and that is the seat of powers such as thinking and choosing that are incapable of proper description by reductive material explanations.

After an opening chapter about the philosophical lineaments of Thomistic anthropology, he discusses at length the various aspects of human cognition and human volition that cannot, in principle, be explained merely in terms of such biological organs as the brain that satisfy the necessary conditions for these functions. He also critiques various contemporary authors who ignore or misunderstand these aspects of Thomistic anthropology, including Robert Pasnau's (2002) *Aquinas on Human Nature* and Jean Porter's (1999) *Natural and Divine Law*.

These critical reviews of the literature constitute a particularly valuable aspect of Payne's book, for their presentations have contributed to influential misunderstandings of the Thomistic position, often for the sake of the ethical implications they think to flow from their interpretations of Aquinas's texts.

Chapters 5 and 6 provide a sophisticated discussion of certain trends in contemporary science and contemporary theology. Of special importance here is Payne's account of the current understanding of evolutionary theory. He is right to note the misguided emphasis that is often placed on the undisputed part of neo-Darwinian theory, namely, natural selection, while minimizing the more complex and more demanding aspect, namely, the processes by which variations are brought about that can then be subjected to natural selection.

Common explanations of this second element in terms of "chance" often takes the epistemological meaning of the term (our inability to predict an outcome) as if chance named some causal force by which variations are produced. The Thomistic conviction that everything that takes place must have a sufficient reason (an adequate explanation) for its occurrence thus provides a philosophically rigorous framework for the scientific quest for the intelligibility of natural processes that is far more suitable than any philosophical outlook that depends on misconstruing the epistemological notion of chance as it were a causal factor.

In the sixth chapter, Payne treats various theological currents associated with twentieth-century writers (e.g., Karl Barth) and writers from the early modern period (John Calvin and Guido de Bres), particularly with reference to the effects of original sin upon human cognition and volition. In the final three chapters, Payne provides answers to various perennial questions that have remained prominent in the twenty-first century, such as efforts to use a noncorporeal criterion for humanness, efforts to assert progressive humanization in the course of human development, and the confusions associated with tendencies to describe genuinely developmental processes as if they were processes of construction.

As in the fine work done by Valparaiso law professor Richard Stith (see, for instance, his many articles in the *Proceedings of the University Faculty for Life*), this third issue is a question of the proper model when describing human origins: should we envision it in terms of a process in which the powers already present in a nature unfold and mature in the course of time, or should we envision it on the model of building and manufacturing, such that it is human intent that decides the questions about a thing's fundamental constitution and type? Payne makes a solid case here that both Aquinas and the best of contemporary science give evidence of a truly developmental model (not a constructive one) and thus provides a solid basis for drawing out the moral implications that require protection of even the earliest stages of human life as well as those with great vulnerabilities.

In Payne's book, we have a fine use of a sound philosophy, with results that help to resolve many interesting problems that are alleged to separate science and religious belief.

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Health Policymaking in the United States. By Beaufort B. Longest Jr. Chicago, IL: Health Administration Press, 2016. 595 pp. \$120. ISBN: 978-1-56793-719-0.

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Originally started as a guide to students for understanding and navigating the complicated, incremental process of health policy-making, this book by Beaufort B. Longest Jr., of the University of

Pittsburgh is now in its sixth edition. It reflects its author's last name, as it extends to nearly six hundred pages. In tracking the life cycle of health policy through conception, gestation, delivery, adaptation, and mutation, the individual chapters unfold a bit like a police procedural—minus the drama. The main effect of trying to be comprehensive and exhaustive actually produces a thinner layer of definition-dominated description lacking memorable analysis. In other words, it is much more of an introductory road map for health-policy tourists than a deeper work of penetrating insights.

The GPS stops include elaboration on the process of health policy-making (agenda setting, formulation, implementation, evaluation, and modification). Chapters on legislation development and policy implementation skim the surface, at best, but a new chapter on the role of courts is a more useful upgrade of past editions. The latter's description of courts as "meaning givers" for enforcers and regulated parties, within the context of vague or ambiguous statutory language, is illuminating, but those insights should be extended to how sloppy or lazy legislative drafting shapes the rest of the policy-making processes described in the other chapters.

Too much of the book's description of the health policy-making process begins and ends at a more simplified structural outline, without accounting for how it increasingly has operated differently in practice. For example, formal budgetary time lines and procedures often are bypassed. More politically contentious bills are crafted by top leadership and its staff, rather than through the committee process. The vagaries and conflicting objectives within final measures tend to reflect the complexities of assembling and maintaining workable majorities to support them.

Instead, the author briefly notes on several occasions that implementation of the Affordable Care Act (ACA) has been "difficult" but never really gets around to explaining why. An overview summary of the law in one of the book's appendices fails to reflect how a number of its key provisions encountered substantial challenges in late 2013 and early 2014. The expanded use of interim final rules and subregulatory guidance to make several poorly drafted sections of statutory language more operational also receives too little attention.

If the main ten chapters (and 335 pages of text plus references) do not quite get the job done, there are another thirty appendices of supplemental

material that mostly supply overviews of health programs and abbreviated examples of past legislative and regulatory policy-making. However, the process of dialing up scattered illustrations can seem almost random at times. A different approach might involve using a more limited set of major policy histories to track the cumulative process through which the book's core elements of policy-making are developed.

A number of key factors behind the success or failure of proposed health policies in recent years still suffer from neglect. One finds only a brief, shallow mention of the role of the Congressional Budget Office, without any emphasis on its key gatekeeping role in determining whether proposed policy changes can meet budgetary and procedural tests, as well as metrics for cost and coverage effects. Despite a few token mentions of state-level policy-making, the book's chapters remain overwhelmingly focused on the dynamics of federal government decisions. "Federalism" pops up only in the chapter on courts, in order to explain the underpinnings of the Supreme Court's decision in 2012 to make the ACA's expansion of Medicaid voluntary for state governments, in order to head off unduly coercive commandeering of their own role in health policy-making. However, the broader possibilities and limits of overlapping federal-state responsibilities in Medicaid and other health-policy issues remain unexamined.

Like many health-policy texts in this field, one finds the usual unchallenged premise at its core. Market failure necessitates many of the government interventions it observes. Despite some mentions of the political dynamics of concentrated interests and diffused costs, one searches in vain for more balanced recognition of broader examples of other "government" failures in health policy. Of course, the latter seem only to stimulate renewed demands to add new rounds of policy interventions on top of the accreted layers of preexisting ones.

Hence, there's little doubt that there will be a market for a seventh edition of *Health Policymaking in the United States*. It may not really solve our various health-policy problems, but at least it insists that it is trying to help. Unfortunately, that mostly involves administering the same predictable sort of diagnoses and treatments that will leave us coping with, but not curing, the next stages of our chronic conditions. If you have limited expectations, this book will meet them.