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INTEREST GROUP ACCESS IN CEE IN THE HEALTHCARE SECTOR

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1 Introduction

For the functioning of any democracy, the voice of the civil society, its interests, its demands, and inputs are of utmost importance (Dahl, 1961). Besides political parties, interest groups serve as intermediators to voice the demands of society (Schmidt, 2010). However, weaknesses in interest intermediation systems have increased as recent research shows (Olejnik, 2020; Ost, 2011). Even though formal institutions exist, Crouch warns of a legitimation crisis if civil society grows weaker and impacts the political process less and less (Crouch, 2004). In political systems where the input function of organized interests is impaired, the main channel for citizens to raise their voices in the political process (Dür & De Bièvre, 2007) vanishes. This puts pressure on any democratic system since it ceases to be accountable to its citizens. Contrarily, in some cases, only certain groups may have access to the decision-making process, which is also problematic because it undermines the legitimacy of the system. In this context, especially the young Central and Eastern European (CEE) democracies might find it difficult to ensure legitimacy as civil society participation has traditionally been weak (Howard, 2003). As nearly three decades have passed since the transition, it is worth exploring how and whose interests find their way into the policy-making system. In a broader context, this is a crucial determinant of the quality of democratic regimes (Berg-Schlosser, 2004).

Only a few studies have systematically measured interest group influence per se (Dür, 2008b; Klüver, 2009; Mahoney, 2007), while even less research has been conducted on CEE (for exceptions see, e.g., Gallai, Döme, Molnár, & Reich, 2015). As numerous authors have already laid the foundation for measuring the influence of interest groups focusing on the western European countries, the European Union (EU), and the United States of America (USA) (Dür & De Bièvre,

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2007; Mahoney, 2007), the innovation of this chapter lies in its comparative focus on CEE. However, as measuring influence is notoriously difficult, we stick to the analysis of access as a necessary precondition for influence. Many scholars have researched formal political institutions or party systems in CEE, but the analysis of the access of interest organizations still constitutes a gap. We seek to overcome this gap, first by exploring interest group structures in this region. Second, we evaluate and further develop already established theories on interest group access by creating a framework that fits the region under investigation and measuring access. Altogether, the analysis is guided by the following research question: What interest groups have strong access to healthcare decision-making processes in CEE and why? Access varies across policy sectors (Fraussen, Beyers, & Donas, 2015, p. 571). Thus, we expect relevant insights into one of the most relevant and understudied sectors of any society – namely healthcare policy. Altogether, CEE has gone through significant changes in its sociopolitical structures in the past century. After the collapse of socialism in 1989/90, all CEE countries faced the challenge of systemic transitions, including the rearrangement of healthcare sectors. Major reforms targeted the insurance system as well as primary medical care. Many of these decisions were made without including the civil society, i.e., interest groups (Rechel & McKee, 2009). Even though there have been many changes, the healthcare systems of CEE are ranked among the worst in the EU (Organisation for Economic Co-operation and Development (OECD)/European Observatory on Health Systems and Policies, 2019).

Nevertheless, healthcare represents a central sector vital for the social and economic development of nations. Healthcare policies directly affect individual citizens as well as doctors, hospitals, insurers, and employers (Immergut, 1992). Roberts (2009) argued that “political institutions are the key causes of [...] divergent paths” (2009, p. 306) in CEE healthcare. Moreover, he explains policy change as being mainly caused by different access opportunities by physicians: “[...] a penetrable single-party government and weak bureaucratic capacities allow physicians to capture the reform process and implement their preferred policies” (Roberts, 2009, p. 305).

Healthcare policy in CEE is especially interesting because these countries share similar starting positions but followed different paths after the transition. The focus of this chapter is on Poland, the Czech Republic, Hungary, and Slovenia. Poland is characterized by an increasing tendency toward coordination and centralization (Holman & Luneburg, 2012). The Czech Republic introduced a system of competing private insurers in the early 1990s; Hungary remained more conservative and moved toward a single national insurer, whereas Slovenia created a Bismarck-type social insurance system in 1992 with a single national health insurer and uniform legislation. These foundations have essentially remained in place ever since despite the limited privatization of certain services. These reforms have led to different institutional architectures (see Chapter 5 in this volume), funding mechanisms, and different performance levels. In Hungary, poor health outcomes are coupled with one of the lowest life expectancies in the

EU (Gaál, Szigeti, Csere, Gaskins, & Panteli, 2011), while Poland and Czechia also find themselves below the EU average (OECD/European Observatory on Health Systems and Policies, 2019). As the following section shows, there is a lack of analysis of what role interest groups play throughout these processes (see Roberts, 2009 for a partial exception). We address this gap and the need for a more in-depth analysis while enhancing our understanding of interest groups in post-communist healthcare.

2 Related studies, theoretical background, and hypotheses

2.1 Literature review

Healthcare is an ever-present issue in public policies due to its importance for society. It is also an area ripe with interest groups who have specific preferences and resources and vociferously aim to shape policy. Research on organized interests in healthcare can arguably be traced back to Alford (1975), who studied the barriers of ideology that hindered interest groups from reforming the US system. In her seminal study, Immergut (1992) analyzed the politics of national healthcare insurance from an institutional perspective. Lowery and Gray (2007) focused on American healthcare interest groups and discovered that their densities vary according to “changes in the sizes of constituencies” (2007, p. 18). Maarse (2006) analyzed western European countries and found that they have become more privatized over time. Heaney (2006) described how interest groups play mediating roles as dispersed actors in decentralized systems, rather than as central mediators that intervene in various policy disputes. Carpenter (2012) found that in developed countries healthcare policies are different in a number of dimensions with voters and decision-makers more likely to accept redistributive policies; therefore, it is consensus – rather than efficiency – oriented. Similarly, Contandriopoulos (2011) argues that decisions in healthcare are made mostly based on political preferences rather than science and evidence. They also found that despite a wide political consensus among stakeholders, a veto by a few could be a barrier in implementing coherent policy reforms (Contandriopoulos et al., 2018).

While some authors have comparatively explored developments in CEE healthcare (e.g., Björkman & Nemeč, 2013; Roberts, 2009; Watson, 2011), analyses of organized interests in healthcare in CEE remain scarce. To address this research gap, we analytically align this analysis with numerous studies that have comparatively explored the influence of interest groups (Bernhagen, 2012; Binderkrantz, Christiansen, & Pedersen, 2014; Dür, 2008a, 2008b; Klüver, 2011; Mahoney, 2007). As Dür and De Bièvre (2007) highlight, three bundles of factors – *institutional structures*, *interest group characteristics*, and *issue-specific factors* – may facilitate or inhibit interest groups trying to assert their demands. As for *institutional structures*, the frequency of elections, the political setup (e.g., presidentialism vs. parliamentarism), the economic setup (corporatism vs. pluralism), or federalist vs. unitarist political systems may mediate the impact of organized interests. In this

tradition, Kitschelt (1986) focuses on the interest intermediation structures and finds that the “political opportunity structure” (1986, p. 58), i.e., the resource configuration, institutional regulations as well as historical factors facilitate or impede the mobilization of social movements. Other authors (e.g., Mahoney, 2007) show that the context and scope of an issue have more weight than political institutions. Specifically, the greater the scope and ramifications of the policy, the less successful individual groups are due to the many actors involved. Moreover, opposing forces may be crucial, i.e., the more conflict-ridden an issue, the less successful organized groups may be.

Aizenberg and Hanegraaff (2020) analyzed the access of business groups to parliamentary hearings. Even though the literature identified this kind of access as unrepresentative for access in general, for the Netherlands, it appears to play an important role. Two factors affect access: the economy and political opportunities. The economy affects access negatively, i.e., the worse the economy, the more access business groups have. Political opportunities in terms of European integration also increased access significantly. The authors also identify a gap in the literature: most studies focus on the United States when it comes to access, while only a few deals with European interest groups (Aizenberg & Hanegraaff, 2020; Beyers, 2002, 2004; Binderkrantz, Christiansen, & Pedersen, 2015), not to mention CEE. Hence, we focus on types of access. Fraussen and Halpin (2016) provide an important study on access by investigating whether there is a bias when governments cooperate with certain groups, i.e., whether they exclusively usually cooperate with “privileged partners” (2016, p. 569). They measure whether the type of interest group, size of personnel, the structure of the organization (umbrella/nonumbrella), size of membership as well as age affect their access to advisory councils. The authors find that apart from age, these factors exert a significant impact on access. However, they did not find evidence for the organizational type.

Turning toward access and healthcare, a seminal study by Roberts (2009) showed that in healthcare “[i]nstitutions in short provide the points where interest groups – particularly physicians but latterly health insurers – can block change” (Roberts, 2009, p. 309). Hence, he urges scholars to analyze institutions as they not only block change but also enable windows of opportunity for political change (2009). To do so, governing parties must be accessible (hence the focus on governing parties), and the bureaucracy must be weak.

In this chapter, we focus exclusively on the characteristics of interest groups. Olson (1965) showed how their structure and focus may significantly increase or decrease their capacity for collective action. Diffuse interests (e.g., patients’ groups, consumer groups) may be more difficult to organize than concentrated interests (e.g., the medical profession, business associations). Hence, size may be critical; the bigger a group, the fewer individuals may take action to achieve common interests. Large organizations representing diffuse causes (e.g., patients’ rights, environmental issues) may suffer from the “free-rider” problem. This means that if public benefits emerge from collective action, not only individuals

who actively pursued them but also those who did not benefit. This may encourage individuals to “free-ride” on the efforts of a few. Smaller groups representing concentrated interests, therefore, may have an organizational advantage, as they are easier to organize, monitor, and control.

More recently, authors have focused on additional group-specific factors, which Olson’s theory arguably overlooks. These encompass material resources such as funds, staff, members, and volunteers, which may also increase their non-material resources such as public support, policy expertise (Bernhagen, 2012), and information on voters’ interests (Dür & De Bièvre, 2007). Besides financial resources and staff size, membership levels may also be a key variable affecting an organization’s legitimacy toward policy-makers.

Even though much research has been conducted on civil society, organized interests, and their assumed influence, Lowery (2013) suggests that much of it has generated few substantial findings. This may be due to the difficulties in measuring the sheer concept of influence, as it can only be defined in relation to power, i.e., controlling outcomes, resources, and actors (Dür & De Bièvre, 2007, p. 3). Hence, power relates to influence in terms of control over political actors. At the same time, actors are powerful when “they manage to influence outcomes in a way that brings them closer to their ideal points” (2007, p. 3). Thus, the effects of power rather than power itself are of relevance. The main difficulty is that these definitions assume clear preferences of the lobbying actors – hence, organized interests have an ideal point on legislative proposals and try to push legislation in that direction (Schneider & Baltz, 2003, p. 5). Often, however, there is no clear preference at the beginning of a political process, or preferences might even change due to interactions.

This presents scholars with major challenges. In this and Chapter 5, we therefore pragmatically bundle the strengths of qualitative and quantitative research. Specifically, we ask why certain interest groups succeed and others fail in gaining access to political systems. Access is a key indicator of political influence at a later stage of the policy process. If a group does not participate in the political process, this will likely diminish its ability to defend its interests (see Binderkrantz et al., 2014): “A crucial step in gaining influence is accessing political arenas” (Binderkrantz et al., 2015, p. 98). Thus, frequent interactions with the executive, bureaucrats, members of parliament, or regulatory authorities will enhance the position of organized interests (see also Eising, 2007). However, admittedly “access is not equal to having an influence on policy outcomes; access should be considered as a necessary, but not sufficient condition for influence” (Beyers, 2002, p. 587). Still, before exerting influence, groups must have access that can be defined as “the exchange of policy-relevant information with public officials through formal or informal networks” (Beyers, 2004, p. 213). Binderkrantz et al. (2015) also stress the “exchange of resources” among interest groups and decision-makers as: “[g]roups supply decision-makers with relevant resources and gain access and eventually political influence in return” (Binderkrantz et al., 2015, p. 98).

2.2 *Interest group-related factors: resources, expertise, professionalization, and longevity*

Building on the “*interest group approach* [emphasis in original]” (Beyers, Eising, & Maloney, 2008, p. 1110), we explore the factors mediating political access. First, organized interests have different material and nonmaterial resources spanning from finances, personnel, support of the public, outside input to information – they are anything that affects the possible course of action as well as strategies of their respective counterparts (Dür & De Bièvre, 2007, p. 5). According to Dür and De Bièvre (2007), more resources mean more influence over outcomes as well as access: “Some group resources, such as finances and staff, are relevant for access across all political arenas” (Binderkrantz et al., 2015, p. 96). Korpi (1985) speaks of power resources “such as human capital, i.e. physical capital and money”, that might not directly lead to influence. This is supported by McKay (2011) who argues that “business interests report significantly more success than public interest lobbyists, though business interests are no more likely than public interests to achieve their desired outcome” (McKay, 2011, p. 920). Woll summarizes such assets as “[...] financial resources, social capital, legal or technical expertise or other information that might be useful to policy-makers [...]” (Woll, 2007, p. 63). Actors, in our case interest groups, differ in many ways – they target different demands of policy-makers, i.e., the resources that policy-makers demand. If politicians remain dependent on the resources of interest groups, it is easier for them to access relevant institutions – information hence makes a great difference (see Bernhagen, 2012).

Hypothesis 1: *Organized interests well equipped with resources – financial¹ and personnel – will more likely enjoy privileged access than groups with weaker resources.*

Hypothesis 2: *Organized interests with specialized expertise – be it scientific, legal, economic, or impact-related – will more likely access the policy-making apparatus than interest groups with no specialized information.*

Closely related is the type of interest group. The literature provides various classifications of the types of organizations, e.g., organizations with corporative resources versus public interest groups, NGOs, and business interests (Beyers et al., 2008; Binderkrantz et al., 2014), sectional and cause groups. In line with Olson’s notion of concentrated interests, sectional organizations represent specific groups such as business associations of well-established and protected professions, doctors, and workers’ unions. These groups represent special interests that create concentrated costs and benefits for their supporters and are formed to obtain material benefits for specific groups (Klüver & Saurugger, 2013). Diffuse (Olson, 1965), civic, or cause groups (e.g., patients’ or healthcare advocates) are more idealistic, representing some belief or values as such. According to Lohmann, special interests generally win over diffuse interests as they have an advantage in terms of controlling or monitoring the actions of policy-makers (Lohmann,

1998). Hence, the organized groups are more successful in gaining access. Due to the collective action problem, individuals remain passive when it comes to nonexclusive public goods because they will benefit either way. Thus, they can “ride freely” on others’ efforts (Olson, 1965).²

Hypothesis 3: *Concentrated (sectoral, business) interests will more likely access the policy-making apparatus than diffuse (civic, cause-related) interests.*

Professionalization and longevity also may affect interest groups’ success in accessing institutions. Professionalization is often connected with Europeanization (Grabbe, 2001) and its impact on the domestic context (Pérez-Solórzano Borrágán, 2006). However, considering that the EU only has limited regulatory authority in healthcare, Europeanization is unlikely to be a mechanism for professionalization (see Riedel and Czarnecki in this volume). Rather, other learning processes, both domestic and perhaps also through international contacts, may enable organized interests to lobby more effectively (Pérez-Solórzano Borrágán, 2006).

Klüver and Saurugger (2013) specifically characterize professionalized organizations as having leadership with large resources, large membership, the claim to represent specific supporters, and the goal to influence policy outcomes as supporters wish. Furthermore, professionalized groups are organized and focus on the development of their personnel resources as well as on knowledge and the training of “technical skills” (Klüver & Saurugger, 2013, p. 187). Especially, the latter factor appears essential: “we define professionalization as the creation of positions, which require a high degree of qualification in terms of training and relevant working experience” (Klüver & Saurugger, 2013, p. 193). Lobbyists must undergo additional training, have relevant experience, and education levels. Hence, for the functioning and “strategic activities” both “operational” and “expert knowledge,” i.e., know-how is necessary (Carmin, 2010, p. 187). These “technical skills” are usually “acquired through professional training” (McGrath, 2005, p. 125; Staggenborg, 1988) and their need for development, i.e., training lobbyists.

Resources in terms of staff and finances might also play an important role in professionalization together with the age³ of an advocacy group (Maloney, 2008, p. 71). Material and human resources enable the continuous operations of the administrative apparatus of the organization: “In general, human resources refer to leadership, staffing, volunteers, and members. Professionalized organizations rely on paid staff to perform ongoing functions. Therefore, in these types of organizations, funding and staffing tend to be interrelated” (Carmin, 2010, p. 187). Thus, professionalization is strongly related to the mobilization of resources as it enables the “maintenance of the organization” (Staggenborg, 1988, p. 597) as well as its expansion.

Hypothesis 4: *The more professionalized an interest group, the more likely it will access the policy-making apparatus.*

Regarding longevity, with growing age, organizations might have created long-term bonds with political decision-makers (Carmin, 2010; Fraussen et al., 2015; Klüver & Saurugger, 2013). Furthermore, long-term organizational survival might have enhanced professionalization and, thus, strengthened an advocacy group. Put differently, the longer an organization lives, the more access it might enjoy (Kohler-Koch, Kotzian, & Quittkat, 2017). This may be of particular importance in the CEE context, as organizations that have survived the transformation process are likely to be highly viable and resilient (see Chapter 2).

Hypothesis 5: *The older an organization, the more likely it will access policy-makers.*

3 Research design

3.1 Data, variables, and operationalization

The dataset is based on a unique survey targeting healthcare interest groups in Czechia, Hungary, Poland, and Slovenia ($n = 217$).⁴ The participants responded to a set of questions, which we now draw on to identify general patterns that may explain the effect of interest group-related factors on influence – measured by access as a proxy. Before turning to the ordinal logistic regressions to estimate how the identified factors affect interest group access – access to parliamentary hearings and access to governing parties – and whether there is a cross-national variation, we briefly describe the data.

Access was measured on a five-point scale. Access to the parliament or participation in parliamentary hearings ranges from “no participation” to “very high participation” while access to governing parties is measured from “extremely difficult” to “extremely easy.” To facilitate data interpretation, both variables were recoded into a three-point scale. Parliamentary access ranges from “no participation,” “low to occasional participation” to “high to very high participation” while access to governing parties spans from “(extremely) difficult access,” “sometimes possible” to “(extremely) easy access” (see Table 7.1 for details).

We also categorized interest groups as diffuse or concentrated. We coded all patients’ and healthcare advocacy organizations as diffuse, and professional doctors, trade unions, and employees as concentrated interests. Furthermore, we created the variable “employees” by simply adding values of the variables staff and volunteers. This enables us to grasp the number of people working on an issue regardless of their status. The variable was then logged in order to not distort the results. Expertise was operationalized in terms of relevance: in the survey, we broke down expertise into four areas – scientific, legal, economic, and impact – and asked organizations to assess their relevance for influence on a scale ranging from “unimportant” to “very important.” Here, we also created a compound variable based on the means of the four mentioned areas. Financial stability (Carmin, 2010) has five values (see Table 7.1). Professionalization is measured

TABLE 7.1 Summary statistics of the dependent, independent, and control variables

<i>Variable</i>	<i>Obs.</i>	<i>Mean</i>	<i>St. dev.</i>	<i>Min.</i>	<i>Max.</i>
<i>Dependent variables</i>					
Access to the parliament	175	1.53	0.76	1	3
Access to the government	134	1.70	0.76	1	3
<i>Independent variables</i>					
Concentrated/diffuse	217	0.43	0.50	0	1
Employees (logged for analysis)	217	143.30	1 364.68	0	20 000
Financial stability	170	2.81	1.50	1	5
Expertise	167	2.43	0.68	1	3
Networking with other groups	166	1.55	0.70	1	3
Cooperation with other groups	175	2.10	0.63	1	3
Development focus	170	2.46	0.60	1	3
Members (logged for analysis)	217	28 960.99	342 678.20	0	5 012 008
Age (logged for analysis)	215	22.14	17.31	1	156
<i>Control variables</i>					
Type of the interest group	217				
Country	217				
Czechia	68				
Hungary	53				
Poland	46				
Slovenia	50				

Notes: Coding of parliament access variable: 1 = no or low participation, 2 = occasional participation, 3 = high or very high participation. Coding of governing parties access variable: 1 = extremely difficult or difficult, 2 = sometimes possible, 3 = extremely easy or easy. Coding of type of interest group: 0 = diffuse, 1 = concentrated. Coding of employees: the row total of volunteers and staff; for the analysis the value was added 1 and subsequently transformed into a logarithmic scale. Coding of financial stability: 1 = stable for less than 1 year, 2 = stable for 1–2 years, 3 = stable for 3–5 years, 4 = stable for about 5 years, 5 = stable for more than 5 years. Coding of expertise: 1 = unimportant, 2 = somewhat important, 3 = very important. Coding of networking: 1 = no, 2 = somewhat, 3 = very much. Coding of cooperation: 1 = never, 2 = occasionally, 3 = frequently. Coding of development focus: 1 = much less or less than 10–15 years ago, 2 = same as before, 3 = more or much more than before. Coding of members: the row total of individual, firm, and institutional members; for the analysis, the value was added 1 and subsequently transformed into a logarithmic scale. Coding of age: age as of 2020. Coding of the type: 1 = business interests, 2 = employees, 3 = trade unions, 4 = patients, 5 = doctors/professionals. Coding of country: the variable was transformed into a numeric variable with 1 = Czechia, 2 = Hungary, 3 = Poland, 4 = Slovenia.

first based on cooperation with others: interest groups reported whether they cooperate with other groups in terms of representation on advisory boards, joint statements, and joint political strategies (scale 1–3). These variables were aggregated based on their arithmetic mean. The variable “focus” is composed of focus on organizational development, focus on human resource development, fundraising, evaluation of efficiency and effectiveness, and strategic planning as

opposed to 10–15 years ago (Maloney, 2008).⁵ Furthermore, the increase or decrease of networking with like-minded organizations abroad might affect access (scale 1–3: no networking, increased somewhat, and increased very much). The last professionalization measurement targets the amount of members in an organization (Klüver & Saurugger, 2013) be it either individual, firm, or institutional members, also transformed into a logarithmic scale. Finally, we collected data on the founding year, which we then transformed into the age of the variable as of 2020. We also control for country and type of organization.

3.2 Method and descriptive overview

To obtain valuable information on the ordinal nature of the dependent variable “access,” we use ordered logit regressions (Eising, 2007; Kohler-Koch et al., 2017; McKelvey & Zavoina, 1975). As the dependent variable is ordinal, this method is most suitable to fully exhaust the potential of the data. Collinearity was tested with the Spearman’s rank correlation coefficient: our dependent variables indeed correlate but do not raise significant multicollinearity issues. Most estimates were highly significant. There is a relatively strong correlation between the number of members and the age of the organization. This is not surprising as with the rising age, organizations can acquire more members.

We collected 217 responses with a rather similar country distribution. The majority of respondents represent diffuse interests (nearly 60%) and more than 40% concentrated interests, while this distribution also applies for each country – apart from Hungary, where it is vice versa. Figure 7.1 describes organizations by type. Here, the distribution is quite similar for each country with the difference that more than 50% of responses came from patients’ organizations while less than a third come from medical professionals. The survey data suggest that the perceived influence of interest groups is rather high in all four countries (see Table 7.1 for the summary

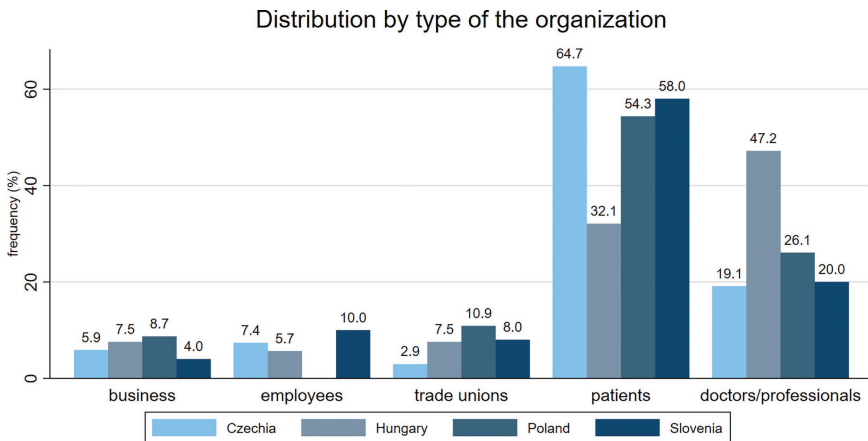


FIGURE 7.1 The type of organization by country.

statistics). Moreover, 50% of the sample organizations suggest that they have more or much more influence now compared to 10–15 years ago while only fewer than 20% suggest the opposite. The majority of Czech organizations report growing influence in the past 10 – 15 years (69.6%), while Polish and Slovenian organizations are less optimistic, but many still report no change or growth in their influence. Most Hungarian organizations, however, report during the same period either that their influence has been waning (31.4%) or stagnating (34.3%) (see Figure 7.2).

We analyze the dependent variable access with respect to access to the parliament (Figure 7.3) and governing parties (Figure 7.4). It is striking that the Hungarian and Slovenian sample organizations report in 85% and 73% of cases, respectively, no to low participation in parliamentary hearings while this is the case for only slightly more than one-third of Polish interest groups (see also Chapter 5 in this volume). Nearly two-thirds of Polish organizations report occasional or high to very high parliamentary participation. In Hungary, this pertains to 15% of the sample. Regarding access to governing parties the sample of Hungarian organizations report (extremely) easy access (31.6%) while in Slovenia only 13% enjoy (extremely) easy access to governing parties.

Turning toward the aggregate variable of expertise,⁶ there is a striking variance among groups in our sample of individual countries (Figure 7.5). Slovenian healthcare organizations appear to be most concerned about information as more than two-thirds (70%) regard it as very important followed by Hungarian organizations with nearly two-thirds (64%) opposed to only nearly 30% in Poland.

Regarding financial stability, only 5% of Slovenian organizations are stable for less than one year, while financially unstable organizations in Czechia, Hungary, and Poland account for a quarter of the sample. Contrarily, while two-thirds of Slovenian organizations claim to be financially stable for more than five years, our highest value on the scale, this only pertains to 10%–15% of organizations in the remaining countries.

The professionalization variables include the focus on organizational development, human resources, financial resources, evaluation as well as planning

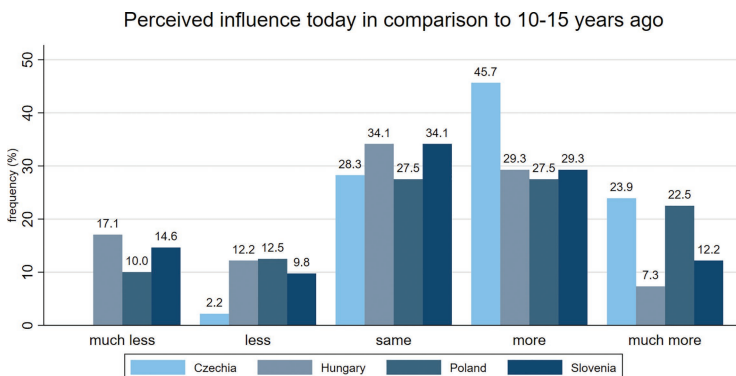


FIGURE 7.2 Perceived influence by country.

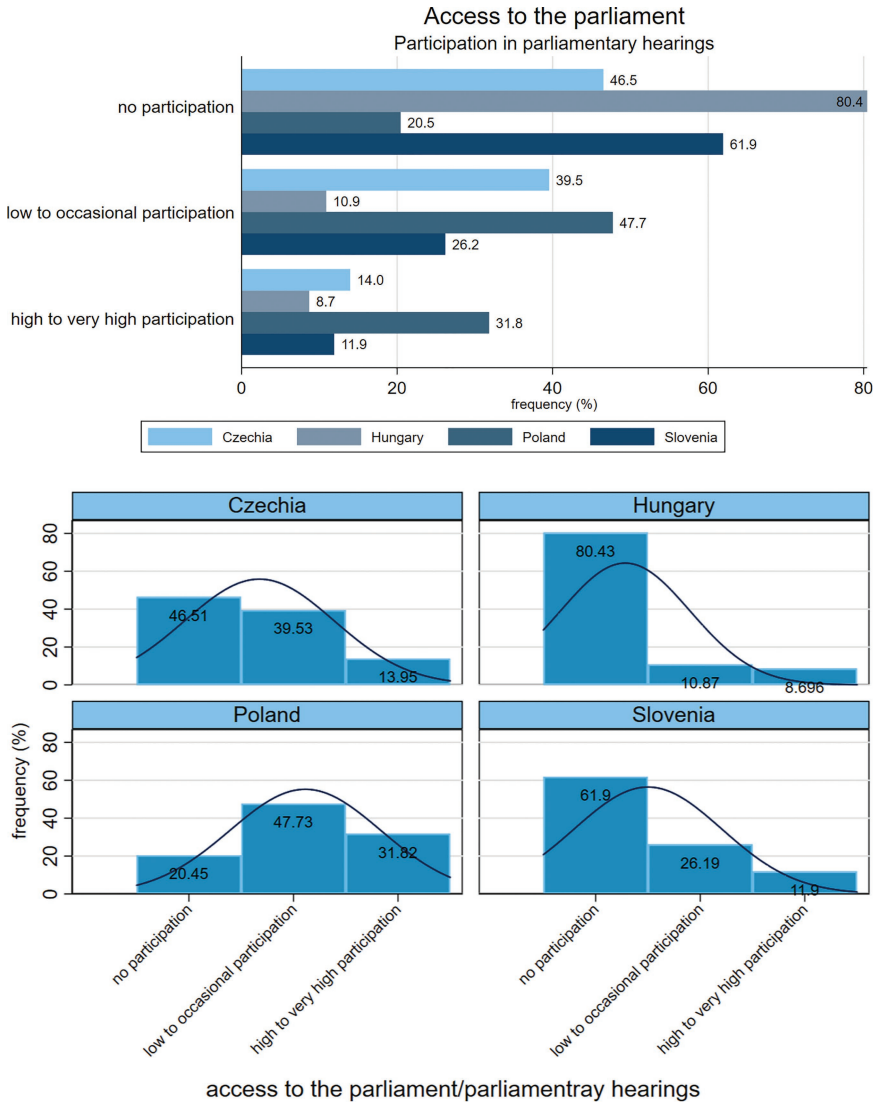


FIGURE 7.3 Participation in parliamentary hearings/committees by country.

compared to 10–15 years ago. “Organizational focus” is similarly high across the samples in all three countries (Figure 7.6). The focus on human resources, however, varies slightly across countries: in Slovenia, 70% of organizations claim to focus more or much more on human resources than in the past, while Hungarian organizations report no major changes. Organizations increasingly monitor their development everywhere except Hungary, where more than 50% of interest groups report no major changes. Finally, strategic planning is also of the highest relevance, while again, but Hungarian organizations seem to be less concerned about this aspect.

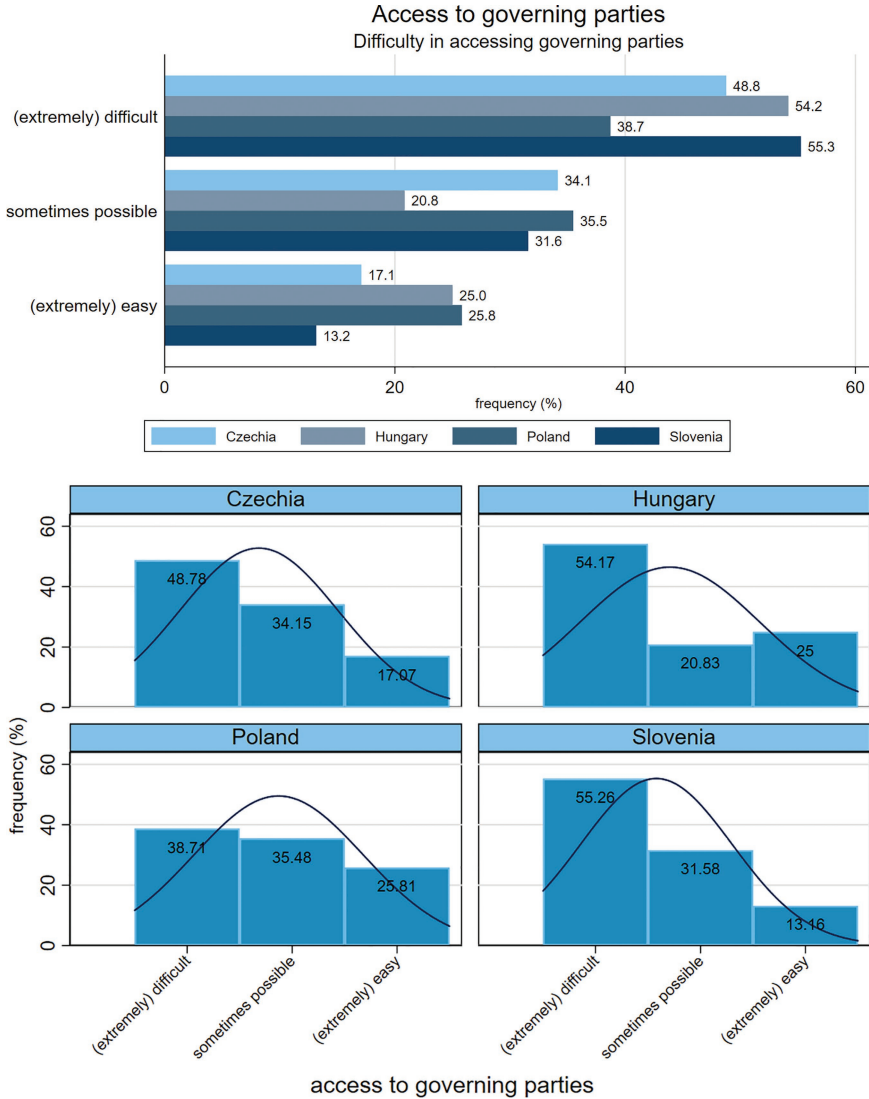


FIGURE 7.4 Level of difficulty when seeking access to governing parties by country.

For the regressions, we aggregated these indicators into a new mean-based variable “organizational focus” (for more details see the part on operationalization). We proceeded similarly with the variables “cooperation with other interest groups” in representation on advisory boards, in joint statements, and joint political strategies (Figure 7.7). There is noticeable variation regarding advisory boards: while for all countries the mean is “occasional” cooperation, Slovenian organizations appear to cooperate more often than the remaining countries. For cooperation on joint statements with other groups, the same distribution applies

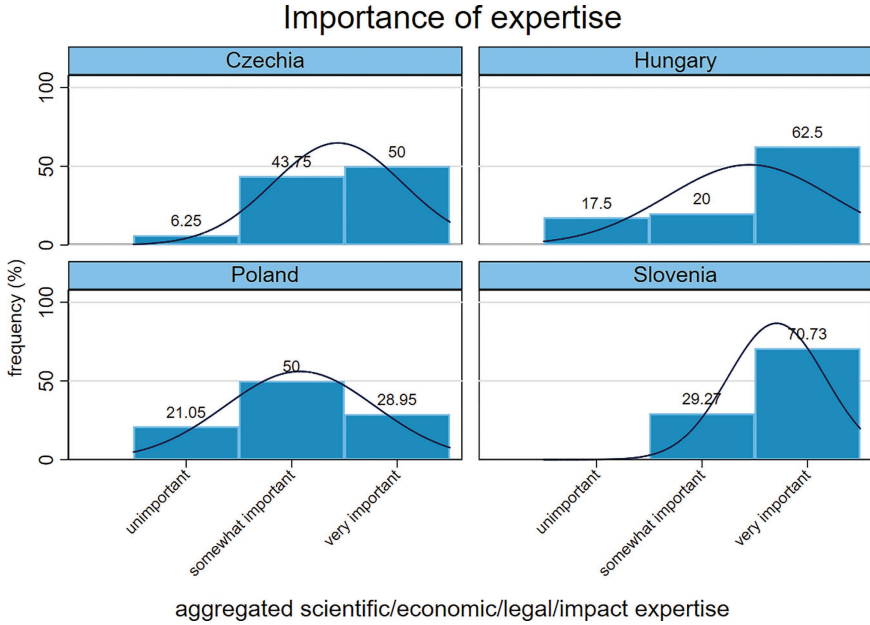


FIGURE 7.5 Expertise by country on average.

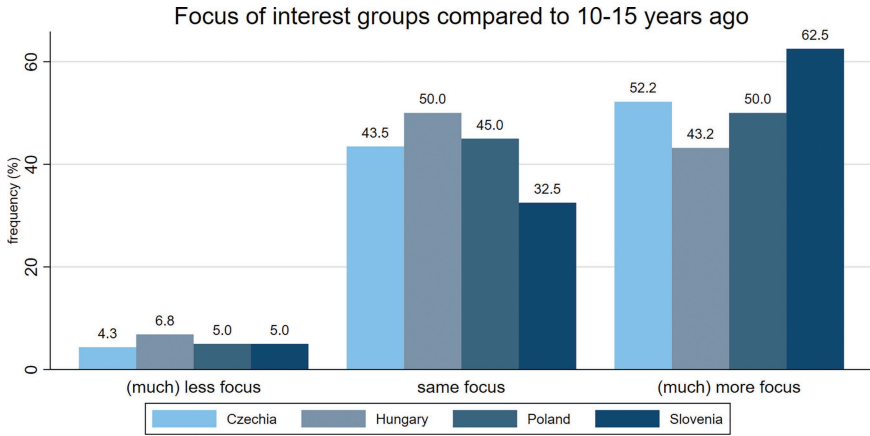


FIGURE 7.6 Aggregated focus of interest groups in the sample.

with the exception that Polish organizations appear to cooperate in this manner more “frequently” (46%), followed by Slovenian organizations (36%). Regarding strategies in our samples, strikingly 50% of Czech organizations “never” cooperate with others, while nearly a third of Slovenian organizations cooperate “frequently.” Apart from Czechia, “occasional” remains the mean response. The compound variable shows that Polish and Slovenian organizations cooperate

the most, while in Czechia a quarter cooperates “never.” Finally, on average, more than 52% of organizations have not increased networking (in Poland 61% opposed to 45% in Hungary) while healthcare organizations in Slovenia and Hungary increased networking “very much” or “somewhat” in approximately 54% of the cases (Figure 7.8). Slovenia hence appears to have the most professionalized interest groups in our sample.

The age of an organization might also affect its ability to access relevant institutions. Nearly all surveyed organizations emerged after the transition. However, some are even older (Figure 7.9), i.e., one foundation peak is in 1990/91, another one in 2006/07 probably in turn to the EU accession in 2004, and another finally, after 2009 (for more on longevity and foundation rates see Chapters 2 and 3).

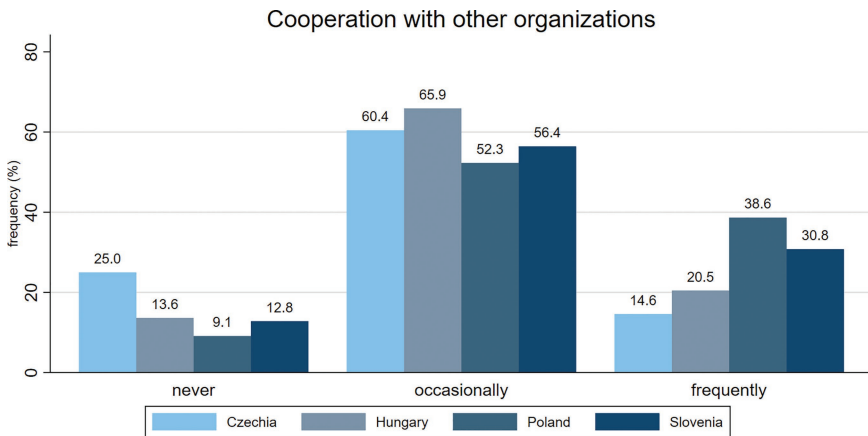


FIGURE 7.7 Aggregated cooperation of interest groups in the sample.

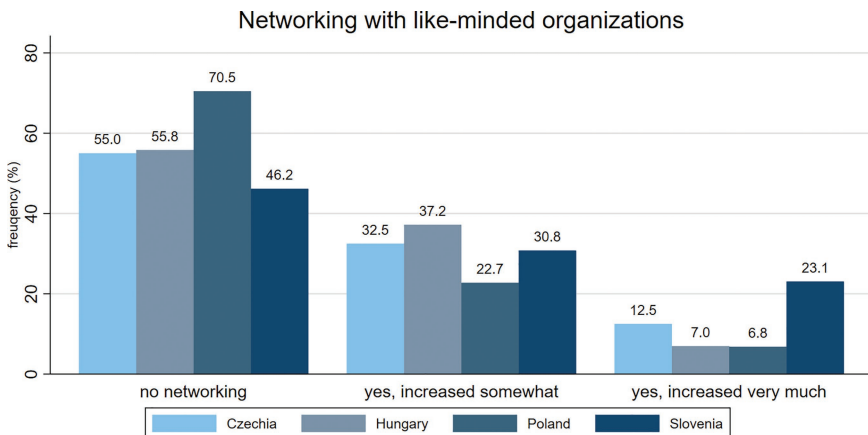


FIGURE 7.8 Increased networking for influence on national legislation.

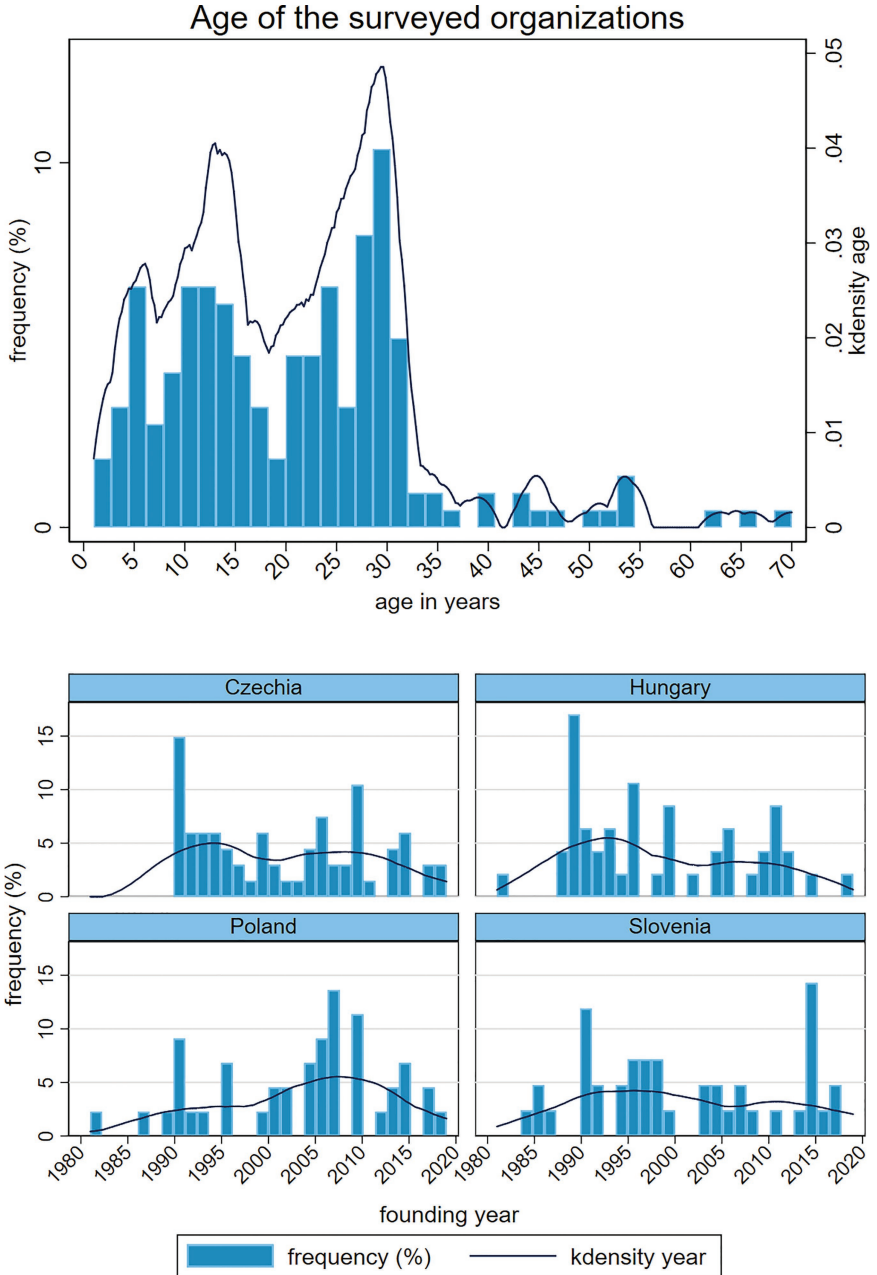


FIGURE 7.9 Age of the sample organizations.

4 Results

Tables 7.2 and 7.3 summarize the results of the stepwise regression – variables were added gradually to test how the coefficients change.⁷ However, as different models were tested, the results seem to go in the same direction. To facilitate the interpretations, we draw on probabilities, where some parameters are set to specific values while the others are kept at their means. We focus both on the overall prediction levels of factors and country-specific differences. Considering resources, first, financial stability appears to have a negative effect on the access to parliamentary hearings in our samples (Figure 7.10). The number of employees that was logged to prevent distortion due to extreme values, on the contrary, has a positive effect on participating in parliamentary hearings and committees, i.e., access to the parliament (Figure 7.11). However, the confidence intervals become wider as the number of employees rises – this is because there are only a few organizations with very many employees.⁸

The sample data show that the more employees, the greater the likelihood of access to the parliament. When considering individual countries, the number of employees appears to facilitate access to the Polish parliament the most. This, however, cannot be confirmed for access to governing parties. Regarding the effect of financial stability on parliamentary access, it counterintuitively appears that the financially stronger an organization, the weaker its access to the parliament. Hence, financial resources do not seem to enhance parliamentary access. Regarding access to governing parties, our hypothesis must also be rejected. Altogether, the data point toward confirming H1 regarding the impact of the number of employees on parliamentary access but not on the access to governing parties in the sample. Finances counterintuitively prove to have a negative effect on accessing the parliament and a positive effect when accessing governing parties. This, however, is not significant in the multivariate model, only in the univariate model, and hence cannot be confirmed. In the first case, therefore, our findings are in line with the result of Baumgartner et al. (2009) that financial resources do not automatically lead to success.

Expertise appears to have a positive effect on access, i.e., participation in parliamentary hearings: groups that regard expertise as very important are more likely to obtain access, but the results are not significant. For governmental access, this effect is confirmed only in the univariate model. Also contrary to our hypothesis, we find that concentrated groups neither enjoy privileged access to the parliament nor to governing parties. This variable appears to have a negative effect: the more concentrated, the weaker the access. However, the results across our models are not statistically significant.

Another set of factors, i.e., professionalization, might also affect the capacity of interest groups to access relevant institutions. The first component

TABLE 7.2 Ordinal logistic regression: access to the parliament

	<i>Model 1a</i>	<i>Model 2a</i>	<i>Model 3a</i>	<i>Model 4a</i>	<i>Model 5a</i>	<i>Model 6a</i>
<i>Access to the parliament</i>						
Concentrated/ diffuse	-0,11 (0,54)					-0,84 (0,77)
Czechia (ref. category)	0,00 (.)	0,00 (.)	0,00 (.)	0,00 (.)	0,00 (.)	0,00 (.)
Hungary	-1,28** (0,49)	-1,44** (0,54)	-1,61** (0,61)	-2,02** (0,69)	-1,50* (0,64)	-2,44** (0,75)
Poland	1,27** (0,42)	1,35** (0,47)	1,60** (0,51)	1,10* (0,55)	1,24* (0,51)	1,49* (0,59)
Slovenia	-0,52 (0,43)	-0,38 (0,54)	-0,55 (0,49)	-0,86 (0,55)	-0,44 (0,54)	-0,15 (0,65)
Business groups (ref. cat.)	0,00 (.)	0,00 (.)	0,00 (.)	0,00 (.)	0,00 (.)	0,00 (.)
Employees groups	1,18 (0,92)	0,70 (0,96)	0,38 (1,00)	0,91 (1,28)	0,44 (1,16)	0,12 (1,39)
Trade union groups	-0,14 (0,86)	-1,11 (0,94)	-1,69+ (1,02)	-0,82 (1,33)	-1,92+ (1,17)	-1,59 (1,41)
Patient groups	-0,17 (0,81)	-0,89 (0,73)	-0,97 (0,81)	-0,67 (1,11)	-1,43 (0,97)	-2,42+ (1,42)
Doctors / professionals	-0,30 (0,71)	-0,77 (0,75)	-1,09 (0,83)	-0,81 (1,13)	-1,58 (0,98)	-0,96 (1,15)
Employees (logged)		0,27* (0,10)				0,27* (0,13)
Financial stability		-0,17 (0,13)				-0,46** (0,18)
Expertise			0,46 (0,29)			0,32 (0,35)
Networking				0,07 (0,30)		0,09 (0,32)
Cooperation				1,14** (0,37)		1,16** (0,38)
Development focus				-0,53 (0,36)		-0,50 (0,37)
Membership (logged)				0,26** (0,10)		0,26* (0,11)
Age (logged)					0,03 (0,26)	-0,31 (0,32)
cut1	-0,15 (0,83)	-0,65 (0,83)	0,17 (1,08)	1,69 (1,53)	-1,42 (1,29)	-0,19 (2,13)

	<i>Model 1a</i>	<i>Model 2a</i>	<i>Model 3a</i>	<i>Model 4a</i>	<i>Model 5a</i>	<i>Model 6a</i>
cut2	1,66* (0,84)	1,32 (0,84)	2,04+ (1,10)	3,85* (1,58)	0,48 (1,29)	2,16 (2,15)
Observations	175	153	138	120	119	119
Pseudo R ²	0.114	0.148	0.152	0.213	0.135	0.267
Log likelihood	-154.80	-130.56	-117.64	-96.86	-105.82	-89.69

Standard errors in parentheses + $p < 0.1$, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

TABLE 7.3 Ordinal logistic regression: access to governing parties

	<i>Model 1b</i>	<i>Model 2b</i>	<i>Model 3b</i>	<i>Model 4b</i>	<i>Model 5b</i>	<i>Model 6b</i>
<i>Access to governing parties</i>						
Concentrated/ diffuse	-0,62 (0,52)					-0,85 (0,78)
Czechia (ref. category)	0,00 (.)	0,00 (.)	0,00 (.)	0,00 (.)	0,00 (.)	0,00 (.)
Hungary	0,12 (0,51)	-0,21 (0,54)	-0,35 (0,59)	-0,39 (0,72)	-0,35 (0,65)	-0,50 (0,76)
Poland	0,62 (0,46)	0,10 (0,50)	0,17 (0,53)	-1,01 (0,68)	-0,21 (0,59)	-0,91 (0,68)
Slovenia	-0,23 (0,44)	-1,33* (0,57)	-0,85+ (0,49)	-1,50* (0,61)	-1,01+ (0,56)	-2,25** (0,81)
Business groups (ref. cat.)	0,00 (.)	0,00 (.)	0,00 (.)	0,00 (.)	0,00 (.)	0,00 (.)
Employees groups	-0,09 (0,93)	0,22 (0,97)	-0,02 (0,95)	1,47 (1,46)	1,09 (1,19)	1,03 (1,60)
Trade union groups	-0,50 (0,98)	-0,32 (1,02)	-0,64 (1,01)	1,13 (1,70)	-0,24 (1,26)	0,62 (1,78)
Patient groups	-0,43 (0,84)	-0,02 (0,79)	-0,27 (0,77)	1,63 (1,34)	0,39 (1,03)	0,90 (1,70)
Doctors / professionals	-0,53 (0,78)	-0,40 (0,85)	-0,48 (0,84)	0,98 (1,38)	-0,33 (1,09)	1,14 (1,45)
Employees (logged)		0,12 (0,10)				0,13 (0,14)
Financial stability		0,31* (0,15)				0,27 (0,21)
Expertise			0,62* (0,30)			0,56 (0,37)
Networking				-0,52 (0,35)		-0,62+ (0,37)
Cooperation				1,47*** (0,41)		1,42** (0,43)

(Continued)

	Model 1b	Model 2b	Model 3b	Model 4b	Model 5b	Model 6b
Development focus				0,78 ⁺ (0,41)		0,81 ⁺ (0,43)
Membership (logged)				0,27 [*] (0,11)		0,17 (0,13)
Age (logged)					0,23 (0,28)	-0,11 (0,34)
cut1	-0,56 (0,86)	0,54 (0,92)	0,86 (1,06)	6,33 ^{**} (2,24)	0,34 (1,42)	6,64 [*] (2,85)
cut2	0,94 (0,86)	2,15 [*] (0,94)	2,39 [*] (1,08)	8,26 ^{***} (2,32)	1,88 (1,43)	8,70 ^{**} (2,91)
Observations	134	119	111	91	90	90
Pseudo R2	0.022	0.043	0.035	0.183	0.037	0.210
Log likelihood	-135.07	-117.98	-110.86	-77.73	-90.94	-74.57

Standard errors in parentheses ⁺ $p < 0.1$, ^{*} $p < 0.05$, ^{**} $p < 0.01$, ^{***} $p < 0.001$.

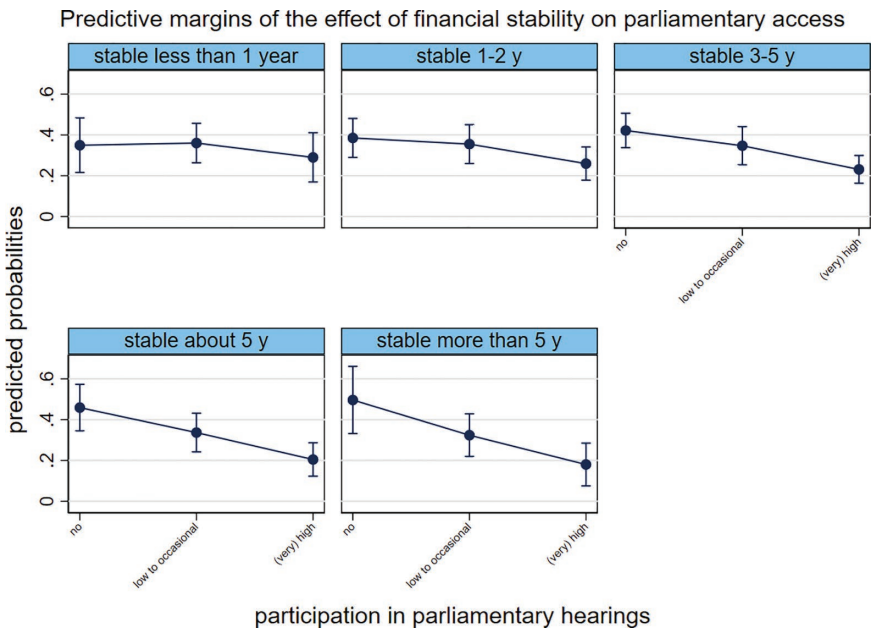


FIGURE 7.10 The negative effect of financial stability on the access to parliamentary hearings.

of professionalization is cooperation in terms of representation on advisory boards, joint statements and joint political strategies: according to our data, with higher levels of cooperation, groups are more likely to have a higher level of both parliamentary access and access to governing parties with a very significant effect.

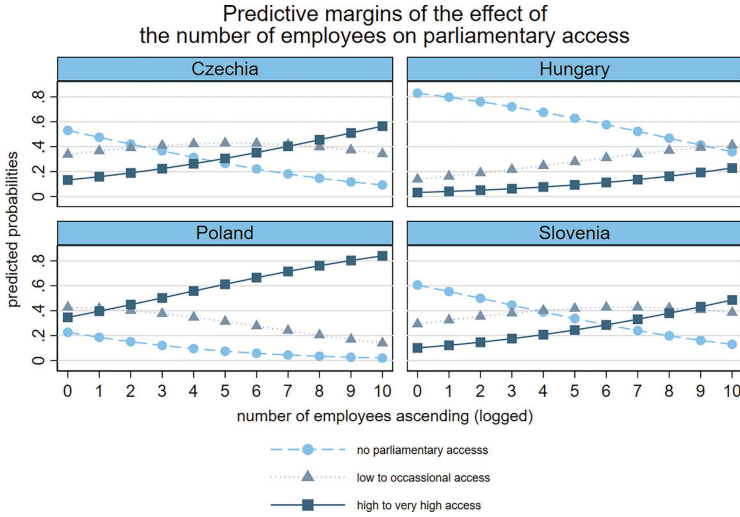


FIGURE 7.11 The positive effect of staff size on the access to parliamentary hearings.

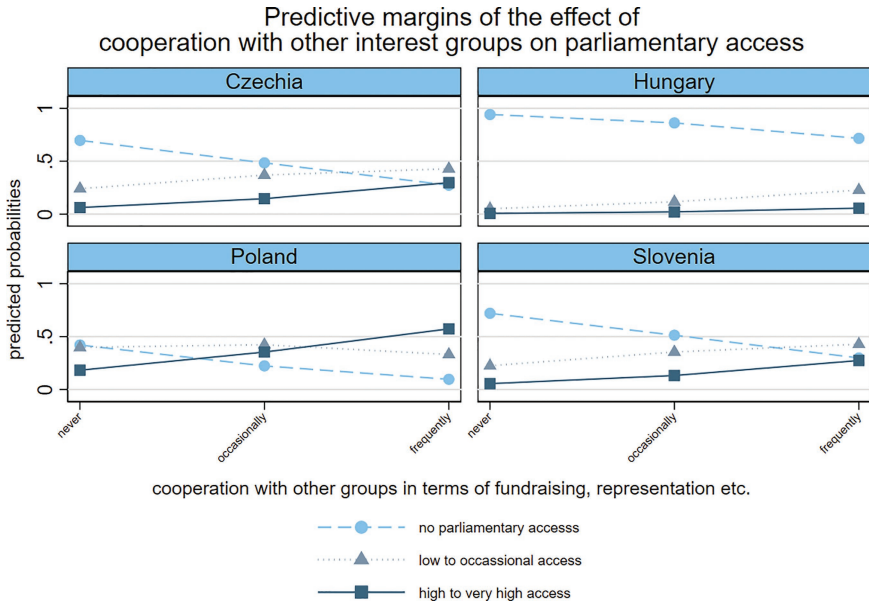


FIGURE 7.12 The positive effect of cooperation on the access to parliamentary hearings.

Figures 7.12 and 7.13 show that access is more likely when cooperation is stronger and vice versa: groups are more likely to experience difficult access when there is little to no cooperation between them. The second graph shows how access is likely to change with higher cooperation rates, especially in Poland. In

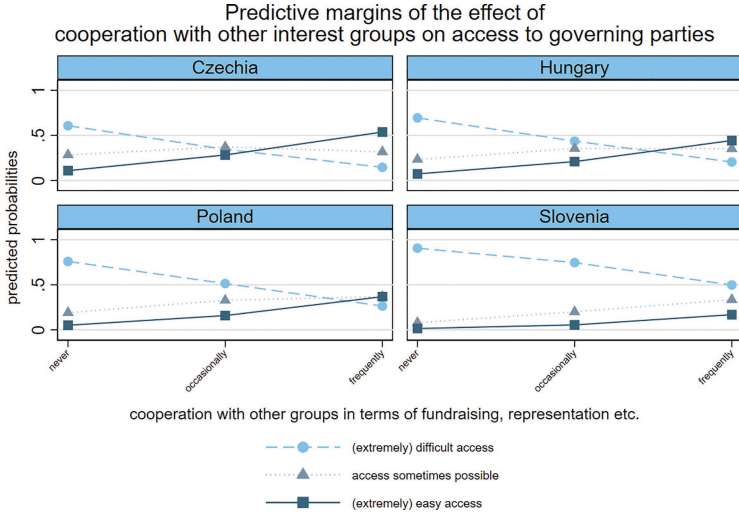


FIGURE 7.13 The positive effect of cooperation on the access to governing parties.

Hungary and Slovenia, the effect is somewhat weaker. Part of H4 is hence confirmed. Considering the effect of “focus” (on organizational development) on accessing the parliament, there is a negative effect, i.e., focus does not increase the likelihood of parliamentary access. Thus, the higher the levels of focus, the more likely access to the parliament drops. However, this negative effect is not significant and cannot be confirmed with certainty. By contrast, when accessing governing parties, “focus” is slightly significant (10%) with a positive effect; organizations focusing on their development are more likely to be successful in accessing governing parties. Hence, this part of H4 cannot be confirmed with certainty. Another hypothesized component of professionalization is networking; data show that networking with like-minded organizations does not affect parliamentary access. By contrast, networking has a negative effect on access to governmental parties. The trend thus seems negative despite the lacking statistical significance. Large membership in interest groups is also very likely to positively affect parliamentary access, i.e., the more members an organization has, the more likely it enjoys parliamentary access (significant). The finding is the most striking for Poland, where the trend toward the predicted probability of (very) high participation is more pronounced than for other countries (Figure 7.13).

The same applies to access to governing parties, but only in the univariate model, where the effect is positive and significant. As this trend is not confirmed when controlling for other factors, we cannot confirm that membership affects access to governing parties. Our data support H4 for every type of cooperation. Membership is significantly relevant only for parliamentary access while ‘focus’ is only slightly significant in the case of accessing governing parties. Theoretically, this makes sense as groups with more members represent a greater part of the society and, hence, are able to exert more pressure on politicians (Klüver & Saurugger, 2013).

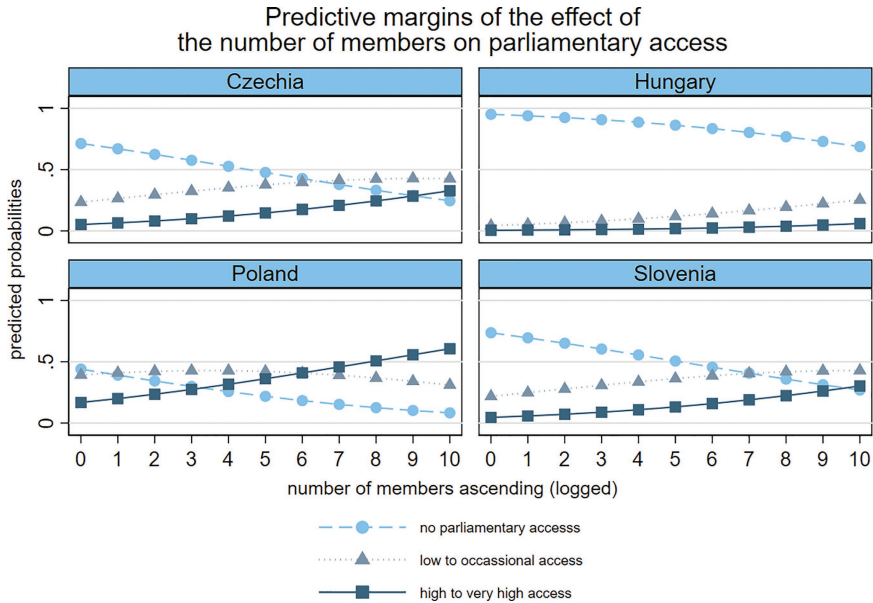


FIGURE 7.14 The positive effect of membership size on the access to parliamentary hearings.

Finally, does the age of organizations affect access? Our data show that access is not, or if at all negatively, affected by the age of the organization. However, this effect is not significant and cannot be confirmed with confidence as the estimation error is too high. Hence, Hypothesis 5 cannot be confirmed as the results are ambivalent and not robust. Even though secondary data support the relevance of a long-term relationship (Kohler-Koch, Kotzian, & Quittkat, 2017), our data are inconclusive.

5 Conclusion

In this chapter, we measured political access by means of the participation in parliamentary hearings or committees (parliamentary access) and political access to governing parties based on a sample of more than two hundred healthcare organizations in four post-communist countries. We explored and tested commonly theorized factors facilitating political access as a proxy for measuring political influence. Based on data from a unique large-scale survey, we analyzed the data with ordinal logistic regressions (Eising, 2007; Kohler-Koch et al., 2017), while taking the factors “resources,” “expertise,” “concentrated vs. diffuse interests,” “professionalization,” and “longevity” into account.

Our data show that resources (H1) are an important driving force for access. Human resources appear to facilitate both parliamentary access and access to governing parties. It is likely that more personnel can better monitor

the policy-making process and simultaneously enable the organization to engage more quickly due to the more efficient distribution of the work burden. Even though the theoretical literature emphasizes the significance of financial resources for lobbying success, the results do not show a link between financial strength and institutional access, at least to the parliament. We did observe an effect on accessing governing parties though. This might be related to lobbying regulations and electoral laws in the respective countries and should be re-evaluated with in-depth case studies.

We also found some evidence of the importance of expertise (H2). Despite its relatively weak statistical significance, the level of expertise and the ability to share it appear to be more important than finances, which is noteworthy from the perspective of democratic quality. This rather positive image of post-communist healthcare policy-making is also supported by the negative findings on concentrated (e.g., medical doctors) and diffuse interests (e.g., patients) (H3); both camps seem to have equal chances of accessing political institutions. Hence, there seems to be no major democratic imbalance as societal groups generally endowed with weaker organizational capacities are given a voice as well. Again, from the perspective of democratic quality, the insignificance of longevity (H5) means that there is no pronounced representation monopoly of older organizations, many of which existed under communism, as our analysis shows that younger organizations have an equal chance of being heard.

Regarding professionalization (H4), cooperation with other groups and membership increases the likelihood of institutional access, while the focus on organizational development and networking did not. Moreover, it appears to be of utmost importance that they have enough personnel to tend to day-to-day business and prepare relevant expertise. Especially in the healthcare sector, personnel, interorganizational cooperation, and to some extent expertise are essential for accessing political institutions as the policy area itself strongly demands both expertise and qualified personnel. Particularly encouraging for patients' organizations is that they have the same chance of being heard as professional organizations and that financial resources are not a prerequisite for access. Rather, organizations wishing to gain access need to cooperate and demonstrate strong membership support as more members facilitate greater success in institutional access.

Despite these relatively clear findings, our approach bears some limitations. First, the models convey a first assessment and are not necessarily generalizable to other policy areas and country contexts. The significance levels and confidence intervals posed an additional statistical limitation. Yet, even though they were low, the models proved to be robust, as the results were similar even in other models if not stated differently. Nevertheless, we have no means to test the accuracy of the data provided by organizations, as they are largely based on self-perception. Furthermore, we focused solely on direct strategies, and indirect ones, i.e., raising voice through media have to be considered as well (see Czarnecki in this volume). A larger sample would also add to the reliability of the findings. Thus, despite the notorious difficulties of interest group research

and the low number of interest groups in these countries, this study lays the groundwork for future research. For example, scholars should engage with case study methods to more systematically explore the causal mechanisms revealed in this study. Specifically, other scholars should explore exactly how the demands of different stakeholders are balanced, what institutionalized forms exist for collaboration between different stakeholders, and how individual stakeholder groups have shaped concrete healthcare reform endeavors in CEE.

Notes

- 1 This hypothesis warrants caution as scholars like Baumgartner (2009) find support that monetary resources do not automatically translate into success.
- 2 Interestingly, on the European level Bruycker, Berkhout, and Hanegraaff (2019) find opposing evidence to Olson's theory. Business interests are weak while civil society is strong especially on specific policy issues.
- 3 For more on longevity and its importance as well as detailed analysis, see Chapter 2.
- 4 The organizations were contacted based on a population ecology (see Chapter 3) created by means of public registries. More on the survey design can be found in Chapter 1 and the Annex in this volume.
- 5 Individually they were measured on a five-point scale (much less, less, the same, more, much more) and the compound variable was recoded to take values from 1 to 3: (much) less, the same and (much) more.
- 6 We asked about the importance of technical or scientific, economic, legal, impact assessment expertise/information on the influence on policies and created an aggregate variable.
- 7 Summary statistics are presented at the bottom of both tables. The log likelihood is indicated and the overall fit of the model is estimated by the log likelihood ratio Chi-Square test indicates that the models are highly significant. McFadden's R² test shows that the model explains 26.7% of variance for the model of government party access and 21% in the case of parliamentary access – for the models where all variables are included (Model 6a and 6b). The univariate models account for less variance. The Brant test was not significant in most of the models, only in the models 3b, 5b and 6b, hence making the ordinal logistic regression for the access to governing parties slightly inappropriate.
- 8 In general, the confidence intervals vary in a wide range with many of the models. We omit detailed information on confidence intervals for the sake of undisturbed readability. The same applies for specifications on significance.

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