

## Editor's Note

In this issue's lead article, George France considers the extent to which federalism as an independent variable shapes the health care systems of four nations: Australia, Canada, Germany, and the United States. The article concludes that differences in other variables (such as social solidarity, constitutional structure, and economic conditions) are more powerful explanatory variables than are differences in federalist models, even though federalism is, by all accounts, an understudied and underappreciated institution. The article also provides a superb example of how to do interesting and important cross-national scholarship, educating the reader both on the specifics of four very different health care systems, while also setting forth a clear comparative analysis of the impact of different political and economic variables.

The next article, by Michael Morrissey and John Cawley, reports on a survey of the health policy views of U.S. health care economists. The survey results ought to be especially interesting to political scientists, who often quietly complain about the political influence of the "dismal science" and who (too often) try to mimic the economist's quantitative rigor. It turns out that, while health economists agree on many fact-based statements (e.g., workers pay for employer-sponsored insurance with lower wages or reduced benefits), they disagree sharply on many normative issues (e.g., whether Congress should enact an employer mandate or some other form of universal coverage). The survey results also prompt me to

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wonder about the diversity of views among political scientists who study and write about health politics. Anyone interested in doing such a study?

The issue then offers a section on the politics and legality of federal health courts. As Paul Barringer, David Studdert, Allen Kachalia, and Michelle Mello note in their overview piece, there are long-standing proposals to create a federal system of no-fault coverage to replace the current state-based medical liability system. The politics of these proposals are treacherous: lawyers and advocates oppose efforts to limit access to the courts, whereas doctors and insurers worry about the fiscal implications of a no-fault system. Barringer and colleagues summarize these issues while also reviewing those few cases in which administrative compensation systems have replaced courts (e.g., workers' compensation, automobile no-fault laws, and vaccine injury programs). They suggest that a pilot program might be the best way to test out the idea.

Assuming the political stars aligned to create such an administrative compensation system, it would still surely need to survive a host of legal challenges. Elliott, Narayan, and Nasmith as well as Widman and Hochberg provide a preview of the legal battle. Elliott and colleagues argue that such a program would survive any such challenge, while Widman and Hochberg insist that any effort to preclude claimants from accessing the state-based medical liability system would fail.

There is no way to neatly bind together the various articles in this issue of *JHPPL*. We move from a cross-national analysis of the importance of federalism, to a survey of health economists, to a debate over the legality and wisdom of health courts. At the same time, however, this diverse group of articles typifies the breadth and scope of the journal: its international focus, its focus on social scientists of different stripes, and its long-standing interest in the intersection of health politics and health law. We hope that you enjoy it.

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