

We start this issue with two studies that consider the role of “information” (broadly considered) on health policy. The first considers how the use of marketing can alter firms’ decisions regarding which products to invest in, and the second considers the role of regulations that require information and the lack of enforcement to determine whether the content of required information is disseminated in an accurate and fair way.

In particular, in our first article, “Does Increased Spending on Pharmaceutical Marketing Inhibit Pioneering Innovation?,” Denis Arnold and Jennifer Troyer confirm critics’ concerns that drug marketing provides a disincentive for pioneering drug innovation. They also provide evidence that additional research and development spending results in an increased volume of pioneering new drugs in comparison to less innovative drugs. Given the importance of these findings, specific policy recommendations for altering firms’ incentives for the development of pioneering drugs are provided.

In the second article, “Informed or Misinformed Consent? Abortion Policy in the United States,” Cynthia Daniels, Janna Ferguson, Grace Howard, and Amanda Roberti provide a comprehensive study of state-informed consent materials regarding embryological and fetal development. They assess whether the materials meet the constitutional standard as established in *Planned Parenthood of Southeastern Pennsylvania et al. v. Robert P. Casey et al.* (505 U.S. 833 (1992)) that such information must be “truthful” and “nonmisleading.” They find that one-third of the informed consent information is medically inaccurate and that inaccurate information is concentrated primarily in the earlier weeks of pregnancy.

The four remaining contributions deal with some aspect of state Medicaid policy. In a research brief, “Measuring Medicaid Physician Participation Rates and Implications for Policy,” Benjamin Sommers and Richard Kronick review the importance of considering how various measures of physician participation may reflect different elements of capacity for care within the Medicaid program. Using recent publicly available data, they describe several alternative measures of provider participation in Medicaid to compare state rankings across these different metrics and to discuss potential advantages and disadvantages of each measure for research and policy purposes.

The Report on Health Reform Implementation section contains two articles. In “Medicaid Contradictions: Adding, Subtracting, and Redeterminations in Illinois,” Michael Koetting provides a useful on-the-ground report on how the redetermination process is having a significant impact on Medicaid enrollments and uses Illinois as a case study. In “Business Associations, Conservative Networks, and the Ongoing Republican War over Medicaid Expansion,” Alexander Hertel-Fernandez, Theda Skocpol, and Daniel Lynch examine how two important interest groups influence state-level decision making regarding Medicaid expansion. In particular, they collect innovative data on the role of chamber of commerce organizations and conservative networks in the states and find that while commerce is by and large supportive of Medicaid expansions and has a positive impact on state decisions even in Republican-controlled states, the strength of conservative networks has a persistently negative impact on expansion in Republican-controlled states. They use quantitative and qualitative data to unravel the role of these two key stakeholders in states’ Medicaid expansion decisions.

Finally, in the Report from the States section, Brad Wright, Andrew Potter, and Matthew Nattinger provide a detailed political story of how Iowa passed its Medicaid expansion waiver, in “Iowa Wavering on Medicaid: From Expansion to Modernization.” Together these four pieces give us a rich picture of the growing political and policy importance of Medicaid across the American states.

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