommittee	1961 - 1963	-	-	-	-	-	-
	Change	-	-	-	-	-	-

number of groups decreased by thirty-five percent from the first study to the second, and the proportion of active interest groups representatives to the total number of witnesses at appropriations hearings decreased by thirty-three percent.

For the Ways and Means Committee and its subcommittee, there was an increase of forty-five groups, but there was one less active interest group. However, the total number of witnesses from active groups increased by twenty-seven and the total number of witnesses from all groups increased by eighty-two. The proportion of active groups to the total groups decreased by fifty-two percent, and the proportion of witnesses from active groups to the total number of witnesses decreased by twenty percent.

In the case of the Energy and Commerce Committee, there was an additional thirty-seven active groups out of 208 additional groups. The total number of witnesses from active groups increased by 133, while the total number of witnesses from all groups increased by 349. However, the proportion of active groups to the total number of groups decreased by forty-seven percent, and the proportion of witnesses from active groups to the total number of witnesses decreased by thirty-five percent. No interest groups attended three or more hearings of the Government Operations Committee during either period. However, twenty-six more interest groups attended its hearings and supplied twenty-nine more witnesses. The House Judiciary Committee and the Education and Labor Committee did not hold hearings attended by interest group representatives that affected the operations of HHS agencies from 1989 to 1991. The Select Committee on Aging and the Science Space, and Technology Committee was not active in the 1961 to 1963 health policy complex.

Table 4-4 indicates that there was an increase in the total number of interest groups involved with most of the Senate committees. Unlike the House of Representatives, the Senate did not experience a uniform decrease in the proportion of active groups to total groups, nor a uniform decrease in the proportion of active interest group witnesses to total witnesses. Two Senate committees increased these proportions, while two other committees and their subcommittees demonstrated a decrease in these proportions between studies.

The Senate Appropriations Committee heard representatives from an additional forty-seven active groups, while the total number of groups increased by 195. Also, the number of witnesses from active groups increased by 149, and the total number of witnesses from all groups increased by 346. There was a 118 percent increase in the proportion of active groups to total groups, and a 106 percent increase in the proportion of witnesses from active groups to the total number of witnesses from all groups.

For the Senate Finance Committee, there was an increase of nine additional active groups and forty-six in the number of total groups. The total number of witnesses from active groups increased by thirty-nine, while the total number of witnesses from all groups increased by seventy-eight. Thus, the proportion of active groups to total groups increased by forty-one percent, and the proportion of witnesses from active groups increased by sixty-one percent.

In the case of the Labor and Human Resources Committee, there were three fewer active groups, but the total number of groups increased by fifty-six. The total number of witnesses from active groups decreased by seventeen, while the total number of witnesses

Table 4-4

Comparison of Interest Group Activity at Senate Health-Related Hearings between the 1961 - 1963 and the 1989 - 1991 Study Periods

Committee and Subcommittees	Study Period	Number of Active Interest Groups	Total Number of Interest Groups	Percent of Active Interest Groups to Total Interest Groups	Total Number of Witnesses from Active Interest Groups	Total Number of Witnesses	Percent of Active Interest Group Witnesses to Total Witnesses
Committee on Appropriations	1989 - 1991	49	214	22.90%	155	376	41.22%
plus Subcommittees	1961 - 1963	2	19	10.53%	6	30	20.00%
	Change	47	195	117.52%	149	346	106.12%
Committee on Finance	1989 - 1991	12	71	16.90%	49	116	42.24%
plus Subcommittees	1961 - 1963	3	25	12.00%	10	38	26.32%
	Change	9	46	40.85%	39	78	60.52%
Committee on Labor and Human Resources	1989 - 1991	3	100	3.00%	9	125	7.20%
plus Subcommittees	1961 - 1963	6	44	13.64%	26	75	34.67%
	Change	-3	56	-78.00%	-17	50	-79.23%
Committee on Government Affairs	1989 - 1991	0	6	0.00%	0	6	0.00%
plus Subcommittees	1961 - 1963	0	1	0.00%	0	1	0.00%
	Change	0	5	0.00%	0	5	0.00%
Committee on Judiciary	1989 - 1991	0	0	0.00%	0	0	0.00%
plus Subcommittees	1961 - 1963	2	8	25.00%	6	13	46.15%
	Change	-2	-8	-100.00%	-6	-13	-100.00%
Special Committee on Aging	1989 - 1991	1	25	4.00%	3	32	9.38%
plus Subcommittees	1961 - 1963	2	19	10.53%	10	31	32.26%
	Change	-1	6	-62.00%	-7	1	-70.94%
Select Committee on Indian Affairs	1989 - 1991	0	10	0.00%	0	11	0.00%
plus Subcommittees	1961 - 1963	-	-	-	-	-	-
	Change	-	-	-	-	-	-

increased by fifty. This created a seventy-eight percent decrease in the proportion of active groups to the total number of groups and a seventy-nine percent decrease in the proportion of witnesses from active groups to the total number of witnesses from all groups.

No active interest group representatives appeared before the Government Affairs Committee in either study. However, both the total number of groups and the total number of witnesses increased by five.

Data for the Special Committee on Aging show a decrease of one active group, and six additional interest groups at its hearings. The number of witnesses from active groups decreased by seven, and the total number of witnesses increased by one. Thus, there was a sixty-two percent decrease in the proportion of active groups to total groups and a seventy-one percent decrease in the proportion of witnesses from active groups to the total number of witnesses from all groups.

Interest groups representatives did not attend Judiciary Committee hearings affecting HHS agencies between 1989 and 1991. The Select Committee on Indian Affairs was inactive in the earlier period. Thus, comparisons cannot be offered for these two committees.

The increase in the proportion of interest group representatives to the total number of witnesses at Senate Appropriations and Finance Committee hearings is not that striking when compared to data for the House of Representatives. Comparing the proportion of active interest group witnesses to the total number of witnesses reveals that during the 1961 to 1963 period, active interest groups composed a much smaller proportion of witnesses than was the case for their counterparts in the House. However, there was an increase in the later

period in the proportion of witnesses from active groups to the total number of witnesses to a comparable level in the House. Thus, the increase in the number and relative influence of active interest groups in the Senate Appropriations and Finance committees may not be that significant an anomaly from the pattern of diminished influence of active interest groups observed from the first to second studies. The active groups in both Senate committees must still compete with a larger number of less active groups for a chance to influence the policy process.

The most striking change found in either Table 4-3 or Table 4-4 involves the virtual disintegration of active interest group influence in the Senate Labor and Human Resources Committee. The proportion of witnesses from active groups to the total number of groups did not enter into the forty percent range found in the three major committees of the House and the two committees previously discussed.

The House Energy and Commerce Committee and the Senate Labor and Human Resources Committee were the two most important authorizing committees with jurisdiction over health policies affecting HHS agencies. Tables 4-1 and 4-2 indicate that these two committees and their subcommittees drew the largest number of officials from HHS agencies to their hearings during both periods. It is important to highlight that the proportion of witnesses from active interest groups to the total number of witnesses declined the most in these two committees.

In the House of Representatives, active interest groups should dominate committee hearings, since their representatives attend more hearings than other groups. In the 1961 to 1963 period, a handful of active interest groups involved in the appropriations hearings, the

Ways and Means hearings, and the Interstate and Foreign Commerce hearings, accounted, respectively, for seventy-one, fifty-nine, and seventy-five percent of all witnesses. These three committees and their subcommittees provide tremendous examples of a subgovernment policy environment where a few organized interests cannot completely control, yet clearly influence policy decisions. These conditions were not observed in the Senate from 1961 to 1963, however increasing numbers of interest groups presenting competing policy preferences at Senate hearings from 1989 to 1991 resembled the participation levels found in the House of Representatives.

Table 4-5 provides absolute totals concerning the number of active interest groups involved in health policies affecting HHS agencies through their participation in the legislative process. Active groups are characterized in terms of the number of legislative hearings their representatives attended and in terms of the number of witnesses that represented them. Absolute figures eliminate the error of double counting an interest group appearing before two or more committees throughout the House, the Senate, or the Congress during the three-year period.

The table shows an increase in the number of active groups and the total number of interest groups. Also, the number of witnesses from active groups increased as did the total number of witnesses from all groups. However, there was a consistent decline in the proportion of active groups to the total number of interest groups. A decline also occurred in the proportion of witnesses from active groups to the total number of witnesses.

Table 4-5

Comparison of Interest Group Activity at House and Senate Health-Related Hearings between the 1961 - 1963 and the 1989 - 1991 Study Periods

United States Congress	Study Period	Number of Active Interest Groups	Total Number of Interest Groups	Percent of Active Interest Groups to Total Interest Groups	Total Number of Witnesses from Active Interest Groups	Total Number of Witnesses	Percent of Active Interest Group Witnesses to Total Witnesses
	1989 - 1991	170	541	0.31	811	1280	0.63
House	1961 - 1963	49	98	0.50	310	380	0.82
	Change	121	443	-37.15%	501	900	-22.33%
	1989 - 1991	82	345	0.24	320	660	0.48
Senate	1961 - 1963	24	72	0.33	126	187	0.67
	Change	58	273	-28.70%	194	473	-28.04%
	1989 - 1991	245	652	0.38	1442	1940	0.74
Congress	1961 - 1963	64	108	0.59	494	567	0.87
	Change	181	544	-36.59%	948	1373	-14.69%

Between the two periods, the House gained 443 total interest groups, and of these, 121 are classified as active. The number of witnesses from active groups increased by 501 while the total number of witnesses from all groups increased by 900. For the Senate, the gain in interest groups totaled 273, of which fifty-eight were active. The number of active interest group witnesses increased by 194 and the total number of witnesses from all groups increased by 473. The totals for the Congress as a whole indicate a gain of 181 active groups and an addition of 544 interest groups. There were 948 additional witnesses from active groups and 1373 additional witnesses from all interest groups.

The for the earlier period are congruent with the subgovernment literature and the suggestion that a small number of active groups tended to exert the most influence in the policy process. Forty-nine groups in the House accounted for eighty-two percent of the witnesses, while twenty-four active groups in the Senate accounted for sixty-seven percent of the total number of witnesses. In Congress as a whole, representatives from sixty-four active groups composed eighty-seven percent of representatives from all interest groups.

In the later period, the proportion of active interest groups to the total number of interest groups decreased thirty-seven percent in the House, twenty-nine percent in the Senate, and thirty-seven percent for the two Houses combined. However, the proportion of active interest group witnesses to total witnesses only decreased twenty-two percent in the House, twenty-eight percent in the Senate, and fifteen percent throughout Congress. This condition could only happen when the active interest groups stepped up their legislative efforts by increasing the number of times their representatives appeared before congressional hearings.

The results for the 1989 to 1991 period indicate that approximately one-third of the interest groups sent three-fourths of the witnesses before Congress. Scholars have suggested that specific policy areas are becoming increasingly fragmented among executive agencies and congressional committees. This fragmentation thesis could be confirmed by the increased proportion of executive agencies appearing before congressional committees described earlier in this chapter. This situation would suggest that single interest groups determined to influence the policy outcomes within a relatively narrow policy area would send representatives to several congressional hearings on these narrow issues. These groups would only appear as "active" groups when Congress is the unit of analysis.
The totals for the House, Senate, and the Congress suggest that active interest groups appear to wield more influence throughout Congress than in any subdivision of Congress.

The tremendous influx of new interest groups in the 1989 to 1991 period may have diminished the relative influence of active interest groups. Active interest groups should provide the greatest number of witnesses at these hearings, however, this did not prove to be the case. From 1989 to 1991, active interest groups increased in number, yet the proportion of witnesses from them decreased dramatically. The analysis of increasing group numbers and the possibility for some reduced influence discussed in relation to the House of Representatives again applies the Senate.

It would be reasonable to suggest the possibility that active interest groups had less political influence from 1989 to 1991, since their policy preferences no longer monopolized and reinforced the viable options available to legislative decision-makers. If so, the reduction in political clout may be related to two factors. First, active interest groups must compete with the swelling ranks of other active groups seeking to influence policy. Second, active

groups must compete with less active groups. Thus, active groups must compete with a growing number of active groups, and with an even larger number of less active groups, each group trying to influence policy. Less active groups are handicapped by the large number of active groups and the larger numbers of less active groups. As more interest groups became part of the legislative process, the relative influence of one interest group may be assumed to diminish. It is certain that representatives from active interest groups continued to secure personal access to legislative decision-makers, but it is equally certain that a greater number of other interest group representatives gained similar access.

These circumstances create a larger policy complex in which the influence of all interest groups may be reduced. This observation is consonant with assertions in the literature that policy environments are moving from a form featuring a few influential interest groups in a subgovernment to a balkanized milieu of competing interests within an issue network or another type of amorphous structure.

In a qualified manner, the results obtained from the analysis of Congress and its two chambers supports Salisbury's paradox of more groups, less influence in the Washington policy environment. The evidence suggests that the relative influence of an interest group's message decreases as more interest groups are presenting competing points of view to policy makers. Active interest groups compete with many more active groups seeking to influence legislative decision-making. Simultaneously, active groups must compete with less active groups interested in influencing a smaller portion of the overall health policy process. Thus, active groups must compete among themselves, and compete with an even larger number of less active groups -- all groups trying to influence the policy process in their best interests. Moreover, less active groups have less political influence since they are not as actively

involved in the policy process. These circumstances create a policy complex of reduced influence for all interest groups.

Changing Patterns in the Composition of the Interest Group Population

Table 4-6, Table 4-7, Table 4-8 provide summary comparisons of the information presented in the preceding chapters regarding the types of interest groups involved in hearings concerning HEW and HHS health agencies. Table 4-6 deals with active interest groups represented at congressional hearings according to their group type. Table 4-7 provides a summary of the most active interest groups represented at congressional hearings according to their group type. Table 4-8 provides a summary of the composition of all the interest groups involved in both study periods.

Table 4-6 provides a summary of how the composition of active interest groups represented at all congressional hearings changed between study periods. This table provides the absolute frequency of each group type, its proportion to the total number of groups in each study, the frequency difference of group type, and the difference in proportion totals. Table 4-6 indicates that the increase of 181 new active interest groups between the two periods changed the character of the interest group population. Intergovernmental groups, Coalitions, and Staff/Public Interest groups all gained in proportion to other groups, while Unrestricted Membership groups, Industry Groups and Think Tanks decreased in proportion to the total number of groups. The proportion of the remaining groups increased slightly.

Unrestricted Membership groups constituted the largest proportion of group types during both studies, yet their proportion to the total number of groups decreased by five

Table 4-6

Comparison of Active Interest Group Composition: 1961 to 1963 and 1989 to 1991

Group Types	1989 - 1991 Active Groups (3 or more hearings)	Proportion to Total *	1961 - 1963 Active Groups (3 or more hearings)	Proportion to Total *	Frequency Difference	Difference in Proportions
Unrestricted Membership	74	32.31%	23	37.10%	51	-4.78%
Industry Group	36	15.72%	12	19.35%	24	-3.63%
Union	6	2.62%	1	1.61%	5	1.01%
Restricted Membership	15	6.55%	4	6.45%	11	0.10%
Professional Membership	57	24.89%	15	24.19%	42	0.70%
Intergovernmental	12	5.24%	2	3.23%	10	2.01%
Coalition	14	6.11%	0	0.00%	14	6.11%
Staff/Public Interest	13	5.68%	1	1.61%	12	4.06%
Think Tanks	2	0.87%	4	6.45%	-2	-5.58%
Subtotal	229	100.00%	62	100.00%		
Unidentified Groups	16		2		14	
Totals	245		64		181	

* These statistics do not include Unidentified Groups in determining proportions.

percent. Twenty-four additional Industry Groups decreased in proportion of the total by four percent. The addition of five Unions slightly increased the proportion of this type to the total number of groups. The addition of eleven Restricted Membership groups barely changed their proportion to the total number of group types. Professional Membership groups increased by forty-two, yet the proportion to the total number of groups increased by only 0.70 percent. The addition of ten Intergovernmental groups caused a two percent increase. The recent appearance of fourteen Coalitions created a six percent increase in the proportion of this group type between studies. Twelve additional Staff/Public Interest groups created a four percent increase. The proportion of Think Tanks decreased by six percent. Unidentified groups were not included in determining the group type proportions.

Table 4-7 characterizes the changing composition of the most active interest groups. Unrestricted Membership Groups, Intergovernmental groups, Staff/Public Interest groups, and Coalitions all increased their proportions to the total number of groups. The proportion of the remaining groups decreased in relation to the total.

The addition of sixteen Unrestricted Membership groups resulted in a seven percent increase in the proportion of these groups to the total of most active groups. Four additional Industry Groups resulted in an eight percent decline in their proportion to the other group types. The number of Unions remained at one between the two periods, but this caused a two percent decline in their proportion to the other groups. An increase of 0.92 percent in Restricted Membership groups and Intergovernmental groups was associated with the addition of two groups. The addition of six Professional Membership groups did not prevent a seven percent decline in their proportion to the other most active interest groups. Coalitions

Table 4-7

Comparison of Most Active Interest Group Composition: 1961 to 1963 and 1989 to 1991

Group Types	1989 - 1991 Most Active Groups (7 or more hearings)	Proportion to Total	1961 - 1963 Most Active Groups (7 or more hearings)	Proportion to Total	Frequency Difference	Difference in Proportions
Unrestricted Membership	24	40.68%	8	33.33%	16	7.34%
Industry Group	10	16.95%	6	25.00%	4	-8.05%
Union	1	1.69%	1	4.17%	0	-2.47%
Restricted Membership	3	5.08%	1	4.17%	2	0.92%
Professional Membership	13	22.03%	7	29.17%	6	-7.13%
Intergovernmental	3	5.08%	1	4.17%	2	0.92%
Coalition	2	3.39%	0	0.00%	2	3.39%
Staff/Public Interest	3	5.08%	0	0.00%	3	5.08%
Think Tanks	0	-	0	-	-	-
Subtotals	59	100.00%	24	100.00%	35	
Unidentified Groups	1		1		0	
Totals	60		25		35	

* These statistics do not include Unidentified Groups in determining proportions.

increased their proportion by three percent, and Staff/Public Interest groups increased their proportion by five percent.

Table 4-8 characterizes the changes that occurred in the composition of all interest groups involved in both periods. Industry Groups, Unions, Intergovernmental groups, Coalitions, and Staff/Public Interest Groups all gained in proportion.

Four interest groups increased in frequency yet decreased in proportion to the other group types. Unrestricted Membership groups had the largest absolute increase in group frequency; however their proportion to other group types decreased three percent. The addition of eighty-four Professional Membership groups similarly caused a nine percent decrease in their proportion to all group types. Thirty-three additional Restricted Membership groups also created a one percent decrease in their proportion to the total groups. The addition of one Think Tank also resulted in a five percent decrease in proportion.

Five other group types increased in frequency, and in their proportions to the total number of groups. Ninety-four additional Industry Groups increased their proportion to the total by three percent. The proportion of Unions slightly increased. Intergovernmental groups increased by twenty-four, and their proportion to the total increased by one percent. Coalitions increased eight percent due to an additional forty-one groups, and thirty-one additional Staff/Public Interest groups spurred a five percent increase in proportion between studies.

Table 4-9 identifies the formation year for all the interest groups involved in both periods. This table indicates two important trends in the formation of interest groups. First,

Table 4-8

Comparison of Interest Group Composition Between Studies: 1961 - 1963 and 1989 - 1991

Group Types	1989 - 1991 Interest Groups	Proportion of Total *	1961 - 1963 Interest Groups	Proportion of Total *	Frequency Difference	Difference in Proportions
Unrestricted Membership	156	28.78%	32	31.37%	124	-2.59%
Industry Group	112	20.66%	18	17.65%	94	3.02%
Union	9	1.66%	1	0.98%	8	0.68%
Restricted Membership	42	7.75%	9	8.82%	33	-1.07%
Professional Membership	115	21.22%	31	30.39%	84	-9.17%
Intergovernmental	28	5.17%	4	3.92%	24	1.24%
Coalition	41	7.56%	0	0.00%	41	7.56%
Staff/Public Interest	32	5.90%	1	0.98%	31	4.92%
Think Tanks	7	1.29%	6	5.88%	1	-4.59%
Subtotal	542	100.00%	102	100.00%	440	
Unidentified Groups	110		6		104	
Totals	652		108		544	

* These statistics do not include Unidentified Groups in determining proportions.

Table 4-9

Formation Year of Interest Groups in the 1961 - 1963 and 1989 - 1991 Studies

Period	1989 - 1991 Total Interest Groups	1961 - 1963 Total Interest Groups	1989 - 1991 Interest Groups Not Active in 1961 to 1963 Study
1987 - 1991	11	-	-
1982 - 1986	47	-	-
1977 - 1981	58	-	-
1972 - 1976	56	-	-
1964 - 1971	78	-	-
1959 - 1963	21	5	19
1954 - 1958	31	10	25
1949 - 1953	20	9	20
1944 - 1948	24	8	21
1939 - 1943	19	7	16
1934 - 1938	13	5	11
1929 - 1933	17	6	14
1924 - 1928	11	5	7
1919 - 1923	19	7	16
1914 - 1918	11	1	10
1909 - 1913	12	9	8
1899 - 1908	20	7	19
1889 - 1898	15	12	9
1879 - 1888	6	0	6
1869 - 1878	7	5	4
prior to 1868	8	6	2
Subtotal	504	102	207
Unidentified	148	6	
Totals	652	108	

it highlights the number of interest groups that were involved in health policies between 1989 and 1991 and were formed after 1963. Second, the table also highlights the number of interest groups that formed prior to 1963 and became involved in the 1989 to 1991 health policy complex -- when they were not involved in the 1961 to 1963 period.

Table 4-9 indicates the most prolific years of interest group formation were from 1964 to 1986. The health policy complex of the 1989 to 1991 period included 250 interest groups that came into existence during this time. Thus, forty-nine percent of the 504 identified interest groups in this analysis formed after 1964. These data support the literature suggesting that the expansion of federal activities in the 1960s and 1970s encouraged the formation of new interest groups. However, Table 4-9 furthers the notion that the expansion of federal activities into more and more aspects of society did more than encourage the formation of new interest groups. It also encouraged older, established interest groups to become involved in health policy matters. A total of 207 groups participated during 1989 to 1991 but did not participate in the 1961 to 1963 period.

Summary

Several important changes occurred in legislative - interest group relations between the two study periods. There were changes in the numbers and activity levels of interest groups as well as in the nature of the population of interest groups participating in the policy process. First, the number of active interest groups and total interest groups dramatically increased in number. Second, active interest groups declined in proportion to other interest groups, and the proportion of witnesses from active interest groups declined in proportion to the total number of witnesses. These circumstances create the possibility of reduced political

influence for all interest groups. Active interest groups must compete with a growing number of other active interest groups to attempt to influence the policy process. Furthermore, active interest groups must not only compete among themselves, but with a growing number of less active groups. Less active groups have an even more diminished possibility of individually influencing the policy process with so many active groups, and so many more other less active groups.

The composition of the interest groups involved in either health-care policy complex also changed between the two periods. The number of active interest groups increased from sixty-four to 245. Unrestricted Membership groups, Industry Groups, and Think Tanks all decreased in proportion, while Intergovernmental groups, Coalitions, and Staff/Public Interest groups all gained in proportion. Most active interest groups increased from twenty-five groups to sixty groups between studies. Industry Groups and Professional Membership groups lost the greatest proportion of these most active groups, while Unrestricted Membership groups, Coalitions, and Staff/Public Interest groups significantly gained in proportion. The number of all the interest groups in either study grew from 108 to 652. Professional Membership Groups and Think Tanks lost the greatest proportions, while Coalitions and Staff/Public Interest groups made the greatest gains.

Executive - Legislative - Interest Group Relationships

The final concern of this chapter is to map the relationships among all the participants in the health policy complex during both study periods. Table 4-10 summaries the major changes that occurred regarding the three major participants in making health policy. Following this, Table 4-11 examines the changes that occurred in the interest groups

that maintained a most significant presence in relation to the executive and legislative branches of government on health issues. Table 4-12 compares the major HEW and HHS agencies active in both policy complexes according to the numbers of congressional committees and subcommittees with jurisdiction over each agency, and the total number of most significant interest groups and their representatives associated with each agency.

Table 4-10 summaries information presented in several earlier tables to characterize the overall changes that occurred in the health policy complex. It indicates that the legislative branch increased by six committees or subcommittees claiming jurisdiction over these agencies, the executive branch grew by four major agencies between studies, and a tremendous increase in the number of interest groups involved in health policies. Moreover, a dramatic increase occurred in the total number of executive and interest group representatives appearing as witnesses at congressional hearings. This increase caused the average number of witnesses per committee or subcommittee to more than double between the two periods.

The committees or subcommittees with jurisdiction over HEW or HHS agencies increased by four in the House, and increased by two in the Senate between study periods. Figure 4-1 lists the names of the committees or subcommittees that claimed jurisdiction over HEW or HHS agencies during both studies. Ten House and eleven Senate committees or subcommittees claimed jurisdiction over HEW agencies between 1961 and 1963. Fourteen House and thirteen Senate committees or subcommittees claimed jurisdiction over HHS agencies between 1989 and 1991. The figure only numbers the specific committee or subcommittee that held health-related hearings affecting HEW or HHS agencies.

Table 4-10

Comparison of Executive - Legislative - Interest Group Health Policy Participants: 1961 - 1963 and 1989 - 1991

	Study Period	Committees and Subcommittees	Executive Agencies	Total Executive Witnesses	Total Interest Groups	Total erest Grnd Witnesse	Total Executive Interest Grou Witnesses	Average Witnesses per Committee or Subcommittee
House	1989 - 1991	14	9	264	541	1280	1544	110.29
	1961 - 1963	10	5	138	98	380	518	51.80
	Difference	4	4	126	443	900	1026	58.49
Senate	1989 - 1991	13	9	131	345	660	791	60.85
	1961 - 1963	11	5	83	72	187	270	24.55
	Difference	2	4	48	273	473	521	36.30
Congress	1989 - 1991	27	9	395	652	1940	2335	86.48
	1961 - 1963	21	5	221	108	567	788	37.52
	Difference	6	4	174	544	1373	1547	48.96

1961 - 1963 Policy Complex

	House		Senate
1	• House Committee on Appropriations	1	• Senate Committee on Appropriations
2	• Subcommittee on Deficiencies		Senate Committee on Government Operations
3	• Subcommittee on Labor, HEW, & Rltd Agcys.	2	• Subcommittee on Reorganization and Int'l Org
4	• House Committee on Ways and Means		Senate Committee on Judiciary
5	• Subcommittee on Administration of Social Security Laws	3	• Subcommittee on Antitrust & Monopoly
	• House Committee on Education and Labor	4	• Senate Committee on Labor and Public Welfare
6	• Select Committee on Education	5	• Subcommittee on Health
		6	• Subcommittee on Problems of Aging & the Aged
	• House Committee on Government Operations		
7	• Subcommittee on Intergovernmental Rltns	7	• Senate Special Committee on Aging
		8	• Subcommittee on Federal/State Activities
8	• House Committee on Interstate and Foreign Commerce	9	• Subcommittee on Federal/State/Cmnty Svcs
9	• Subcommittee on Health and Safety	10	• Subcommittee on Frauds and Misrepresentations Affecting the Elderly
		11	• Subcommittee on Health of the Elderly
	• House Committee on Judiciary		
10	• Subcommittee on Antitrust		

Figure 4-1: Congressional Committees and Subcommittees Claiming Jurisdiction Over HEW and HHS Agencies: 1961 - 1963 and 1989 - 1991

The total number of major executive agencies grew from five to nine agencies. The Office of Vocational Rehabilitation operated in the earlier study period, but did not exist in the later period. The Food and Drug Administration, the National Institutes of Health, the Social Security Administration, and the Public Health Service operated during both study periods. The Alcohol, Drug Abuse, and Mental Health Administration, the Centers for Disease Control, the Health Care Financing Administration, the Health Resources Services Administration, and the Indian Health Service were new participants in the 1989 to 1991 health policy complex.

1989 - 1991 Policy Complex

	House		Senate
	• House Appropriations Committee		• Senate Appropriations Committee
1	• Subcommittee on Labor, HHS and Rltd Agcys	1	• Subcommittee on Labor, HHS, Education and Rltd Agcys
2	• Subcommittee on Agriculture, Rural Development, and Related Agencies	2	• Subcommittee on Agriculture, Rural Development, and Related Agencies
	• House Ways and Means Committee		• Senate Finance Committee
3	• Subcommittee on Health	3	• Subcommittee on Health
4	• Subcommittee on Human Resources	4	• Subcommittee on Medicare and Long Term Care
5	• Subcommittee on Social Security	5	• Subcommittee on Hlth for Families and the Uninsured
6	• Subcommittee on Oversight	6	• Subcommittee on Soc. Security & Fmly Policy
	• House Energy and Commerce Committee	7	• Senate Labor & Human Resources Committee
7	• Subcommittee on Health and the Environment	8	• Subcommittee on Disability Policy
		9	• Subcommittee on Children, Family, Drugs & Alcoholism
	• House Education and Labor Committee	10	• Subcommittee on the Handicapped
8	• Subcommittee on Health and Safety	11	• Subcommittee on Aging
9	• Subcommittee on Human Resources	12	• Senate Special Committee on Aging
	• House Science, Space & Technlgy Committee		
10	• Subcommittee on Science, Rsrch & Tchnlgy	13	• Senate Select Committee on Indian Affairs
	• House Select Committee on Aging		
11	• Subcommittee on Health and Long Term Care		
12	• Subcommittee for Human Services		
13	• House Select Committee on Children, Youth and Families		
14	• House Interior and Insular Affairs Committee		

Figure 4-1: Continued.

Table 4-10 also indicates that the total number of interest groups increased from ninety-eight to 541 groups in the House and increased by 273 in the Senate. Combining the House and the Senate numbers, the absolute number of interest groups increased from 108 to 652. The total number of interest group witnesses also increased between studies. The House heard 901 more witnesses, the Senate heard 473 more witnesses, and the total for the Congress increased by 1373.

The increase in the number of executive agencies and the number of interest groups created a corresponding increase in the numbers of witnesses attending congressional hearings. The average number of executive and interest group witnesses before congressional committees or subcommittees with jurisdiction over HEW or HHS health agencies more than doubled. The average for the House increased by fifty-nine witnesses, the Senate average increased by thirty-six witnesses, and the average for the two together was forty-nine.

The increased number of executive agencies, congressional committees and subcommittees, and interest groups created a much larger and more complicated health policy complex from 1989 to 1991. Of central importance were those interest groups that involved themselves in the daily operations of executive agencies and who testified at congressional hearings with jurisdiction over these agencies. Those interest groups that bridged the executive and legislative governmental institutions constituted a most significant presence in the health policy complex. For an interest group to maintain a most significant presence in either period, it had to be active in the daily operations of an executive agency and testify at four or more congressional hearings of committees with jurisdiction over that agency. Setting the minimum legislative activity level at four hearings greatly reduces the likelihood that an interest group appeared before only one committee during either three-year study period.

Table 4-11 compares the types of interest groups that were most significant in the two periods. These were interest groups that had representatives that were involved in the daily operations of an executive agency and testified at four or congressional hearings of committees and subcommittees with jurisdiction over that agency. The unidentified interest

Table 4-11

Comparison of Most Significant Interest Group Composition: 1961 - 1963 and 1989 - 1991

Group Type	1989 - 1991 Totals	Proportion to Subtotal	1961 - 1963 Totals	Proportion to Subtotal	Frequency Change	Difference in Proportion
Unrestricted Membership	35	39.77%	12	37.50%	23	2.27%
Industry Group	12	13.64%	7	21.88%	5	-8.24%
Union	2	2.27%	1	3.13%	1	-0.85%
Restricted Membership	3	3.41%	1	3.13%	2	0.28%
Professional Membership	29	32.95%	8	25.00%	21	7.95%
Intergovernmental	3	3.41%	1	3.13%	2	0.28%
Coalition	-	-	-	-	-	-
Staff/Public Interest	3	3.41%	0	0.00%	3	3.41%
Think Tanks	1	1.14%	2	6.25%	-1	-5.11%
Subtotals	88		32		56	
Unidentified	4		1		3	
Totals	92		33		59	

groups were not used to calculate the composition of either policy complex. Overall, the total number of interest groups that maintained a most significant presence in either policy complex increased by fifty-nine groups. Five group types increased in number and increased their proportion to the other group types. The addition of twenty-three Unrestricted Membership groups created a two percent increase in their proportion between studies. Two additional Restricted Membership and Intergovernmental groups barely increased their proportion in relation to other types. Three additional Staff/Public Interest groups caused a three percent increase in their proportion to the other group types. Finally, twenty-one additional Professional Membership groups increased their proportion by eight percent.

Two other group types increased their numbers, yet decreased in proportion to the other group types. The addition of one Union group caused a one percent decline in proportion to other groups. An increase of five Industry Groups resulted in an eight percent decline in their proportion to the other group types. Think Tanks lost one group, and consequently declined five percent in proportion to other group types. Professional Membership groups joined Unrestricted Membership groups as the most prominent group types among those interest groups with a most significant presence in this health-care policy complex.

Figure 4-2 lists the names of the seventeen interest groups that had a most significant presence in the 1961 to 1963 policy complex, but did not participate in the 1989 to 1991 policy complex. It also lists the sixteen interest groups that participated in both policy complexes, along with the seventy-six new interest groups with a most significant presence in the 1989 to 1991 health-care policy complex.

1961 to 1963 Study Period Only

Am Nursing Home Assn.
Am Optometric Assn.
Am Pharmaceutical Assn.
Am Podiatry Assn.
Am Rehabilitation Foundation
Am Venereal Disease Assn.
Group Health Assn. of America
Intl. Chiropractors Assn.
Nat Assn. for Mental Health
Nat Assn. for Retarded Children
Nat Assn. of Retail Druggists
Nat Assn. of Social Workers
Nat Health Federation
Nat Wholesale Druggists Assn.
Pharmaceutical Manufacturers Assn.
Nat Committee Against Mental Illness
Nat Federation of the Blind

Both Study Periods

AFL - CIO
Am Assn. of Dental Schools
Am Assn. of Retired Persons
Am Cancer Society
Am Dental Assn.
Am Hospital Assn.
Am Medical Assn.
Am Nurses Assn.
Am Psychiatric Assn.
Am Public Health Assn.
Am Social Health Assn.
Assn. of Am Medical Colleges
Assn. of Schools of Public Health
Assn. of State & Territorial Health Officials
Nat Rehabilitation Assn.
Am Acad. of Neurology

Figure 4-2: Interest Groups That Constituted a Major Presence in the 1961 to 1963 and the 1989 to 1991 Health-care Policy Complex

Table 4-12 compares the only executive agencies that were active in both policy complexes. The Social Security Administration, the Food and Drug Administration, the Public Health Service, and the National Institutes of Health participated in both policy complexes. Though treated separately in an earlier analysis, the Health Resources Services Administration, the Indian Health Service and the Alcohol, Drug Abuse and Mental Health Administration are consolidated as subunits of the Public Health Service for a uniform comparison to the earlier period. This table compares the number of committees and subcommittees with jurisdiction over these four major agencies. It also compares the total number of most significant interest groups and the total number of witnesses from these groups between periods.

1989 to 1991 Study Period Only

AIDS Action Council
Alzheimer's Assn.
Am Acad. of Child & Adolescent Psychiatry
Am Acad. of Dermatology
Am Acad. of Family Physicians
Am Acad. of Nurse Practitioners
Am Acad. of Otolaryngology
Am Acad. of Pediatrics
Am Acad. of Physical Medicine & Rehab
Am Acad. of Physician Assistants
Am Assn. of Colleges of Nursing
Am Assn. of Colleges of Osteopathic Medicine
Am Assn. of Homes for the Aging
Am Assn. of Nurse Anesthetists
Am Assn. of University Affiliated Programs
Am Assn. on Mental Retardation
Am Coll. of Cardiology
Am Coll. of Emergency Physicians
Am Coll. of Nurse - Midwives
Am Coll. of Obstetricians & Gynecologists
Am Coll. of Physicians
Am Coll. of Rheumatology
Am Coll. of Surgeons
Am Dental Hygienists Assn.
Am Diabetes Assn.
Am Fed of Government Employees
Am Gastroenterological Assn.
Am Health Care Assn.
Am Heart Assn.
Am Lung Assn.
Am Narcolepsy Assn.
Am Psychological Assn.
Am Public Welfare Assn.
Am Soc. for Cell Biology
Am Soc. for Microbiology
Am Soc. of Clinical Oncology
Am Soc. of Hematology
Am Soc. of Internal Medicine
Am Speech-Language-Hearing Assn.
Am Thoracic Soc.
Am Urological Assn.
Arthritis Found
Assn. for Retarded Citizens
Assn. of Minority Health Professions Schools
Chamber of Commerce of the US
Children's Defense Fund
Cooley's Anemia Found
Council of State Administrators of Voc Rehab
Cystic Fibrosis Found
Fed of Am Societies for Experimental Biology
Friends of the Nat Inst. on Deafness
Health Insurance Assn. of Am
Juvenile Diabetes Foundation International
March of Dimes Birth Defects Foundation
Nat Alliance for the Mentally Ill
Nat Alliance of Nurse Practitioners
Nat Alopecia Areata Found
Nat Assn. of Community Health Centers
Nat Assn. of Manufacturers
Planned Parenthood Federation
Public Citizen Health Research Group
Research to Prevent Blindness
Soc. for Investigative Dermatology
Soc. for Neuroscience
Washington Business Group on Health
Older Women's League
Nat Captioning Inst.
Nat Hemophilia Foundation
Nat Mental Health Assn.
Nat Organization for Rare Disorders
Nat Organizations Responding to AIDS
Nat Council of Senior Citizens
Nat Education Assn.
Nat Family Planning & Reprod Hlth Assn.
Nat Food Processors Assn.
Nat Head Injury Foundation

Figure 4-2: Continued.

Table 4-12

Comparison of Executive Agenices Active in Both Policy Complexes: 1961 to 1963 and 1989 to 1991

Executive Agency	Study Period	Committees or Subcommittees	Number of Interest Groups	Total Number of Interest Group Witnesses
Social Security Administration	1989 - 1991	11	26	231
	1961 - 1963	12	23	154
	Difference	-1	3	77
Food and Drug Administration	1989 - 1991	4	28	177
	1961 - 1963	14	27	206
	Difference	-10	1	-29
Public Health Service *	1989 - 1991	11	46	584
	1961 - 1963	12	30	226
	Difference	-1	16	358
National Institutes of Health	1989 - 1991	5	37	380
	1961 - 1963	8	27	210
	Difference	-3	10	170

* The Public Health Service from 1989 to 1991 includes its major administrative components: the Agency for Health Care Policy and Research; the Agency for Toxic Substances and Disease Registry the Indian Health Service; the Health Resources Services Administration; the Alcohol, Drug Abuse and Mental Health Administration, and the Offices of the Assistant Secretary for Health.

Table 4-12 indicates that the number of congressional committees or subcommittees with jurisdiction over these four agencies uniformly declined between periods. The Social Security Administration and the Public Health Service each sent representatives to one less committee or subcommittee. The seventeen National Institutes of Health sent officials to three fewer committees or subcommittees than the seven National Institutes of Health in the earlier period. Finally, the Food and Drug Administration was overseen by ten fewer congressional committees and subcommittees.

The total number of most significant interest groups that testified at congressional hearings with jurisdiction over these agencies, and involved themselves in the daily operations of these agencies uniformly increased between periods. The total number of most significant interest groups involved with the Social Security Administration increased by three. These most significant groups increased by one with the Food and Drug Administration, increased by sixteen with the Public Health Services, and increased by ten with the National Institutes of Health.

With one exception, an increase also occurred in the total number of witnesses from these most significant groups. Most significant groups involved with the Social Security Administration sent seventy-seven more witnesses to the committees and subcommittees with jurisdiction over this agency. Most significant groups sent 358 more witnesses to committees and subcommittees with jurisdiction over the Public Health Service, and 170 more witnesses at congressional hearings pertaining to the National Institutes of Health.

Only the Food and Drug Administration had fewer witnesses from most significant groups at congressional hearings with jurisdiciotn over this agency.

Figure 4-3 identifies the most significant interest groups only involved in the 1961 to 1963 policy complex, groups involved in both policy complexes, and groups involved in only the 1989 to 1991 policy complex. Regarding the Social Security Administration, it indicates that eighteen most significant groups only participated in the earlier policy complex, five groups participated in both periods, and twenty-one groups only participated in the later study. The Food and Drug Administration had twenty-one most significant groups associated with it in the earlier period only, seven groups in both periods, and twenty groups in only the later period. The Public Health Service had eighteen most significant groups associated with it in only the earlier study, twelve groups in both periods and thirty-four groups in only the later study. The National Institutes of Health had twenty most significant groups associated with it in the earlier period, seven groups in both periods, and fifty groups on the later period only.

Summary

This chapter characterized the changed that occurred between the 1961 to 1963 health-care policy complex and the 1989 to 1991 health-care policy complex. Executive - legislative relations witnessed four additional executive agencies in the later policy complex. Executive agencies testified before more different congressional committees and subcommittees in the later period. However, even though the total number of executive

Social Security Administration

1961 to 1963 Only	Both Periods	1989 - 1991 Only
Am Dental Assn	AFL - CIO	AIDS Action Council
Am Medical Assn	Am Assn of Retired Persons	Am Acad of Child & Adolescent Psychiatry
Am Nurses Assn	Am Hospital Assn	Am Acad of Pediatrics
Am Nursing Home Assn	Am Psychiatric Assn	Am Assn of Homes for the Aging
Am Optometric Assn	Nat Rehabilitation Assn	Am Assn on Mental Retardation
Am Pharmaceutical Assn		Am Diabetes Assn
Am Podiatry Assn		Am Fed of Government Employees
Am Public Health Assn		Am Health Care Assn
Am Social Health Assn		Am Public Welfare Assn
Am Venereal Disease Assn		Am Speech-Language-Hearing Assn
Assn of State and Territorial Health Officers		Arthritis Found
Group Health Assn of America		Chamber of Commerce of the US
Nat Assn for Mental Health		Children's Defense Fund
Nat Assn for Retarded Children		Council of State Administrators of Vocational Rehabilitation
Nat Assn of Retail Druggists		Cystic Fibrosis Found
Nat Assn of Social Workers		Nat Assn of Manufacturers
Nat Committee Against Mental Illness		Nat Council of Senior Citizens
Nat Federation of the Blind		Nat Education Assn
		Nat Food Processors Assn
		Nat Head Injury Foundation
		Older Women's League

Figure 4-3: Interest Groups Involved with HEW and HHS Agencies in the 1961 to 1963 and the 1989 to 1991 Health-care Policy Complexes

Food and Drug Administration

1961 to 1963 Only	Both Periods	1989 - 1991 Only
AFL-CIO	Am Dental Assn	Alzheimer's Assn
Am Academy of Neurology	Am Medical Assn	Am Acad of Dermatology
Am Assn of Dental Schools	Am Nurses Assn	Am Acad of Nurse Practitioners
Am Assn of Retired Persons	Am Psychiatric Assn	Am Acad of Pediatrics
Am Cancer Soc	Am Public Health Assn	Am Acad of Physician Assistants
Am Hospital Assn	Assn of Am Medical Colleges	Am Assn of Colleges of Osteopathic Medicine
Am Optometric Assn	Assn of State & Territorial Health Officials	Am Coll of Physicians
Am Pharmaceutical Assn		Am Coll of Rheumatology
Am Social Health Assn		Am Coll of Surgeons
Am Venereal Disease Assn		Am Diabetes Assn
Assn of Schools of Public Health		Am Heart Assn
Intl Chiropractors Assn		Am Soc for Microbiology
Nat Assn for Mental Health		Am Soc of Clinical Oncology
Nat Assn for Retarded Children		Am Soc of Hematology
Nat Assn of Retail Druggists		Am Soc of Internal Medicine
Nat Assn of Social Workers		Arthritis Found
Nat Committee Against Mental Illness		Assn of Minority Health Professions Schools
Nat Health Federation		Fed of Am Societies for Experimental Biology
Nat Rehabilitation Assn		Health Insurance Assn of Am
Nat Wholesale Druggists Assn		Public Citizen Health Research Group
Pharmaceutical Manufacturers Assn		

Figure 4-3: Continued

Public Health Service

1961 to 1963 Only	Both Periods	1989 to 1991 Only
AFL-CIO	Am Assn of Dental Schools	AIDS Action Council
Am Academy of Neurology	Am Assn of Retired Persons	Am Acad of Child & Adolescent Psychiatry
Am Hospital Assn	Am Cancer Soc	Am Acad of Family Physicians
Am Optometric Assn	Am Dental Assn	Am Acad of Nurse Practitioners
Am Pharmaceutical Assn	Am Medical Assn	Am Acad of Pediatricians
Am Podiatry Assn	Am Nurses Assn	Am Acad of Physician Assistants
Am Rehabilitation Foundation	Am Psychiatric Assn	Am Assn of Colleges of Nursing
Am Venereal Disease Assn	Am Public Health Assn	Am Assn of Colleges of Osteopathic Medicine
Intl Chiropractors Assn	Am Social Health Assn	Am Assn of Nurse Anesthetists
Nat Assn for Mental Health	Assn of Am Medical Colleges	Am Assn of University Affiliated Programs
Nat Assn for Retarded Children	Assn of Schools of Public Health	Am Coll of Nurse - Midwives
Nat Assn of Retail Druggists	Assn of State & Territorial Health Officials	Am Coll of Obstetricians & Gynecologists
Nat Assn of Social Workers		Am Coll of Physicians
Nat Committee Against Mental Illness		Am Coll of Surgeons
Nat Health Federation		Am Dental Hygienists Assn
Nat Rehabilitation Assn		Am Psychological Assn
Nat Wholesale Druggists Assn		Am Soc of Internal Medicine
Pharmaceutical Manufacturers Assn		Am Speech-Language-Hearing Assn
		Arthritis Found
		Children's Defense Fund
		Cooley's Anemia Found
		Health Insurance Assn of Am
		Juvenile Diabetes Foundation International
		March of Dimes Birth Defects Foundation
		Nat Alliance for the Mentally Ill
		Nat Alliance of Nurse Practitioners
		Nat Assn of Community Health Centers
		Nat Education Assn
		Nat Family Planning & Reproductive Health Assn
		Nat Hemophilia Foundation
		Nat Mental Health Assn
		Nat Organizations Responding to AIDS
		Public Citizen Health Research Group
		Washington Business Group on Health

Figure 4-3: Continued

National Institutes of Health

1961 to 1963 Only

AFL-CIO
Am Academy of Neurology
Am Assn of Dental Schools
Am Cancer Society
Am Hospital Assn
Am Optometric Assn
Am Pharmaceutical Assn
Am Social Health Assn
Am Venereal Disease Assn
Assn of Schools of Public Health
Intl Chiropractors Assn
Nat Assn for Mental Health
Nat Assn for Retarded Children
Nat Assn of Retail Druggists
Nat Assn of Social Workers
Nat Committee Against Mental Illness
Nat Health Federation
Nat Rehabilitation Assn
Nat Wholesale Druggists Assn
Pharmaceutical Manufacturers Assn

Both Periods

Am Dental Assn
Am Medical Assn
Am Nurses Assn
Am Psychiatric Assn
Am Public Health Assn
Assn of Am Medical Colleges
Assn of State & Territorial Health Officials

1989 to 1991 Only

AIDS Action Council
Am Acad of Dermatology
Am Acad of Family Physicians
Am Acad of Neurology
Am Acad of Otolaryngology
Am Acad of Pediatrics
Am Acad of Physical Medicine & Rehabilitation
Am Acad of Physician Assistants
Am Assn of Colleges of Nursing
Am Assn of Colleges of Osteopathic Medicine
Am Assn of Retired Persons
Am Assn of University Affiliated Programs
Am Assn on Mental Retardation
Am Coll of Cardiology
Am Coll of Nurse - Midwives
Am Coll of Obstetricians & Gynecologists
Am Coll of Physicians
Am Coll of Rheumatology
Am Dental Hygienists Assn
Am Diabetes Assn
Am Gastroenterological Assn
Am Heart Assn
Am Lung Assn
Am Narcolepsy Assn
Am Psychological Assn
Am Soc for Cell Biology
Am Soc for Microbiology
Am Soc of Clinical Oncology
Am Soc of Hematology
Am Soc of Internal Medicine
Am Speech-Language-Hearing Assn
Am Thoracic Soc
Assn for Retarded Citizens
Assn of Minority Health Professions Schools
Children's Defense Fund
Cooley's Anemia Found
Cystic Fibrosis Found
Fed of Am Societies for Experimental Biology
Friends of the Nat Inst on Deafness
Juvenile Diabetes Foundation International
March of Dimes Birth Defects Foundation
Nat Alopecia Areata Found
Nat Assn of Community Health Centers
Nat Captioning Inst
Nat Family Planning & Reproductive Health Assn
Nat Organization for Rare Disorders
Planned Parenthood Federation
Research to Prevent Blindness
Soc for Investigative Dermatology
Soc for Neuroscience

Figure 4-3: Continued

agencies represented before Congress increased between studies, the average frequency of appearances per agency decreased in the later period.

Legislative-interest groups relations underwent some dramatic changes. The number and activity level of interest groups in the two policy complexes increased. Active interest groups declined in proportion to other interest groups, and the proportion of witnesses from active interest groups declined in proportion to the total number of witnesses. These circumstances created the possibility of reduced political influence for all interest groups. Active interest groups competed with many other active interest groups in an attempt to influence the policy process. Furthermore, active interest groups not only compete amongst themselves, but compete with an increasing number of less active interest groups in the policy process. Less active groups have an even more diminished possibility of individually influencing the policy process with so many active groups, and so many more other less active groups.

The tremendous rise in the number and activity level of interest groups in the second period affected the nature of the interest group population. Professional Membership Groups and Think Tanks proportionately diminished their presence, while Coalitions and Staff/Public Interest groups made the greatest gains. The composition of active interest groups also changed. Unrestricted Membership groups, Industry Groups, and Think Tanks all decreased in proportion, while Intergovernmental groups, Coalitions, and Staff/Public Interest groups all gained in proportion. The population of most active interest groups was also affected. Industry Groups and Professional Membership groups lost, while Unrestricted Membership groups, Coalitions, and Staff/Public Interest groups significantly gained in proportion to other groups. The three most prominent groups types across both studies and

across all activity levels were, respectively, the Unrestricted Membership group, the Professional Membership group, and the Industry Group.

These changes in executive - legislative relations and legislative - interest group relations created a much larger and more dynamic policy complex in the 1989 to 1991 study. The number of executive agencies increased from five to nine agencies. The number of congressional committees and subcommittees claiming jurisdiction over health agencies increased from twenty-one to twenty-seven. The activity levels of these congressional committees and subcommittees doubled for two reasons. First, the number of executive representations at congressional hearings increased by 394. Second, the total number of interest groups jumped from 108 to 652, supplying 1373 more witnesses. Thus, the total number of executive and interest group witnesses jumped from 788 to 2336.

The addition of 544 interest groups affected the number of interest groups that had a most significant presence in the two policy processes. The thirty-three most significant groups in the 1961 to 1963 health-care policy complex became the ninety-two most significant groups in the 1989 to 1991 health-care policy complex. Professional Membership groups and Unrestricted Membership groups were the most prominent group types with most significant presence in either policy environment. A comparison of the four major administrative HEW and HHS units revealed that for each agency, the number of congressional committees and subcommittees with jurisdiction over that agency decreased. Also, the total number of most significant interest groups with jurisdiction over each agency increased.

CHAPTER FIVE

CONCLUSIONS

This thesis has accomplished three of the four aspects of the research problem. First, it has identified and described the complex of interest groups that were active in attempting to influence national health care policy in the United States. Second, it related these groups to the committees, subcommittees and executive agencies with which they interacted. Third, it compared the 1989 to 1991 policy complex with the same policy complex from 1961 to 1963 to assess the changes that occurred over the past thirty years. This concluding chapter summarizes the major findings from this inquiry, and accomplishes the fourth aspect of the research problem by assessing whether the evidence supports the theoretical literature that describes the policy complexes during both periods.

Major Findings

Many changes occurred between the two periods in the relations between the executive and legislative branches of government and the interest group population. The major findings include:

- The number of major health agencies increased from five in the Department of Health, Education, and Welfare to nine in the Department of Health and Human Services.
- The number of congressional committees and subcommittee claiming jurisdiction over health agencies increased from twenty-one to twenty-seven.

• Each committee and its subcommittees heard testimony from a greater number of executive agencies. Or, officials from executive agencies testified before a larger number of committees and subcommittees.

• Paradoxically, while the total number of appearances by officials from all executive agencies increased, the average frequency of appearances by officials at each agency decreased.

• The total number of interest groups increased from 108 to 652 groups

• The total number of active interest groups increased from sixty-four to 245 groups.

• The total number of most active groups increased from twenty-five to sixty groups.

• Despite an additional 181 active interest groups, the proportion of active groups to the total number of groups declined thirty-seven percent.

• Unrestricted Membership groups, Professional Membership groups, and Industry Groups, respectively, constitute the three most prominent group types among active interest groups, most active interest groups, and all interest groups in both periods.

• Among active interest groups, Coalitions and Staff/Public Interest groups increased the most in proportion to other active groups, while Unrestricted Membership groups and Think Tanks decreased the most in proportion to other active groups.

• Among most active groups, Unrestricted Membership groups and Staff/Public Interest Groups increased the most in proportion to other most active groups, while Industry Groups and Professional Membership groups decreased the most in proportion to other most active groups.

• Among all interest groups, Coalitions and Staff/Public Interest groups increased the most in proportion to other interest groups, while Professional Membership groups and Think Tanks decreased the most in proportion to other interest groups.

• The most prolific years of interest group formation occurred from 1964 to 1986 with the establishment of 250 new interest groups.

• A total of 207 interest groups in the later period did not participate in the earlier period, despite being organized prior to 1963.

• The total number of representatives from all executive agencies and all interest groups increased from 788 to 2335 witnesses at congressional hearings. This created an increase from thirty-eight to eighty-six in the average number of witnesses per committee or subcommittee.

• Most significant interest groups increased from thirty-three to ninety-two. Professional Membership groups made the largest increase in proportion to other most significant groups, while Industry Groups had the largest decrease in proportion to other most significant groups. Unrestricted Membership groups were the most prominent group type among most significant groups.

• A comparison of the four major administrative HEW and HHS units revealed that for each agency, the number of congressional committees and subcommittees with jurisdiction over that agency decreased.

Implications of Major Findings

Executive - legislative relations are more complex in the later than in the earlier period. More executive agencies sent officials to hearings before a greater number of congressional committees and subcommittees; however each agency was represented at fewer congressional hearings than in the earlier period. The implications from these findings are two-fold: first, they add empirical support to the literature that suggests policies are becoming increasing fragmented among executive agencies and congressional committees;

second, this situation suggests that Congress has fewer opportunities to oversee the operations of executive agencies, and might create a condition of lessening an agency's accountability for its actions.

Legislative - interest group relations also dramatically changed between the two periods. A flood of new interest groups swelled the numbers of active interest groups, most active interest groups, and the total number of interest groups. The tremendous influx of new interest groups may have diminished the relative influence of active interest groups. Active interest groups should provide the greatest number of witnesses at these hearings; however, this did not prove to be the case. While active interest groups increased in number, the proportion of witnesses from them decreased dramatically. It would be reasonable to suggest the possibility that active interest groups had less political influence from 1989 to 1991, since their policy preferences no longer monopolized and reinforced the viable options available to legislative decision-makers.

In a qualified manner, the results obtained from the analysis of Congress and its two chambers supports Salisbury's paradox of more groups, less influence in the Washington policy environment. The evidence suggests that the relative influence of an interest group's message decreases since more interest groups are presenting competing points of view to policy decision-makers. Active interest groups compete with many more active groups seeking to influence legislative decision-making. Simultaneously, active groups must compete with less active groups interested in influencing a smaller portion of the overall health policy process. Thus, active groups must compete among themselves, and compete with an even larger number of less active groups -- all groups trying to influence the policy process in their best interests. Moreover, less active groups have less political influence since

they are handicapped by unlimited participation. These circumstances create a policy complex of reduced influence for all interest groups.

These circumstances create a larger policy complex in which the influence of all interest groups may be reduced. This observation is consonant with the literature that policy environments are moving from a few influential interest groups in a subgovernment, to a balkanized milieu of competing interests within an issue network or another type of amorphous structure.

While the numbers of all interest groups increased, the three principal group types did not change between study periods regarding active interest groups, most active interest groups, and the total number of interest groups. Respectively, Unrestricted Membership groups, Professional Membership groups, and Industry Groups composed the three most prominent group types. However, Intergovernmental groups, Coalitions, and Staff/Public Interest constituted the only group types to gain in proportion to other active interest groups, most active interest groups, and all interest groups. The remaining group types all gained or lost their proportion of active, most active, or all interest groups. These findings support the literature that Intergovernmental groups, Coalitions, and Staff/Public Interest groups constitute a new influence in the policy-making process.

The political science literature suggests that the increasing federal presence in American society in the 1960s and 1970s spurred the formation of new interest groups determined to influence that sphere of government that most affected their member's lives. The findings from this study indicate that 250 interest groups -- or forty-nine percent of the 504 identified interest groups -- formed after 1963. This evidence lends support to the idea

that expanding federal involvement in American society helped spur the formation of new interest groups.

However, an important finding shows that an expanding federal presence in society also encouraged older interest groups to join the health-care policy complex. A total of 207 groups participated in the 1989 to 1991 health policy complex but did not participate in the earlier period. Even though these additional groups formed before 1963, these groups did not testify at congressional health hearings involving HEW operations during the earlier period.

Finally, the relationships among all the legislative, executive, and interest group participants changed between the two periods. The 1961 to 1963 period was marked by five major HEW agencies interacting with twenty-one congressional committees or subcommittees. Thirty-three interest groups had a most significant presence in the health-care policy complex by interacting with the HEW agencies and testifying at congressional hearings of committees and subcommittees with jurisdiction over those agencies. In the 1989 to 1991 period nine major HHS agencies interacted with twenty-seven congressional committees and subcommittees, Ninety-two interest groups had a most significant presence in this policy complex. The feature of both policy complexes clearly suggests the continuing presence of a subgovernment type of arrangement containing key legislative, executive, and interest group participants, despite evidence of a larger issue network.

In the 1961 to 1963 period, sixty-four active interest groups accounted for eighty-seven percent of the total number of witnesses. Approximately half of these sixty-four active groups maintained a most significant presence in the policy complex, while the other active groups made their interests known exclusively at legislative hearings. A minority of the total

number of interest groups sent representatives to only one or two hearings. Officials from HEW agencies interacted more often with congressional committees and subcommittees than in the later period. Furthermore, the congressional committees and subcommittees averaged a low number of witnesses from both HEW agencies and interest groups. The high frequency of interaction between key legislative, executive, and interest group participants combined with an overall low number of total witnesses created the conditions for subgovernment policies of mutual assistance between these principal health-care policy complex participants.

In the 1989 to 1991 period, 245 active interest groups constituted seventy-four percent of the total number of witnesses. Ninety-two of these active groups maintained a most significant presence in the health-care policy complex, while the remaining 153 actively represented their interest exclusively at congressional hearings. The remaining 407 interest groups sent representatives to only one or two hearings. Officials from HHS agencies attended fewer congressional hearings than during the earlier period. Furthermore, the average number of witnesses at congressional committee and subcommittee hearings more than doubled. The high frequency of interaction between key legislative, executive, and most significant interest groups is countered by a tremendous number of representatives from other active and less active interest groups seeking to advance their group interests.

The many active and less active interest groups that do not have a most significant presence in this policy complex create the conditions for an issue network. The legislative and executive participants of the policy complex, combined with the ninety-two most significant interest groups lie within a superstructure of a milieu of interest groups that create new political forces that could limit the possibility of mutually advantageous subgovernment relationship to develop between these principal policy participants. It is

important to note that Heclo did not suggest that issue networks replaced subgovernments, only that issue networks overlaid subgovernment participants with a myriad of new participants that can enter and leave the policy process at any time. The 1989 to 1991 health-policy complex seems to contain the basic frame work of congressional committees and subcommittees, executive agencies and interest groups with a most significant presence in this policy complex. However, the elements of an issue network overlay this subgovernment with the forces of hundreds of active and less active interest groups involved in the policy process.

Summary

The major findings in this research indicate that a tremendous amount of growth occurred in the health-care policy complex from 1963 to 1991. The number of major executive agencies with health-care responsibilities increased, as did the number of congressional committees and subcommittees with jurisdiction over those agencies. However, the greatest amount of growth occurred in the number of interest groups involved in the later policy complex. The composition of the three most prominent interest group types did not change, however there was a growth in the proportions of Intergovernmental, Coalitions, and Staff/Public Interest groups. Overall, this these confirms the hypothesis that evidence supports the theoretical literature that the entire policy complex moved from a condition that suggests the possibility of a subgovernment, to a condition suggesting the possibility of an issue network overlaying a number of subgovernments.

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