through both policy spoils and values while constraining opposing groups (e.g., increased restrictions on out-group members such racial/ethnic minorities).

Conclusions:
Our results highlight the tension that exists in populist and nationalist health policy. Populist and nationalist leaders need to strike a balance between ensuring that their “people” continue to have access to health programs, requiring targeted limits placed within programs. Much of the limitations placed on populations are accomplished through submerged mechanisms and by devolving administration and governance to state and local governments.

The USA
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Background:
In the United States, political regimes directly influence health policy agenda setting, adoption and reform. The priorities of health policy shift across administrations and over time as political parties evolve, polarization occurs, and key political actors change. What is less clear is the degree to which other ideologies - such as nationalism and populism - shape the types of policies that are pursued and adopted in health care. We hypothesize that trends in nationalism and populism in the US across presidential administrations influence the scope of access across different populations in health policies. Additionally, we argue that the rise of populism and nationalism in the United States under the Trump administration has led to restrictions on accessing health programs through targeted limitations placed on certain populations.

Methods:
We apply a comparative historical analysis framework to track changes in healthcare policy over time that reflect populist or nationalist agendas. We analyze health policies enacted and pursued by presidential administrations as well as trends in populism and nationalism across presidential administrations in the U.S.

Results:
Results demonstrate that as populist sentiments rise, a parallel trend of increased othering in health policies takes place. This othering appears to reflect policies targeting supporters