Punctuated Equilibrium, Conversion or Something Else? Assessing the Continued Role of Private Health Insurance in the US System

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Lumbering institutions such as the military, insuring about 9.4 million service members and their families globally through the TRICARE program, and the US health system, which according to the Kaiser Family Foundation in 2014 included just under half the US population in employer-provided insurance (154 million), need theories of change and especially **feminist** theories of change. Malestream political science (punctuated equilibrium theory, historical institutionalism) has complex theories of institutional stasis and change, but minimal awareness of feminist concerns and theoretical developments. Feminist institutionalism has contributed much to the discipline but its theories of institutional change need strengthening and "powering up." This paper will try to suggest bridges between the feminist and non-feminist areas of institutionalist theories by using case studies related to what have been described as major periods of heath-insurance reform in recent US history.

Baumgartner and Jones (2012) are the foremost theorists among those applying the biological theory of punctuated equilibrium to politics and policy. Similar to historical institutionalists such as Pierson, Streeck, Thelen and Hacker, Baumgartner and Jones contest the traditional theories in both biology and policy studies of generally smooth, linear, and incremental policy change. Instead, they highlight the interspersing of long periods of stasis with episodes of contestation which may then produce a new equilibrium. In HI theory, these episodes and their outcomes are described as institutional *exhaustion, displacement, and conversion* (rare) with the more common *layering* and *drift*.

This paper, from a feminist and institutionalist standpoint, will examine both heralded changes of moving towards managed care by the military in 1993 and toward covering uninsured individuals on the state exchanges of private health insurance plans since 2010. In many cases, the big three or four insurance companies in the US are the same providers for both; and what will be shown is that decisions are made to compete in one marketplace or the other depending on the expected profits and the contracts awarded. For example, while Humana has been awarded the single largest insurance region under the DOD's contract for 2017 going forward, it is cutting back its participation on the state-based ACA exchanges (from 15 to 11 in summer 2016) based on so-called losses. United Health which until recently has been a DOD insurer is cutting back to fewer than three state markets. With respect to both military and ACA state exchange insurance frameworks, the driving force is the private insurance market, leading to both *stasis* and *drift*. The implications for women's coverage will be discussed.