

A Conceptual Advance— Two Faces of Neoliberalism

When neoliberalism is invoked, most of us think of a shrinking public sector and an emerging dominant private force. However, in “Governing Health Care through Free Choice: Neoliberal Reforms in Denmark and the United States,” Lars Larsen and Deborah Stone remind us that this is just one side of the neoliberalism coin. Equally important is the side that expands public spending under the rubric of efficient private provision and argues for strengthening public capacity to better govern through incentives and competition. These two sides rarely (if ever) work in harmony because one emphasizes retrenchment while the other supports public expansion of the state. Still, this two-faced imaginary allows one to see how private markets and government work more in unison under neoliberal conceptions where granting privileges to the private sector often increases government power. This aspect—how the state’s governing power increases—is what is often lacking in writing on neoliberalism. Larsen and Stone’s article should become a classic conceptual piece, one that eloquently clarifies, by using a comparative case study, how the state governs under private reforms. This article appears first in the issue because it provides a useful conceptual framework for understanding the other historical case studies of health care reform that follow.

In particular, Tuba Agartan’s article, “Explaining Large-Scale Policy Change in the Turkish Health Care System: Ideas, Institutions, and Political Actors,” provides an important analysis of how large-scale health policy change occurred in Turkey. In “Like Surfers Waiting for the Big Wave: Health Care Politics in Italy,” Federico Toth similarly explains

health policy change in Italy. While both studies rely on John Kingdon's classic multiple streams theory, they consider how it should be adapted to understand change in other state contexts. Although Agartan and Toth do not consider the role of neoliberalism, Larsen and Stone's conceptual frame is useful to understand why and when certain arguments have carried more weight.

In the last research article in this issue, Ashley Fox and Michael Reich similarly endeavor to understand policy change. In "The Politics of Universal Health Coverage in Low- and Middle-Income Countries: A Framework for Evaluation and Action," Fox and Reich propose a theory-based framework for analyzing the politics of adopting universal health coverage in low- and middle-income countries. This framework also draws on Kingdon's work by considering agenda-setting, interests, and the role of ideas, for example, but also similarly extends in the theory to improve our understanding of the factors that influence and drive adoption in the global context. Together, these articles provide a rich conceptual contribution to our understanding of when, how, and why changes in health policy occur.

Our Report on Health Reform Implementation article on the impact of the ACA on premiums for the self-employed is provided by Bradley Heim, Gillian Hunter, Ithai Lurie, and Shanthi Ramnath. Although their article, "The Impact of the ACA on Premiums: Evidence from the Self-Employed," examines only how health insurance premiums changed for the self-employed, it is an important first step in understanding whether premiums increased or decreased on average by metal tier on the health insurance exchanges. They also look at these changes by marital status, income, and age. While the majority of self-employed Americans in 2014 paid premiums that were lower than their pre-ACA rates, there are substantial proportions in various categories (25 percent of those aged 55–64) whose premiums increased.

Finally, we have another installment of *Behind the Jargon*, this time from special section editor David Frankford. In "The Remarkable Staying Power of 'Death Panels,'" he attempts to understand and deconstruct the persistent allure of this end-of-life vocabulary.

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