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**The Politics of Social Policy Reform in the United States:
The Clinton and the W. Bush Presidencies Reconsidered**

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SEDAP Research Paper No. 232

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June 2008

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The Politics of Social Policy Reform in the United States: The Clinton and the W. Bush Presidencies Reconsidered

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Abstract

The purpose of this paper is to examine what key reform attempts during the Bill Clinton and George W. Bush presidencies reveal about the wider possibilities for social policy change in the United States. Most particularly, why were Presidents Clinton and Bush able to achieve their goals in some policy realms but so badly defeated in others? As argued, institutional variation from one policy area to another helps answer this question. On the one hand, strong institutional obstacles in the fields of Social Security and health insurance largely explain the defeat of the most ambitious social policy proposal put forward by each president. On the other hand, successful reforms occurred in a comparatively favourable institutional context. Yet, the analysis also suggests that paying close attention to the strategic ideas of political actors as they interact with existing institutions and policy legacies is necessary to fully understand the politics of social policy reform.

Keywords: social policy, Medicare, Social Security, welfare, institutions, United States

JEL Classification: H55, I38

Résumé

Le but de cet article est d'examiner ce que des tentatives majeures de réforme durant les présidences de Bill Clinton et de George W. Bush révèlent au sujet des possibilités de changement dans le domaine des politiques sociales aux Etats-Unis. Plus précisément, pourquoi les présidents Clinton et Bush furent-ils en mesure d'atteindre leurs objectifs dans certains secteurs tout en subissant de cuisantes défaites dans d'autres secteurs? Dans un premier temps, de puissants obstacles institutionnels dans les secteurs des retraites (Sécurité Sociale) et de l'assurance santé expliquent largement les défaites subies par les projets les plus ambitieux de chacun de ces deux présidents. Dans un second temps, les réformes qui connurent le succès eurent lieu dans un contexte institutionnel plus favorable. Cependant, l'analyse révèle la nécessité d'explorer en détail les idées stratégiques des acteurs politiques en tant qu'elles interagissent avec les institutions et les politiques publiques existantes.

Introduction

Since the Reagan years, social scientists have debated the nature and the conditions of social policy change in the era of welfare retrenchment and restructuring. One key aspect of this debate is the potential role of existing institutions in structuring the reform process and making path-departing changes unlikely (e.g. Béland, 2005; Pierson, 1994; Streeck and Thelen, 2005; Weaver, 2000). Turning to recent US political events in order to shed light on this debate is relevant, as Presidents Bill Clinton and George W. Bush both arrived at the White House with ambitious plans to reshape federal social policy. Most explicitly Clinton campaigned in 1992 on the promise ‘to end welfare as we know it’ and to bring significant change to US health care arrangements. The former promise, in particular, was critical to the development of Clinton’s New Democrat persona. Candidate Bush’s 2000 campaign was less specific in terms of its social policy agenda but along with the initial rhetoric about ‘compassionate conservatism’ and faith based initiatives Bush also later developed the theme of the ‘ownership society’ and put forward controversial proposals to restructure Social Security in a manner that would effectively have constituted a partial privatization of that program. In the end both presidencies did witness major social policy legislation with the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) enacted in August 1996 and the Medicare Modernization Act (MMA) signed into law December 2003. Both of these were complex pieces of legislation with significant aspects that remained relatively hidden from public view; the headline elements were clear enough, however, as PRWORA added tough new work requirements to the US welfare system while the MMA added a major new prescription drug benefit to Medicare.

Yet, both presidents also suffered what turned out to be hugely politically damaging defeats in their quests for social policy reform. As it has been well documented the Health Security Act (HSA), Clinton’s 1993 health insurance initiative made no legislative progress

and came to be perceived as a major policy and political miscalculation that had long-term destabilizing effects on the Clinton administration (Skocpol, 1997). Following his re-election President Bush determined in 2005 to use his renewed political capital to push for Social Security reform. If anything, however, this resulted in even more desultory defeat than Clinton suffered with health insurance (Weiner, 2007).

The purpose of this paper is to examine what these narratives from the Clinton and Bush eras reveal about the wider possibilities for social policy change the United States. Most particularly, why were Presidents Clinton and Bush able to achieve their goals in some policy realms but so badly defeated in others? One striking aspect is that the successes came in policy domains that might be considered threatening as measured in traditional partisan terms for the two presidents. Furthermore, the direction of reform, or at least the headline element of reform, was ideologically counterintuitive. That is, Democrats had traditionally been more supportive of the rights of welfare recipients, but PRWORA rewrote the relationship between welfare recipients and the state with much greater emphasis placed on the duties of the former and less on the obligations of the latter. On the other hand, Republicans were perceived as being hostile to the expansion of social insurance schemes; yet Bush celebrated signing into law an expensive new entitlement as part of the Medicare program. In contrast the two presidents suffered ignominious defeat when pursuing policies that were much more in tune with their loyalist partisans and their traditional ideological preferences. Providing universal health insurance coverage was a long-term goal of the liberal wing of the Democratic Party, while conservative Republicans were keen to move beyond the collectivist Social Security system that has been a bulwark of the federal welfare state since the New Deal.

In order to analyse these issues the paper is divided into two parts. First, it looks at the failed reform attempts where Clinton and Bush tried fundamentally to realign major aspects

of federal social policy in a way that reflected the hopes of their respective liberal and conservative constituencies. Why, in these instances with such high political and policy stakes, was reform thwarted despite dedicated presidential leadership? Second, the paper looks at the successful attempts at reform. Why, in these cases, was reform achieved despite the fact that there was deep unease within each president's own party about the direction reform was taking? The paper concludes by developing a comparative and theoretically informed discussion of these two puzzles. As argued, institutional variation from one policy area to another largely accounts for each of these puzzles. On the one hand, strong institutional obstacles in the fields of Social Security and health insurance largely explain the defeat of the most ambitious social policy proposal put forward by each president. On the other hand, successful reforms occurred in a comparatively favourable institutional context. Yet, the analysis also suggests that paying close attention to the strategic ideas of political actors as they interact with existing institutions and policy legacies is necessary to fully understand the politics of social policy reform.

At this point, one must note that the paper does not mean to imply a simple symmetry between the events of the Clinton and the W. Bush administrations. There were some similarities in the political contexts of the 1990s and 2000s but there were also important differences. For example, the political parallels stand out when the ambitious health insurance and Social Security reform proposals are investigated as both these efforts faltered during periods of unified government as first congressional Democrats and then congressional Republicans failed to rally around their president. On the other hand, the successful legislative initiatives, PRWORA and MMA, came to fruition in quite different partisan contexts. PRWORA was legislated at a time of divided government with President Clinton ceding much ground to congressional Republicans who voted overwhelmingly in favour of the law while the congressional Democrats were bitterly divided (Weaver, 2000). The MMA

was passed under unified Republican government with President Bush instrumental in forcing his own party to follow his wishes with a majority of Democrats opposed (Jaenicke and Waddan, 2006: 231-37). Moreover, there were some differences in the leadership styles of the two presidents. Clinton's White House was a relatively chaotic place (Stephanopoulos, 1999). In contrast Bush has run a well-organized operation that has been determined to impose its will through whatever means necessary (Aberbach, 2005). On the other hand, both administrations fit with George C. Edwards's model of campaigning presidencies (Edwards, 2007). Overall, as argued, despite the contextual and leadership differences, comparing, and where necessary contrasting, the experiences of Presidents Clinton and Bush in the social policy arena helps further our understanding of the politics of social policy in the United States.

Policy Failures

Health Insurance

The US health system is a fragmented order in which private insurance companies and health care providers tend to oppose major changes that may jeopardize their profit margins or their prominent status within that system (Skocpol, 1997). Largely for that reason, retrospective commentaries on the Clinton administration's efforts to overhaul the US health care system have tended to portray the HSA as recklessly over-ambitious. Liberal economist Henry Aaron, for example, commented that nothing on a scale 'remotely approximating the size and complexity' of the HSA had been enacted outside of war or economic depression (Aaron, 1995: 3). Contrary to much of the post-1994 commentary there was, however, a general sense amongst contemporaries that significant reform was likely, or at least possible, in the 103rd Congress (Peterson, 1998: 221; Hacker, 2001: 63). And, when Clinton came to office there was considerable evidence that the US health care system was ripe for reform. By 1992 health care expenditures accounted for 13.4 percent of US GDP with costs rising for

both employers who provided health care benefits for their workers and to government (Patel and Rushefsky, 1999: 162). The rising expenditures, however, were not leading to a reduction in the overall number of uninsured Americans. In 1987 31 million, constituting 12.9 percent of the population, were uninsured. By 1993 the number of uninsured stood at 39.7 million amounting to 15.3 percent of the population (US, 1996, Table 173: 120). Hence, the uncertainties generated by rising costs and rising uninsurance in the early 1990s demanded attention. Furthermore, for a President elected with only 43 percent of the vote in a mood of general cynicism (Nelson, 1993: 145-6), the chance of pushing through comprehensive reform of the US health care system reform offered the opportunity to stake out a real ‘signature’ issue (Skowronek, 1997).

Moreover, the administration crafted a bill that it felt was in line with the campaign commitment to preserve ‘personal choice, private care, private insurance, private management’ (cited in Skocpol, 1997: 45). Thus there was a strong message about the need for decisive change coupled with reassurance that this was not going to lead to the ‘socializing’ of American medicine. In order to achieve these goals the administration alighted on the concept of ‘managed competition’, eschewing the more leftist reform models represented by the ‘single payer’ and ‘play-or-pay’ designs. A ‘single payer’ system would effectively have constituted government run health-care as it would have largely undone the private insurance system and funded care through taxation. ‘Play-or-pay’ would have left employers to choose whether to provide insurance for their employees or pay money into a government fund to pay for coverage for the remaining uninsured. Clinton rejected these ideas but embraced the emerging principles of managed competition as a means of accomplishing significant reform while leaving intact the essence of a private, insurance based system (Skocpol, 1995: 69-70; Starr, 1994). Walter Zelman, one of the inner-circle that

designed the HSA, described the strategy as aiming ‘to overcome the ideological and political deadlock that has marked the reform debate over the past decade’ (Zelman, 1994: 11).

Hence the aim was ‘to co-opt the left and right simultaneously’ bringing along ‘voters, interest groups, and centrist members of Congress’ (Peterson, 2005: 220). Peterson further explains the legislative strategy as one where, rather than working directly with Republicans, the administration would pursue its bill expecting that moderate Republicans would pursue their own version of health insurance reform that moved towards similar goals if more slowly and with a lighter regulatory touch. A final compromise would then emerge (221). Any expectation, however, that the debate about health insurance reform would be a discussion about the technical merits of the HSA versus other reform plans was misplaced. Ideology and politics were at the forefront of Republican minds. In his memoirs Clinton reflects on how Newt Gingrich revealed how he had warned House Republicans that if the congressional Democrats passed the HSA then that would keep the Democrats in the majority ‘for a long time’ (Clinton, W.J., 2004: 577-8): And GOP opposition was unwavering. In short, no matter how much the White House felt that it had offered a reform package that reflected a distinctively American approach to providing universal health insurance the President’s political opponents were not buying into this Third Way vision. Republicans perceived the reform effort in partisan terms and responded with parliamentary style discipline in their opposition.

While, however, the steadfast opposition of the GOP meant that the legislative process would be difficult the lack of enthusiasm among Democrats was equally damaging. Some liberals were disappointed that the administration had passed up the more radical, and comprehensible, single payer and pay-or-play options. More harmful, though, was the scepticism from centrist Democrats who turned on the White House for adopting a Big Government approach. Hence, in the crucial months after the plan was unveiled, the HSA

was championed only softly by pro-reform constituencies and was denounced vigorously by its opponents. Prominent among these opponents were organized private interests, notably the Health Insurers Association of America and the National Federation of Independent Businesses, who led very public campaigns insisting that, whatever the problems with the US health system, the Clinton plan was not the solution. The public responded to these messages and by July 1994 polls showed that ‘endorsement of the plan had dropped from 57 percent to 37 percent’ (Yankelovich, 1995: 11). With little action in Congress and dwindling public support the plan was damaged beyond repair.

Considering how little legislative progress made the HSA made, the reform effort remains a subject of fascination to both political practitioners and academics. Even a political generation after the event it is tempting to ask whether a different strategy might have prevailed. For example, Peterson speculated that a more robust, and distinctively liberal, approach might have given the supporters of comprehensive reform greater will to face down the organised opposition (2005: 227). Such speculation is of course little more than second guessing after the fact, but it does serve the purpose of highlighting the alternative strategic choices that were available. As it was the administration lost control of the agenda and a flagship policy commitment, designed to be representative of a new centrist governing paradigm, was ridiculed as liberal Big Government at its worst. In his memoirs Clinton insists: ‘contrary to how it was later portrayed, health experts generally praised it [the HSA] as moderate and workable. It certainly wasn’t a government take-over of the health-care system, as its critics charged.’ (Clinton, 2004; 549) The administration, however, lost this battle to frame the terms of the argument and ultimately, a social policy reform that might have reshaped the political map in favour of the Democrats ended up having exactly the opposite partisan effect (Béland et al, 2002).

Social Security

The political incapacity of the Clinton administration to frame the policy argument, and the subsequent loss of legislative momentum, was repeated in 2005 with the Bush administration's effort at Social Security reform. Like the US health insurance system, Social Security is a highly risky issue for politicians. This is especially true for Republicans, as Democrats have 'owned the issue' since the New Deal (Ross, 2007). The enduring popularity of Social Security and the sheer size of its 'army of beneficiaries' largely explain why it is known as 'the third rail of American politics' (Béland, 2005). If anything, President Bush's efforts to drive his reform idea forward foundered even more quickly than had Clinton's in early 1994. With the plan only formally unveiled in January 2005 there were already reports of the major obstacles it faced, including the uncertainty of congressional Republicans in contrast to the solid opposition of congressional Democrats, at the start of March (Stevenson, 2005).

As it is, the Bush administration's effort to reform Social Security in 2005 has not generated the same degree of comment and literature, at least in the short-term aftermath, as the earlier health reform effort. Yet, the fate of the 2005 reform effort deserves proper investigation as it provides another example of presidential ambition to restructure a critical aspect of federal social policy being thwarted despite the auspicious circumstances of unified partisan government apparently offering the prospect of legislative success. And the administration certainly anticipated that it would be able to enact its will. At a gathering of congressional Republicans in January 2005 the newly re-elected President reaffirmed that Social Security reform was to be his primary domestic concern. Sensing some apprehension he emphasised: 'I've got political capital, and now I'm going to spend it' (Draper, 2007: 296). Ironically, however, despite the fact that the 2004 election result was unequivocal, in contrast to the events of four years earlier, Bush's reserve of political capital was diminished much more quickly than it had been in 2001.

Furthermore, this thwarting of presidential purpose came despite the huge effort that the administration put into persuading the public of the virtues of Social Security reform. According to Edwards it was ‘perhaps the most extensive public relations campaign in the history of the presidency’ (Edwards, 2007: 252) and this included extensive campaigning by the president himself.

One problem for the administration was that it had to make the case that the Social Security was in trouble in order to make a discussion of the program’s future appear justified. That contrasted with the situation with regard to health insurance in the early 1990s. The problems surrounding the health care system arrived on the political scene organically so to speak, with a series of indicators pointing to the real and immediate problems of cost and access. In 2005, the problems of the Social Security system were not so immediately apparent. Hence the case for a major policy overhaul was less compelling. And, in terms of the potential political salience, there was certainly no Social Security moment equivalent to Harris Wofford’s victory in a 1991 special Senate election in Pennsylvania that was widely attributed to his campaign’s emphasis on health insurance (Hacker, 2002: 261-2). Nevertheless, the administration advanced with its plans arguing that the long term fiscal projections for Social Security required addressing and adding that its proposals would enhance individual choice in terms of retirement saving.

Hence the administration’s strategy was to frame change as both a means of increasing individual choice and also as a response to an impending fiscal crisis. Bush had promoted the principle of Social Security privatization in the 2000 campaign and again in the 2004 campaign he advanced the idea that younger workers would benefit from being allowed to invest some of their Social Security payroll tax in personal retirement accounts. To reinforce that ideological message the administration questioned the long-term fiscal viability of the existing Social Security system by pointing to the shift in the so-called dependency

ratio amid projections that the Social Security trust fund would not be able to fulfil all its obligations in a predictable future (Altman, 2005). Hence, in the public domain the administration presented its reform plan as both desirable and necessary.

In terms of developing a legislative strategy there were both similarities and differences from the approach taken a dozen years earlier by the Clinton administration when it pushed for health insurance reform. Just as the HSA was an effort to legislate from the left-in so the Social Security reform plan was going to have a build a legislative coalition from the right-in. That is, while both the Clinton and Bush White Houses anticipated bringing onboard moderate Republicans and Democrats respectively their starting point was to rely on the congressional majorities held by their parties. On the other hand, while the HSA was presented to Congress in glorious detail the Social Security plan was minimalist with the details left for Congress to fill in (Rosenbaum and Toner, 2005). That is, while Bush outlined the principles of his plans for personal accounts he was less forthcoming on the details about how he planned to restore fiscal stability. One tactic was to demand of the Democrats what they planned to do. Not surprisingly, controlling neither the White House nor Congress, Democrats demurred that such decisions be made by the Republican leadership.

The lack of detail perhaps reflected a fundamental policy difficulty for the administration. That is, there was no clear linkage between the predictions of fiscal imbalance and the introduction of personal accounts. Indeed the reality was that there would have been huge transition costs since less money would be going into the trust fund if younger workers did opt to divert some of their Social Security payroll tax into personal accounts (Ross, 2007). Thus, if the problem was defined as long-term fiscal insolvency then personal accounts were not an obvious solution to that problem. And if the fiscal position was to be changed then that would require painful decisions in the short-term about cutting benefits, raising the retirement age or increasing the payroll tax (this last course of action was not an

option likely to be considered by the Bush administration). Such decisions might be possible under the cloak of bipartisanship to share the blame around, but with most Democrats simply refusing to engage with the administration then it was most unlikely that Republicans would take the lead in what would essentially be a masochistic exercise taking immediate blame for a long-term objective.

In his efforts to generate popular enthusiasm for the plan it is perhaps not surprising that President Bush initially emphasised the potential gains for younger workers in having personal accounts rather than on the downside of balancing the books. Critically, however, the administration lost the battle for public opinion. Polls did show some support for the idea of allowing younger workers to invest in personal accounts, but even stronger was the sentiment that the existing structure of guaranteed benefits be maintained (Edwards, 2007: 255-7). Moreover support for the Bush plan in fact declined as the President campaigned for it and, critically, opposition to the plan rose as its implications became better understood (Jacobson, 2007: 210-13). As it was polls did show that public awareness of the doubts cast on the program's long-term future but this did not translate into a demand for immediate change.

Overall, however, whatever progress was made in creating a climate that cast doubt on the future of Social Security the opposition to the Bush administration's plans was vehement. In particular labor unions and the AARP campaigned against personal accounts being 'carved out' of the Social Security payroll contribution. In addition, supporters of traditional Social Security argued that privatization measures would in fact be to the detriment of many groups of Americans, including most women, African-Americans, and low-income citizens (Béland, 2005).

Thus, even after Bush's re-election, the political risks stemming from Social Security privatization had not declined and Democrats, in some disarray after the 2004 elections,

rallied to fight in order to preserve Social Security and use this cause as a powerful political weapon against Republicans (Weaver, 2005). The administration initially was confident that some Democrats would be persuaded to join the effort. Even when Senator Max Baucus (D. Montana), who had cooperated with the administration previously, told Karl Rove that no Democrats would support personal accounts as proposed by the administration Rove replied, 'You're wrong. There'll be people who have to come on this' (Draper, 2007: 298). This proved to be a profound miscalculation.

Moreover congressional Republicans did not fulfil the expectations of the administration and fall into line (Edwards, 2007: 264). One consequence of not presenting a detailed plan to Congress was that a variety of ideas were debated within Republican circles but no consensus developed. As Weiner notes, 'Without a plan, many proposals emerged, fragmenting supporters of reform' (Weiner, 2007: 888).

Hence, the administration's attempt to reform Social Security was undermined by strategic blunders. Given how firmly embedded the existing system was in terms of both its institutional fortifications and its widespread popularity (Ross, 2007) this was always a hugely ambitious project. In some ways the Bush administration did use the Clinton health reform effort as a negative template, most notably with the decision to release only the outline of a plan rather than hundreds of detailed pages. In the end, however, this attempt to provide a general ideological framework while leaving the detail to congressional negotiation meant that no definitive proposal emerged. Moreover, the administration unwisely assumed that congressional Republicans would comply with its wishes as they had very largely done through the first term. This assumption, however, neglected to take into account the different institutional and particularly electoral horizons of congressional Republicans (Sinclair, 2006: 240-1). Even those members sympathetic to the principle of personal accounts were unsure of quite how these should look and worried about prevailing public opinion (Allen and Baker,

2005). Moreover, just as had been the case a dozen years previously when Clinton launched the HSA, the administration seemed unprepared for the level of hostility from both organized interests and partisan opposition.

Successful Reforms

The failures of the reform efforts described above illustrate how opponents of reform hold the institutional and political advantages the United States. That is, it is easier to generate coalitions to preserve the status quo than to build risk-taking alliances to change matters. So what was different about welfare and prescription drugs that legislation was enacted? Did the two presidents choose more effective strategies in these instances or do the different legislative outcomes tell us more about the nature of the issues that were being debated? And how significant was it that a Democratic president signed into law a retrenchment of an existing welfare program while a Republican president celebrated the passage of legislation that was, at least in terms of its spending commitments, an expansion of the welfare state?

The 1996 Welfare Reform

In the United States, AFDC (Aid for Families with Dependent Children) became a major target for conservative mobilization during the 1980s and the first half of the 1990s. This mobilization weakened the political legitimacy of the program which, as opposed to Medicare and Social Security, was hardly popular among the middle class. This is why conservatives could pressure President Clinton to abolish the program, something they could not explicitly do regarding Social Security, for example (Ross, 2007).

When President Clinton signed PRWORA in August 1996 he was able to portray it as fulfilling his 1992 campaign commitment to ‘end welfare as we know it’: And the importance of that message in 1992 to establishing Clinton’s political identity as ‘New’ Democrat should

not be underestimated. In his account of the New Democrat movement Baer explains the importance of welfare as an issue: 'Welfare reform – and the theory of governance that undergirded it – was, quite simply, the most significant policy innovation that differentiated Clinton from liberal Democrats' (Baer, 2000: 214). And through the 1992 campaign the message to 'end welfare as we know it' was heavily promoted, particularly in potential swing states in the weeks leading to the general election.

On the other hand, once in office welfare reform was not an immediate priority. The administration did bring forward proposals in the summer of 1994 but this was only after huge political capital and energy had been expended on the 1993 budget, getting NAFTA ratified and then pursuing health insurance reform. In fact, according to some commentators, this prioritization of health insurance over welfare was a huge political error. Following the 1994 mid-term elections Kaus speculated that if the administration had prioritized welfare over health insurance reform, 'we might now be talking about a Democratic realignment rather than a Republican realignment' (Kaus, 1995: xiv). Indeed Clinton himself suggests that had he abandoned health insurance reform earlier and moved on to pursue welfare reform then 'We might not have lost either House' (Clinton, W.J., 2004: 631). Whatever the reality of these reflections, they do help illustrate the perception that delivering on the promise of welfare reform was pivotal to the administration's political fortunes.

As it was, there was no serious legislative action on the administration's own proposal in 1994 and after the mid-term elections of that year the dynamics surrounding welfare reform shifted considerably to the right. Many liberal Democrats had in fact repudiated the 1994 plans as too harsh on welfare recipients (Weaver, 1998) but by 1996 these protestors were marginal voices in the reform debate. Welfare reform was a prominent part of the Contract with America on which many congressional Republicans, especially for the House, campaigned in 1994. And once in control of Capitol Hill the party leadership was keen to

pursue the issue. There were disagreements over the specifics of reform (Weaver, 2000: 252-315) but there was a determination to push legislation through in the knowledge that this would leave the GOP in a win-win situation. Either there would be significant reform of the welfare system according to conservative ideas or President Clinton would veto their proposals and leave himself vulnerable to the charge that he had reneged on his commitment to welfare reform. In brief the new law devolved primary responsibility for running welfare to the states, but it stipulated that recipients be restricted to two years benefits before being required to engage in work activity. It also laid down a five-year lifetime limit for welfare receipt. Thus PRWORA acknowledged that government has an initial obligation to aid those falling on hard times, but it also stated that after a time government no longer has an obligation to continue to help.

The critical moment on welfare reform came in summer of 1996 when the President had to decide whether to sign PRWORA. Clinton had in fact twice vetoed bills that contained welfare provisions similar to PRWORA. In December 1995 welfare reform was contained in a much broader reconciliation package and in January 1996 the welfare proposals arrived on Clinton's desk accompanied by cuts to the Food Stamp and School Lunch programs. In both instances Clinton pointed to non-welfare aspects of the legislation as grounds for a veto (Weaver, 2000: 320).

In the summer of 1996, however, the president's strategic choices narrowed when he was presented with a bill free from previously contentious elements that did not deal directly with reforming welfare. There had been some disagreement in Republican ranks about whether to offer Clinton a 'clean' welfare bill or let GOP presidential candidate Bob Dole exploit the previous vetoes but in the end it was determined that a stand alone welfare bill would present Clinton with 'a Hobson's choice of either giving the Dole campaign a good issue or alienating the liberal wing of the Democratic Party' (Haskins, 2006: 304). If he

signed the legislation he would simultaneously be able to claim that he had fulfilled a campaign promise and finally reformed a welfare system that he genuinely disliked. On the other hand, PRWORA was clearly considerably to the right of his own initial reform proposals and signing the bill into law would upset core Democratic constituencies. Hence, the debate within the White House over whether the President should sign or veto PRWORA was a bitter one. Lobbying against PRWORA were the Secretary of Health and Human Services Donna Shalala, the chief-of-staff Leon Panetta and most of the policy advisers. Promoting the bill were the political advisers and one senior domestic policy adviser with ties to the DLC, Bruce Reed. Hillary Clinton also favoured signing the bill - even though this set her against many of her friends (Clinton, H., 2003: 369-70; see Edelman, 1997, for a strong attack on PRWORA from someone with close ties to Hillary Clinton).

Underlying the debate was the question of whether a veto would give the GOP a wedge issue for the November elections. According to Dick Morris, polling showed that a veto would cost Clinton re-election (Morris, 1997: 300). Given the comfortable nature of Clinton's re-election in November 1996 it seems unlikely that his victory would have been seriously threatened by a veto, but the angst that enveloped the administration over this decision illustrates just how high the policy and political stakes about welfare were perceived to be.

In the end President Clinton signed the legislation and was keen publicly to celebrate the measure. Indeed the White House and congressional Republicans scrambled for the credit as the welfare rolls declined through the 1990s (Waddan, 2003). When reflecting on his presidency Clinton includes welfare reform among his list of achievements reflecting: 'Signing the welfare reform bill was one of the most important decisions of my presidency ... America needed legislation that changed the emphasis of assistance to the poor from dependence on welfare checks to independence through work' (Clinton, 2004: 721). But the

final outcome was not an unambiguous success if Clinton's original intent is taken into account. Whatever the merits of PRWORA it was a considerably more conservative measure than Clinton had originally advocated as illustrated by the disillusion of some of his early White House advisors on welfare (Bane, 1997; Ellwood, 1996). An important political objective was achieved, however, as welfare was defused as a potentially explosive issue in national politics. The image of the 'welfare queen' was a threat no more.

The 2003 Medicare Reform

Welfare reform was a pivotal part of candidate Clinton's effort to portray himself as a New Democrat. Hence welfare reform was a policy proposal with a clear political message attached. In 2000 candidate Bush attempted to add to his political identity by talking of his belief in 'compassionate conservatism'. This remained a somewhat ill defined concept and Bush's political objective in adopting this message was not as stark as Clinton's intent when emphasising his New Democrat credentials. Clinton was deliberately choosing to repudiate part of his party's liberal past while Bush was adapting his party's conservative philosophy rather than rejecting it (Jacobson, 2007: 48-50). Nevertheless, despite the ambiguities, compassionate conservatism was an important aspect of Bush's campaigning persona. Early manifestations of policy proposals associated with the theme of compassionate conservatism were the promotion of faith-based initiatives and the demand for education reform. Furthermore, in 2003 President Bush also justified Medicare reform with reference to the compassionate agenda: 'These reforms are the act of a vibrant and compassionate government' (Bush, 2003).

As it was, the reality for the Bush administration in December 2003 was that just as President Clinton ultimately signed a welfare bill that was some distance from his administration's original proposals so too President Bush embraced a new prescription drug benefit for America's seniors that was more expansive and expensive than he had initially

supported. In fact the initial political impetus that placed the idea of adding a prescription drug benefit to Medicare on the legislative agenda came in President Clinton's 1999 State of the Union address when he proposed using the projected budget surpluses as a means of funding such a program (Clinton, 1999). In 2000 Al Gore took up this proposal as one of his campaign themes. Bush responded by promising that introducing a drug benefit for seniors would be a 'priority' for his administration (Carey, 2000). Polls still showed that Gore won a clear majority of voters declaring either health insurance or prescription drugs to be a key issue in deciding their vote (Exit Poll, 2000), but the fact that Bush felt compelled to respond on the subject illustrated that the prescription drug issue was a political threat that needed to be countered rather than simply neglected (Finegold and Skocpol, 1995). This is true because, like Social Security, Medicare is a popular program that has generated a powerful 'army of beneficiaries' represented by influential organizations like the AARP, which pressured the Bush administration to support the expansion of Medicare.

Critically this pressure to act survived the transformation of the fiscal balance sheet as the brief promise of budget surpluses disappeared as quickly as it had emerged and deficit and increased debt once more became the order of the day. Indeed even as the aggregate budget numbers worsened something of a bidding war developed as the two parties offered increasingly expansive prescription drug benefit plans. Democratic proposals were always more expensive than Republican ones, but importantly the White House shifted from its initial preference to means test access to any new benefit to a position granting universal eligibility. Ironically the advent of unified Republican government after the mid-term elections of 2002 meant that the administration and congressional Republicans came under increased pressure to deliver on their promises to create an expensive new entitlement, normally an anathema to conservatives, in order to avoid giving the Democrats an issue in 2004 (Carey, 2002).

In its final form the MMA was a complex piece of legislation. The headline aspect was a new prescription drug benefit for the elderly that was initially estimated to cost \$410 billion over ten years. In addition to this, however, there were significant elements of conservative policy layering (Hacker, 2004). For example, the availability of Health Savings Accounts was expanded (for a full account of the conservative aspects of the bill see Jaenicke and Waddan, 2006). One striking aspect of the successful passage of the legislation was the role played by the White House. Indeed at times President Bush and the congressional Republican leadership displayed not so much leadership as henchmanship in order to push the bill through (Sinclair, 2006: 143-6).

Two features in particular illustrate the determination to enact the legislation. First, when the House voted on the final version of the bill the roll call vote was held open for an extraordinary three hours through the night in order to transform what looked like defeat into victory as Speaker Hastert and HHS Secretary Thompson sought to convert wavering Republicans who were worried by the cost of the benefit (Pear and Toner, 2003). Bush's Legislative Affairs Director David Hobbs even telephoned to wake a jetlagged president at 4.00 AM so that he could personally talk to those still uncertain of how to vote (Draper, 2007: 280). Second, with regard to the cost of the bill there is considerable evidence that 'the Bush administration covered up legitimate cost estimates in an attempt to put through a more expensive program than many in Congress thought that they were voting for' (Aberbach, 2005: 141). Within two months of the bill's enactment the administration revised its estimate of likely cost from \$410 billion over ten years to \$534 billion. This led to much hand-wringing amongst conservatives; for example, Senator Trent Lott reflected that 'I think I made a big mistake.... That's one of the worst votes I've cast in my 32 years in Congress' (Carey, 2005: 726).

Overall, therefore, despite some conservative cries of betrayal about creating a new entitlement (Bartlett, 2006) the Bush administration was directly responsible for the MMA's contents in a fashion that the Clinton administration could not claim to be with respect to the final version of welfare reform. Indeed the White House's victory over the MMA, coupled with its capacity to push through its controversial tax cuts, helped persuade key administration figures such as Andrew Card that they would be able to get their way over Social Security (Draper, 2007: 294).

Discussion

It is now possible to offer a more systematic discussion of the four reform attempts analyzed above. A first remark is that the benefit of hindsight stresses the obstacles facing the health insurance and Social Security reform efforts of President Clinton and Bush, respectively. For Presidents Clinton and Bush, however, there was a compelling rationale for embarking on these reform efforts. That is, the potential rewards of success were great. If either the Clinton or Bush plans had prevailed then they would have significantly transformed key areas of public policy. Hence it is not surprising that these reform efforts produced such high stakes political and policy battles. In 1993 influential Republican strategist William Kristol urged that the HSA be 'killed' since successful reform might 'revive the reputation of the party that spends and regulates' (Johnson and Broder, 1997: 234). Furthermore, as journalist and commentator Fred Barnes, one of the foremost champions of President Bush, noted, Social Security was the 'crown jewel of liberal programs' (Barnes, 2006: 138). As it turned out, both presidents overestimated the institutional advantages conferred by unified government and committed presidential leadership. The forces of opposition to change were formidable and, critically, the enduring policy legacies embedded in the health insurance and Social Security arenas had created an environment that gave this opposition a powerful voice. That is, the existing Social Security and private health insurance systems have created

powerful constituencies that can fight aggressively to protect their perceived interests, which generally corresponded to institutional status quo. In the case of Social Security, current and future beneficiaries represented by the AARP and, implicitly, Democrats in Congress defeated President Bush's push to privatize Social Security (Altman, 2005). In the case of health insurance reform under Clinton, Republicans worked with insurance companies, small businesses and other private interests to derail President Clinton's Health Security legislation (Skocpol, 1997).

In contrast PRWORA and the MMA invoked different political and policy dynamics. In political terms successful health insurance or Social Security reform *might* have worked, in the long-term, to re-order the political landscape since 'Social policies may powerfully affect citizens' relationship to government because they typically provide them with their most personal and significant experiences of government in action' (Mettler, 2007: 193; see also Campbell, 2003, on the interaction between people's understanding of government programs and future policy developments). Hence these were policy goals with potentially transformative political effects in the medium to long term. The strategic ideas that drove Clinton's efforts at welfare reform and Bush's push for the passage of a prescription drugs bill as part of Medicare were more immediate and tangible. In these instances the two presidents were working to neutralise the political impact of issues 'owned' by their opponents (Ross, 1997). This in turn helps explain the confusing partisan patterns in congressional voting on these issues with some unhappy Democrats voting for PRWORA and a number of Republicans corralled into supporting the MMA.

Critically, however, the difference between success and failure in social policy reform for Clinton and Bush did not just reflect the strategic ideas of the presidents and legislators. Institutional factors help explain why both Bush and Clinton were successful in promoting major reforms that challenged the traditional ideological commitment of their party. In the

case of welfare reform it is instructive to compare AFDC beneficiaries with Social Security recipients. The former were far less politically organized and influential than the latter. Because AFDC had such a weak constituency, it became much easier for conservatives to pressure Democrats to abolish it. With respect to prescription drugs, Medicare, like Social Security, is a hugely popular program that has a strong army of beneficiaries willing to support its preservation or even expansion. Because President Bush proposed the expansion of Medicare, he could gather support from this constituency. In the end, even the AARP supported the 2003 Medicare reform, which contrasts with its opposition to President Bush's Social Security initiative (Altman, 2005).

Theoretically, this article provides more ground to historical institutionalism, an approach that stresses the structuring role of political institutions and existing policy legacies in the policy-making process (e.g. Béland, 2005; Pierson, 1994; Ross, 2007; Weaver, 2000). Clearly, one cannot understand the social policy successes and failures of both Presidents Clinton and W. Bush without taking into account institutional variation from a policy area to another. This remark is consistent with historical institutionalism (Pierson, 1994). Yet, theoretically, the article also emphasizes the need for scholars to study the strategic ideas of politicians, which interact with existing institutions in a complex manner. In the same institutional context, political actors can have very different ideas about how to reach their goals, and paying attention to such ideas is essential to understand the policy process (Béland, 2005). Finally, this article shows that, despite strong institutional constraints, major social policy reforms are possible in the United States. The 1996 federal welfare reform provides ground to this claim. This means that one must reject overly deterministic accounts suggesting that bold reform is impossible in the United States because of the obstacles to change created by divided government and other forms of power fragmentations (e.g. Steinmo and Watts, 1995). Overall, the study of institutions is essential to policy analysis but

the institutional focus should not lead to a static vision according to which existing policy legacies make path departing change hardly possible in the first place (Streeck and Thelen, 2005).

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