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Paola Mattei

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ARTICLES

Party System Change and Parliamentary Scrutiny of the Executive in Italy

PAOLA MATTEI

Conventional wisdom suggests that internal institutionalisation of parliamentary procedures causes greater policy effects on executive decisions and secondary legislation. The role played by parliaments in policy-making depends on internal processes, but it also depends on other factors, such as the changing structure of the party system – the bipolarisation of which determines the legislative opposition's strategy and performance. The empirical research discussed in this paper shows that the Italian parliamentary process for approving and implementing secondary legislation changed considerably – from pervasive and substantive to formalistic and procedural – during the 1990s, as a result of the parliamentary opposition behaving differently in response to the accomplished alternation in government. Despite the greater institutionalisation of the Italian Parliament, parliamentary scrutiny of secondary legislation has in fact had a diminishing impact on policy. This paper evaluates the increasingly limited power of parliamentary committees to amend delegated legislation in draft against a comparative analysis of the law-making process and performance of the opposition. The effect on policy of parliamentary scrutiny of secondary legislation is found to be proportionately related to consociational practices during the legislative process. The scrutiny of parliaments is greater when the balance between the legislative majority and opposition is characterised by consociational practices.

The effectiveness of parliamentary scrutiny, in terms of qualitative impact on secondary legislation,[1] depends on the transformative resources of parliament, and more generally on the centrality of parliament to the policy-making

Paola Mattei has recently gained her PhD in the Department of Government at the London School of Economics and Political Science, London.

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process – in Mezey's terminology, on active legislatures rather than reactive.[2] The Italian Parliament has been ranked as having the greatest effect on policy in Western Europe.[3] It is highly institutionalised, remarkably resilient in the face of the political turmoil of the 1990s, and continuously developing its organisational complexity.[4] However, the relationship between the degree of institutionalisation and the role of the Italian Parliament in influencing secondary legislation is not as unambiguous as claimed. Parliamentary hyper-activity and hyper-institutionalisation of procedures do not coincide readily with policy *impact.* This raises the question of empirical assessment of the qualitative nature of parliamentary scrutiny of delegated legislation, namely the potential parliamentary influence on executive policy decisions. This paper traces the evolution of the Italian Parliament's influence over legislative executive decrees in the 1990s (*decreti legislativi*), and relates this to changes in the behaviour of the parliamentary opposition during the legislative control of drafts from the executive. The aim is to assess whether the Italian Parliament's ability to change government policies by amending the secondary legislation submitted for parliamentary approval diminished in the 1990s as a result of the bipolarisation of party competition. Credible and accomplished alternation in government changes the behaviour and strategies of the parliamentary opposition, which must be perceived by the electorate as presenting an alternative policy programme. The alternation in government partially mitigates the problem of parties lacking real differentiation in their policy programmes and being unable to articulate clear policy alternatives between which voters can choose.[5] The polarisation of the party system, which is accepted by the Italian electorate,[6] creates the most favourable conditions for an alternation in government, as it did in the 1996 and 2001 general elections.

What this paper attempts to demonstrate is that the *quality* of parliamentary impact and its effectiveness depend primarily on variables which go beyond parliamentary procedures and the extent of internal institutionalisation, and include the dynamics of party competition. In Italy throughout the 1990s, the changing quality of parliamentary scrutiny – broadly from 'substantive' to 'legalistic' impact[7] – indicates that the Italian Parliament is neither an isolated and independent actor, nor a microcosm shielded from external actors and institutions, counter to the claims of those who minimise the influence of the electoral arena and the external environment.[8] As far as parliamentary scrutiny of delegated legislation is concerned, internal procedures matter because they constrain the government's behaviour. Recent reforms of the standing order of the lower chamber suggest that parliamentary scrutiny of delegated legislation has indeed been procedurally and institutionally strengthened.[9] But even a highly institutionalised and organisationally complex parliament, such as in Italy, can adapt to external changes and is

inevitably affected by them. As the structure of the Italian Parliament becomes increasingly government-centred, and the *de facto* legislative veto power of small parties is reduced to an executive 'prejudice' associated with a majority democracy, there are fewer opportunities for substantive participation by the opposition in the parliamentary decision-making process. This is because majority and bipolar rules offering alternating coalition should reduce consociational practices in parliament.[10] The bipolarisation of party competition has increased transparency, and possibly accountability, between parliamentary majority and opposition. Parties in opposition are no longer alienated from the system. The factions which are not in government do not just wait for the next reshuffle, but have real prospects of gaining office and offering alternative policies to the electorate.[11]

Therefore, the increasingly dualistic nature – typical of the model of alternation[12]– of the dynamics of the parliamentary majority and the opposition, has rendered consociational practices between the opposition and the majority less central to the internal functioning of the Italian Parliament. This cooperation, essential to the centrality of parliament in the policy-making process, characterised the legislative process, especially in the formation of relatively minor legislation (*leggine*).[13] However, the applicability of the 'centrality thesis' of the Italian parliamentary arena remains to be reappraised as far as policy-making is concerned, given the intrinsically heightened steering capacity of the executive during the legislative process of delegated legislation, combined with the increasing use and expanding scope of instruments of delegated legislation[14] as a way to enact contentious structural reforms rather than technical matters in most sensitive policy areas – such as health care, pensions and public employment. If the Italian Parliament's institutional legitimacy in the political system no longer depends on fulfilling the role of 'compensation chamber',[15] this ensuing centrality of parliament might need to be reconsidered; particularly given the exponential increase in the use of delegated legislation for enacting structural and far-reaching reforms during the 1990s.[16]

Although it is difficult to assess empirically the exact contribution of the parliamentary opposition to draft legislative decrees, owing to consociational practices, the function of integration, and the lack of publicity given to committee work, it is both possible and illuminating to study parliamentary scrutiny of delegated legislation as an empirical phenomenon. In this context, the central role of parliament is understood to affect policy outcome rather than the functions of representation and legitimation. Parliamentary scrutiny of delegated legislation is defined in this paper as 'more or less effective' depending on whether the substantive issues of secondary legislation are altered by the parliamentary majority and/or opposition *ex ante*, that is before the executive decree is issued.

This paper compares two distinct legislative processes regarding complex structural health care reforms, focusing in particular on the most contentious issues which entail confrontation between the majority and opposition parties, so as to maximise the identifiability of the performance of the opposition in the parliamentary debate. The 1993 Ciampi government legislative decree and the 1999 Prodi government decree reforming health care are analysed.[17] Both were aimed at implementing far-reaching reforms affecting wide-ranging aspects of the national publicly integrated health care system, but attention is focused here on the public employment terms and conditions of hospital-based doctors, that is Article 15 of both decrees. This article is an attempt to regulate the access and recruitment, functions and private consultancy practice of the medical profession, mainly stipulated by law in Italy.[18] This analysis focuses on the amending legislative work on secondary legislation, carried out by standing parliamentary committees of both chambers. The performance of the opposition is assessed mainly on the basis of its legislative input in creating, revising and defeating the legislative majority's proposed amendments during the formulation of the committees' resolutions. The analysis looks at both chambers of the Italian Parliament.

GOVERNMENT, OPPOSITION AND LEGISLATIVE DECREES IN ITALY

Parliament and Legislative Decrees

Delegated legislation has been analysed as far as it impinges on the executive–legislative subsystem,[19] to assess the extent to which the increased usage of decree authority is responsible for shifting the constitutional balance from the legislature to the executive in any given political system. Delegated legislation is distinctive in so far as it provides the executive with formal policy leadership resources to guide the legislative process. However, the usage of instruments of delegated legislation is far from being simply a displacement of law-making from parliament to the executive, or a consequence of parliamentary decline. Instead, it represents a peculiar way for the executive 'to handle the parliamentary process'.[20] The legislative process associated with delegated legislation does not exclude parliamentary involvement. This paper does not attempt to address the changing nature of executive–legislative constitutional balance. It focuses on the consolidation throughout the 1990s of a new, and increasingly predominant, procedural and continually sustained interpretation of executive prerogatives in the exercise of legislative functions. This is not a question of departure from the constitution,[21] nor a question about the relative winners and losers of delegated legislation, nor about the alleged 'abuses' of the executive. As Morisi has argued, delegated legislation is a *sui generis* way of representation and decision-making.[22] The legislative process of delegated legislation is distinct

from government bills for its *a priori* expected executive autonomy in law-making.[23]

This paper investigates the impact of parliamentary scrutiny of draft legislative decrees (*decreti legislativi*), a peculiar form of delegated authority, submitted for *ex ante* and formal judgement (*parere*) to the relevant standing committees in both chambers.[24] Legislative decrees are attractive because they are hybrid instruments which offer the executive the possibility of co-legislating with parliamentary committees rather than imposing its policy decisions with decree-laws. *Decreti legislativi* are executive decrees which have the force of law and are issued by the government in accordance with the principles and criteria set out in their parent enabling law, enacted by parliament in the form of an ordinary legislation.

In addition to the distinctive process associated with legislative decrees and the opportunity such decrees offer for co-legislation, another reason for concentrating on the study of this type of delegated legislation is that parliamentary scrutiny, generally of executive actions, and more specifically of secondary legislation, had acquired unprecedented empirical predominance by the end of the 1990s.[25] The total number of legislative decrees increased exponentially throughout the 1990s. In the X Legislature (1987–92) the total number of decrees issued by the executive was 129, and in the XIII (1996–2001) it increased to 425 (of which 242 derived from enabling laws not connected to the implementation of European directives). The increase in the use of this instrument combines with its increased centrality as a mechanism for implementing far-reaching and complex reforms. The reforms of the welfare state, public employment and administrative decentralisation have mainly been implemented through delegated legislation instead of primary legislation and government bills.

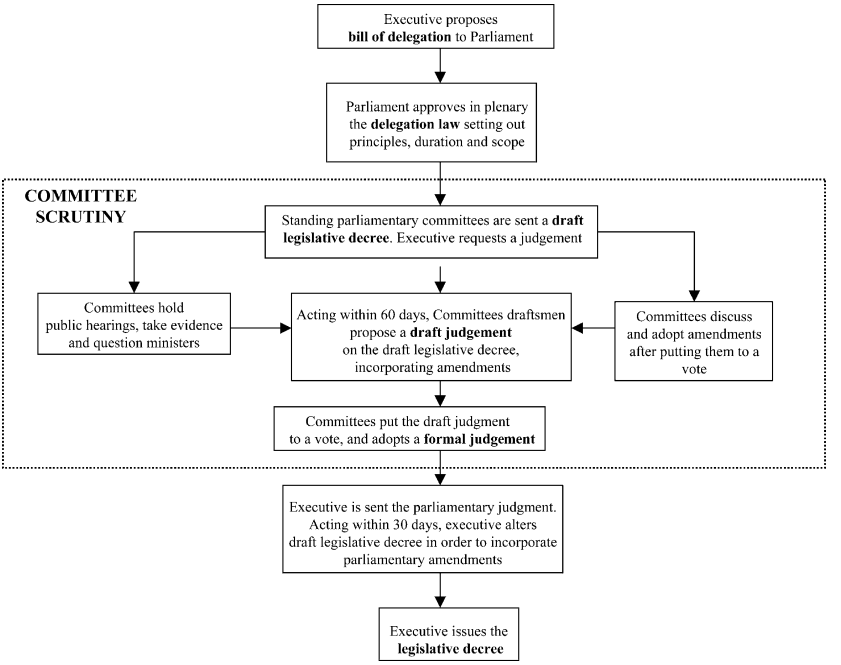
As regards procedural constraints and opportunities, it could be argued that formal procedures are merely a legal technicality and that policy analysis of the legislative process should reduce them to a minimum.[26] The policy process arguably cannot be confined to the formalistic study of parliamentary procedures. Yet these procedures have a pervasive political significance for and impact on the majority–opposition relationship, for they offer various institutional and political resources, including resources to individual MPs and parliamentary groups. First, formal procedures make the mechanisms of the legislative process more transparent than consociational practices would allow,[27] thus linking with greater accountability the electoral and parliamentary arenas. Secondly, the institutional rules structuring parliamentary scrutiny of legislative decrees offer an opportunity for mediation and consensus building between the majority and the opposition. Thirdly, rather than inhibiting the leading role of the executive in delegated legislation, the kind of parliamentary scrutiny that exists in the Italian Parliament serves the interests of the

executive in two ways. First, the government can draw on the expertise of committees and the bodies that they consult, including pressure groups, for the hearings. This parliamentary contribution helps the executive in drafting the legislation.[28] Secondly, the heavy substantive scrutiny of the parliamentary committees offers the executive the opportunity to share political responsibility for contentious reforms, as well as the blame, if necessary.[29] This is more evident and useful in coalition governments.[30]

The formal procedures of parliamentary scrutiny of legislative decrees are established by three legal sources: the constitution, the standing orders of the chambers, and the additional provisions contained in the enabling law, which transfers legislative authority (*legge di delega*) to the executive. As far as the constitution is concerned, Article 76 establishes three conditions for the transfer of legislative authority to the executive through an enabling law: the explicit statement in the enabling law of principles and criteria of delegation; a fixed term duration of delegation; and the definition of the matter of delegation. Article 72 of the constitution excludes the possibility of enacting enabling laws through the decentralised function of legislative authority to parliamentary committees (*sede legislativa*).[31] In the light of Article 76 of the constitution, Article 14 of Law no. 400 of 1988 establishes that, when the duration of delegated legislative authority exceeds two years, the executive must submit a draft for approval to the standing committees of both chambers of parliament. As Figure 1 shows, the committee judgement is formulated by the relevant standing committees within 60 days. Committees have a prominent role in debating – for a time of up to four months – the merits of the draft presented by the executive, questioning members of the government, requesting evidence from outside bodies, and holding hearings with interest groups.[32] The committees can also request the opinion of other committees, the most relevant usually being Constitutional Affairs (I) and Budget (V). During this time the committees may also receive reports from other institutions, such as the Court of Accounts, or the Council of State, or independent agencies.[33] After receiving the judgement, the executive has 30 days to alter its draft legislative decree accordingly.

In addition to the ample time allocated to debating the draft decree in parliament, parliamentary contribution to the legislative process is preventive – the parliamentary judgement is adopted before the executive has issued legislative decrees and they have acquired the force of law – which is a significant incentive for substantive parliamentary scrutiny. It must be noted that parliamentary judgements are not binding,[34] but constitutional doctrine has established that they can be ignored 'only with valid reasons', which must be stated in the final decree issued.[35] The preventive nature of parliamentary scrutiny is fundamental, as it inserts the parliamentary arena directly into the policy-making process and establishes an *a priori*

FIGURE 1
PARLIMENTARY SCRUTINY OF LEGISLATIVE DECREES



impact. In practice, the parliamentary function ceases to be consultative and becomes a direct scrutiny of executive legislative powers.[36] Parliament authorises the executive to legislate, but in fact ends up co-legislating with it.[37]

The 1993 Ciampi Health Care Reform and the Legislative Process of Amendment

The process of debating and amending the legislative decrees reforming the health care sector in 1992–93, enacted respectively by the Amato and Ciampi governments, illustrates the arrangements, scope and impact of parliamentary scrutiny under a cooperative type of majority–opposition relationship in parliament. This paper concentrates on some of the more contentious issues associated with the health care reforms, namely the public employment of hospital-based consultants. In May 1993, the Ciampi government presented a draft legislative decree to the parliamentary committees of Social Affairs in the lower chamber and Health Care in the Senate. This decree amended the 1992 Amato reform, which had been widely contested by the parliamentary majority and large parts of civil society.[38]

There were two particularly problematic issues regarding public employment. The first of these was the exclusion of categories of salaried state employees (Article 8), and the second, the access and recruitment, functions, and performance evaluation of the most senior hospital consultants, who enjoyed the same legal status as senior civil servants (*dirigenza sanitaria*) (Article 15). The government legislative decree implied that some categories of doctors would cease to be public sector salaried and would be forced to become independent contractors with the public sector or self-employed. For instance, the draft decree provided for the renewal of the general practitioners' contracts with the public sector, but not for that of specialist doctors in local surgeries. The latter would become self-employed and would be paid on a fee-for-service basis,[39] losing the job security and privileges associated with public sector employment.[40]

Specialists in local surgeries were not the only category of doctors 'neglected' by the 1993 draft legislative decree. The contractual arrangements of emergency doctors within public sector employment were not clearly defined either. The omission of 30,000 'emergency doctors' was particularly problematic for general practitioners, because of the risk that emergency doctors could be included in the same public contract as them, thus enlarging the supply of GPs. The Federazione Italiana Medici di Medicina Generale (FIMMG), the leading association of general practitioners and paediatricians, claimed that not distinguishing between general and emergency medicine would result in the latter soon 'invading' the job market of the former.[41]

The final judgement of the lower chamber's Social Affairs Committee considerably amended the draft legislative decree excluding specialists in local surgeries and emergency doctors from public sector employment, and proposed to maintain all of them in the public sector.[42] This was followed by the drafting of an entirely new section regarding public sector employment in the health care sector and amending Article 8:

> local health care authorities can employ specialists as established by existing contracts ... regions can identify special areas of health care services which require the adoption of public sector employment contracts with them; for this purpose, those specialists in local surgeries who, on 31 December 1992, have been working for five years as independent contractors may apply to the first level of *dirigenza*, prior to an evaluation of the established requirements.[43]

The parliamentary committee thus suggested that regional governments identify areas of health care services as necessary. This was not consistent with the announcement by the Treasury in 1994 that cost containment would primarily affect personnel costs.[44] The government accepted the revision made by the parliamentary committee and issued the decree on

24 November 1993, using the exact wording proposed by the Social Affairs Committee.

The parliamentary majority was able to defeat its own government. As for the parliamentary opposition, there could not be a clearer sign of its position than the final no vote against the judgement proposed by the majority of the committee. But the amendments of the majority and opposition are remarkably similar on the issue of public employment. In terms of legislative content, the Democrats of the Left (PDS – the major opposition party), the Communists and the Northern League all voted against it. The rejection by the PDS of the legislative text proposed by the majority contrasted sharply with its earlier abstention vote in the 1992 reform and its stated intention of abstaining from voting on the 1993 final committee judgement. In the committee debate preceding the final voting on the judgement of the 1993 decree, the PDS offered the majority an abstention vote because they were 'satisfied with the majority's draft of the committee judgment'.[45] The reason for the no-vote could be attributed less to discontent with the substance of the judgement and more to insufficient commitment on the part of the government to accept the committee's judgement, as some MPs claimed.[46] During the parliamentary debate in October and November 1993, the Democrats of the Left were dissatisfied with the government's plan of introducing high co-payments as instruments to finance health care, rather than only as a means of controlling demand. There was also criticism of the government's lack of clarity about the financial resources available for implementation of the new legislative decree. The PDS's involvement in the organisation of extra-parliamentary opposition and direct action could also plausibly explain the no-vote instead of abstention.

The Health Care Committee of the Senate proposed a similar solution to the reintroduction of excluded categories of consultants.[47] It suggested, for instance, that 'regions can identify areas of activities for ambulatory specialists that require a public sector employment contract, after having consulted their peak associations'. Although the final observations reported to the government were similar to the legislative amendments of the lower chamber, the debate in the Senate reflected the opposition's much greater discontent with the inadequate solution to public employment issues. The debate was more heated than in the lower chamber, and the opposition took a tougher line, pointing out that the whole matter of public sector employment should have been left to national collective bargaining rather than legislation. This would presumably have given confederal trade unions more room for manoeuvre. For instance, a senator noticed that 'the reservations about the regulation of public sector employment remain high and the difference with the majority insurmountable'.[48]

The majority accepted the opposition's amendment on the centrality of national collective agreements and the role of trade unions in public sector

employment. Some amendments by majority senators reflected a similar concern.[49] A Christian Democrat senator complained about the 'legislative forcing on a matter that would need to be regulated by collective bargaining and not law'.[50] The parliamentary majority in the Senate therefore offered the opposition, which had become more vociferous and confrontational, the possibility of influencing the final legislative draft. The result of accommodating the opposition's request was that it abstained from voting on the final judgement, and did not vote against it. As one opposition senator explained: 'despite the negative opinion on the formal aspects of the draft, we, the Democrats of the Left, decide a vote of abstention because we appreciate the substantial changes formulated by this committee to the government legislative decree'.[51] Despite the heated debate and differences between the divided majority and the opposition which had emerged in committee, the final vote revealed the opening of the majority to those issues, about which the opposition had been particularly sensitive. Thus, the opposition revoked a no-vote.

Article 15 of the decree regulates the organisation, functions, access and recruitment, and performance evaluation of senior medical professionals in public hospitals, in accordance with the enabling law's provision to identify the different levels of *dirigenza* according to efficiency criteria – that is, without increasing staff allocation plans, and by introducing fixed-term contracts which are renewable on the basis of performance evaluation.[52] The legislative decree identifies two levels of *dirigenza sanitaria* which differed in their functions and recruitment.[53] The first – lower – level is recruited through public competition, and the second one through appointment by general managers. The draft decree incorporates provisions for performance evaluation and results-oriented renewal of consultants' employment contracts.

The entire category of 'junior doctors' was noticeably excluded by the reduction from three to two levels of *dirigenti.* Despite the resistance of other competent ministries, Article 18 comma 2-bis of the 1993 legislative decree established that the first level of *dirigenza* could be articulated in two economic, not legal, sub-levels, (a) and (b). The lower of these two economic levels, (b), included junior doctors, who would continued to be paid at the same rate. However, after five years a junior doctor could automatically be promoted to the higher level of *dirigenza* (level a), on the basis of an application and performance evaluation, if a suitable vacancy were available. In practice, the decree offered junior doctors the opportunity to remain salaried employees of the public sector and to have the 'legal' status of *dirigenti*, without an increase in public expenditure.

The final legislative decree issued was heavily influenced by the amendments and observations of the Social Affairs Committee.[54] The entire category of junior doctors in hospitals was 'rescued'. This is especially striking as the government was severely criticised for attempting to apply uniformity to the

different levels of *dirigenti*, according to a logic, typical of the 1970s, to take distinct responsibilities away from managers, as one senator argued.[55] In response to this criticism, the minister of health, Garavaglia, reported her conflict with the Department of Public Services, which opposed any automatic mechanism for career advancement. She informed the committee of her intention to propose to Public Services that regions could review staff allocation plans so as to allow junior doctors to retain the position and privileges that they had acquired.

The difference in content between the majority's and the opposition's legislative amendments is easier to discern from the debate in the Senate than the one in the lower chamber. There was hardly any dissent from the opposition during the debate in anticipation of the final voting on the judgement in the Social Affairs Committee of the lower chamber, but in the Senate there was a high level of dissent from large parts of the majority and the opposition. The majority in the Senate Health Care Committee reported to the government that not only should junior doctors be maintained, they should also be promoted automatically to the second and higher level of *dirigenza* after ten years of seniority. This amendment triggered a heated debate on the excessively favourable treatment of certain pressure groups.[56] Others pointed out that the amendment regarding junior doctors would exacerbate the conflicts within the medical profession.[57] Not only was the parliamentary majority in the Senate divided on the issue of junior doctors, the opposition also found the judgement unsatisfactory. The Democrats of the Left even proposed an amendment, which was not accepted by the majority, to transfer all doctors from level (a) to level (b) automatically after five years of seniority.[58]

To conclude, analysis of the quality and process of legislative amendments in standing committees, in both chambers, demonstrates a wide scope for scrutiny of delegated legislation, mainly through the substantial amending powers of such committees. The Social Affairs Committee in the lower chamber was able to create whole new sections of legislation to defeat the government's plan. Public sector employment of the medical profession was a problematic issue, on which the majority and opposition revealed rhetorically different but legislatively common positions. The climate in committees was constructive and consociational.[59] The opposition, which was able to exploit divisions within the majority to augment its own influence, proposed amendments which were widely accepted by the majority. The final voting behaviour of the opposition suggests that the parliamentary arena cannot be shielded from extra-parliamentary political mobilisation, including direct action and trade union strategies. Voting behaviour in this case, if looked at in isolation, would have been a misleading indicator of the characteristics of the legislative process.

PROCEDURES MATTER FOR A SIDELINED PARLIAMENTARY OPPOSITION

On 30 November 1998, parliament passed enabling law no.419, which set out the guidelines for a structural reform of the national health care system, followed by legislative decree no.229 issued by the centre-left Prodi government on 19 June 1999. This reform has been labelled 'one of the most ambitious attempts in Europe to produce a detailed regulatory framework'.[60] Its aim was to review core structural issues of the 1992 Amato reform, including the reforms of the employment contracts of hospital consultants and the authorisation and accreditation procedures of private providers, the creation of new agencies and consultative committees, the rationalisation of hospital networks, and other matters. In particular, the 1999 Bindi reform, named after the minister of health, recognised that the internal market introduced in 1992 required scrupulous regulation and assumed that this could not be left to the regions, where the pace of implementation varied.

The 1999 Bindi reform launched four sets of regulatory measures. These were aimed at promoting strategic planning, through a hierarchical process of national, regional and public enterprises planning, so as to regulate competition, assess the quality of care and promote cooperation between providers. As far as regulating competition in the internal market was concerned, two main strategies were adopted. First, to regulate purchasing functions, quality and cost should be compared and evaluated when selecting and authorising suppliers to provide services with public funding. The 1999 reform established three steps for selecting providers: authorisation granted by municipalities to build new facilities or modify old ones; authorisation granted by regional health care departments to deliver health care services; and institutional accreditation, granted by the region after a regular assessment of quality and an evaluation of the value-added by existing health care services. Accreditation was mandatory for contractual agreements, which were negotiated between local health care authorities and 'preferred providers' chosen by the authorities themselves and the regions on a value-for-money basis among those already accredited.

The second strategy adopted to regulate competition was to regulate professionals and clarify the boundaries between public and private practice within public hospitals. Article 15-*quarter* of the legislative decree no.229/1999 is concerned with the terms and conditions of hospital-based consultants, in particular with 'exclusive' public employment contracts. These contracts were established only if doctors decided to exercise private consultancy solely within the public hospital they worked for (*intramoenia*). 'Exclusive' contracts apply automatically to all consultants employed after 31 December 1998. *Extramoenia* activities were made incompatible with an exclusive contract. Regulating hospital-based doctors' private consultancy in this way

allowed human resources to be used more efficiently and waiting lists reduced. Minister Bindi was herself ideologically committed to reducing the inequality between patients who could afford to pay for private consultancy and patients who could not afford to pay and consequently had to wait. Exclusive contracts were a way of correcting distorted practices which put public hospitals at a disadvantage to their private competitors. These specialised only in the most profitable aspects of health care, without providing emergency services and so on.

The main benefit to consultants of exclusive contracts is the increase in pay.[61] But the reduction in pay for those who opt out, by deciding to retain their private practice *extramoenia*, is more significant. This reduction in pay is estimated at approximately 30 per cent, in light of financial measures introduced in the 1999 Budget Law. Those who opt out are not entitled to performance-related pay either. Hospital consultants who opt for *extramoenia* cannot be appointed to managerial positions within public hospitals.[62] The exclusive contract gives privileged access to university teaching and research appointments and also to continuing education.[63] However, the Bindi legislative decree clearly states that hospital-based consultants must prioritise their public health work over private consultancy, even for *intramoenia* activity.[64]

In the parliamentary debate, the controversy is not so much about the demand for regulation of private consultancy as about the punitive measures and sanctions contained in the decree against those who opt out of *intramoenia* private activities. One opposition senator of the opposition claimed that 'exclusive contracts are a critical issue in the regulation of employment contracts, but should not be pursued in such a top-down style . . . instead it should be left to the autonomy of hospitals in order to fulfil the expectation deriving from their autonomous public enterprise status'.[65] Clearly the Bindi decree does not only build in economic and promotion-related incentives to doctors opting for *intramoenia* and an exclusive contract with public hospitals; it also establishes sanctions for those who opt out. This aspect has been the most controversial part of regulation, and has been attacked by the opposition parties.

The majority in parliament was generally disciplined and supported the government's decree. In the lower chamber's Social Affairs Committee, the majority spokeswoman declared the issue of exclusive contracts 'non-negotiable'.[66] She fully espoused the government's plan for greater regulation with regard to the behaviour of hospital doctors.[67] But some majority MPs expressed concern about the financial resources needed to support exclusive contracts and the resulting higher salaries of hospital consultants.[68] The issue of the financial resources needed to support the decree also preoccupied the opposition parties.[69] However, the opposition in the lower chamber mainly focused on procedural issues rather than technical aspects of the legislative decree.

The opposition in the Social Affairs Committee of the lower chamber claimed that the parliamentary procedures adopted by the government violated

parliamentary standing orders. They successfully engaged the president of the chamber, Violante, on the problematic legality of the legislative decree introduced for parliamentary scrutiny in the committee. The opposition proved the existence of an amended draft decree incorporating the opinions expressed by the confederal trade unions that the committee had not received. This new draft was negotiated by the government directly with the trade unions and the regions. The committee was therefore analysing a draft which had been subsequently changed by the Department of Health. The evidence of parallel ongoing negotiations with trade unions and resulting changes to the draft decree was, according to opposition MPs, the existence of a letter containing an amended version of the draft decree which the government had sent to the trade unions. Another piece of evidence was the new version of the majority committee judgement proposed on 2 June 1999.[70] The conflict came to a head when the opposition occupied the committee room, due to the uncompromising position of the majority and its own inability to influence the legislative work.[71]

The government negotiated the final draft of the legislative decree with the trade unions and with some of the main associations of the medical profession, noticeably Associazione Nazionale Assistenti e Aiuti Ospedalieri (ANAAO),[72] effectively excluding the parliamentary arena from influence over the allegedly new version of the decree. The president of the chamber, called upon to oversee the legality of the legislative procedures, appeared to acknowledge the ineffectiveness of parliamentary scrutiny, admitting that the enabling law was inadequate and urging for new provisions so that the judgement of the parliamentary committee could be more forceful in the legislative process.[73] Despite the conflict during the decision-making process of the committee, the majority was united against the claims of the opposition. It refused to suspend the committee meeting, as requested, and to grant the reopening of the entire debate on the new legislative draft which had been negotiated by Bindi with trade unions. All the opposition parties voted against the final committee judgement, which they had been unable to influence in substantive terms.

The parliamentary debate in the Senate Health Care Committee was not generally marked by vehement opposition or by acts of rebellion, such as leaving the committee or occupying the committee room. The opposition's contribution seemed to be related to the merits of the draft decree and the technical aspects of the legislation. The procedural concerns raised in the lower chamber remained subordinate to the constructive climate of debate. For instance, with regard to the issue of exclusive contracts, the opposition contested the negative consequences on doctors' career and promotion prospects if they opted for *extramoenia.* This was claimed to curb professional autonomy and freedom of choice.[74] As one senator claimed, 'the draft decree denies a real exercise of a choice between *intramoenia* and *extramoenia*, so that the right to choose is a virtual right. It introduces exclusive contracts in

a highly discriminatory way'.[75] Exclusive contracts were thus not criticised *per se*, but as punitive sanctions against those practising privately in *extramoenia.* [76] Despite these substantive observations, the final judgement was not substantially affected by the opposition's amendments.

Unlike the parliamentary committee debate in the lower chamber, which revealed a solid majority area, there was some dissent to the government's plan in the Senate. Critics suggested leaving large parts of the regulation of the profession to national collective bargaining.[77] One senator disagreed with the *intramoenia* provisions because they were an additional source of inefficiency, since a parallel area of services and administrative structures had to be created within the hospital itself. This parallel internal area of services could take key financial and human resources away from the hospital's core activities.[78]

To conclude, unlike the legislative process in 1993, empirical findings regarding the 1999 case suggest that the parliamentary majority supported the government in a more disciplined way. The rejection of most of the opposition's requests and legislative amendments shows this. In the lower chamber, the decision-making style was confrontational and the opposition had to adjust to the majority's strategy of 'non-negotiable issues' by raising primarily procedural and formalistic concerns. The majority did not only refuse the opposition's amendments, it also greatly minimised the overall committee debate on the issue of regulating doctors' private practice. The parliamentary majority presented a proposal on the legislative decree for consideration by the committee, which included very few amendments on the issue of private consultancy. Clearly the strategy of the majority was to keep this issue away from parliamentary debate and divert it to other institutional and policy venues. The confrontational and competitive relationship with the opposition in parliament was unlike the constructive atmosphere of the extra-parliamentary negotiations between Minister Bindi and some trade unions and 'insider' medical groups. Negotiation and mediation with civil society took place outside the parliamentary arena, in accordance with the government's strategy of dealing with public sector employment matters through direct contact with the unions, unlike in 1993. It was not by chance that massive direct action and strikes, planned for the end of May 1999, were called off before parliament had expressed its final approval.

FROM PARLIAMENTARY CO-GOVERNMENT TO EXECUTIVE LEGISLATION: PARLIAMENTARY SCRUTINY OF THE 1993 AND 1999 HEALTH CARE REFORMS COMPARED

During the parliamentary scrutiny of the draft legislative decree, the legislative process of the 1993 health care reform was marked by parliamentary

committees in both chambers of parliament exercising substantive scrutiny over the policy-making process. Entirely new legislative sections were created. These dealt with crucial issues that were far from being technical minutiae. In spite of unfavourable financial circumstances, parliament was able to influence the government to increase public expenditure by reabsorbing excluded doctors into the public sector. Parliament significantly influenced the first legislative process analysed in this article; not only producing amendments and detailed observations, but undermining some of the government's key objectives, such as financial austerity.

The most remarkable feature of the 1993 case was the political and actual contribution made by the opposition in shaping delegated legislation at the parliamentary stage. The relationship between the legislative majority and the opposition was a cooperative one, and they collaborated on the formulation of amendments. The legislative majority effectively became the governing majority. The extent of the parliamentary opposition's involvement can more easily be revealed by analysing its amendments in detail, rather than by considering only the way it voted during the final judgement of the committee. The opposition voted against the majority judgement on the legislative decree in the lower chamber, and decided to abstain in the Senate. But there was a great degree of agreement on the important issues, despite their highly contentious nature.[79]

Although committees theoretically fulfil only a consultative function with regard to delegated legislation, on this occasion the actual effects on the legislative decree were similar to parliamentary co-government; particularly when the government was forced to change its original draft and accept fundamental revisions. This feature of the legislative process is associated with a reactive type of legislature.[80] Traditionally and constitutionally, legislative powers are not clearly separated in the Italian political system, but are merged in a 'unified mechanism'.[81] Although several institutions participate in the legislative process, determining an institutional polycentrism[82] which is not easily amenable to majority decisions and firm executive leadership, the distinctiveness of delegated legislation should be that the *locus* of the legislative function is clearly defined and coordinated, in theory, by the executive only. Yet during the transition period in 1993, the Italian Parliament's predominant pattern of co-government[83] does not seem to have been altered even by the use of delegated legislation by 'technocratic governments', when greater executive autonomy could reasonably have been expected. As one MP said: 'the legislative process responds to a contractual logic, being characterised by the need to settle conflicts and disputes so that a legal act fulfils the function of political compromise; yet, once a legal act has been created, its functions are no longer useful'.[84]

The empirical investigation of parliamentary influence over the Prodi government's 1999 legislative decree reforming health care revealed the effects of the changing relationship between the parliamentary majority and the opposition. The scope for parliament to change the government's objectives and affect policy was much reduced. The legislative majority supported the government at the expense of cooperation with the opposition. With regard to regulating the medical profession, the majority declared this issue 'non-negotiable'. This was confirmed by findings related to the final committee judgement which resulted primarily from the legislative majority's work. The centre-left Prodi government, owing to a more disciplined majority in the committees in both chambers of parliament, was able to steer the process of delegated legislation much more effectively than the Ciampi government in 1993. The majority refused most of the requests made by the opposition, including numerous procedural observations. In fact, the opposition was raising procedural matters because it did not have any opportunity to exert influence over the more concrete aspects of the legislation.

The style of decision-making in committees during the debate about the 1999 legislative decree was not consensual. In 1993, mediation and compromise prevailed throughout the legislative process. But the debate in the standing committees about the 1999 Bindi reform was characterised by conflict and confrontation, such as the opposition's request to suspend the committee sessions or to refer supposed procedural abuses to the president of the chamber. The voting pattern on amendments did not reflect consociational practices, as the opposition in the lower chamber voted cohesively against the majority's final judgement. It has been argued that consensual law-making continued to prevail during the 1990s, in spite of polarisation.[85] But this argument is based primarily on quantitative data referring to the assembly rather than to committees.[86]

CONCLUSION

By the end of the 1990s, the Italian parliament's impact on policy had diminished considerably, despite its capacity as an institution to retain and strengthen its formal and procedural role of scrutinising the *decreti legislativi.* The change of parliamentary scrutiny of secondary legislation from substantive to procedural can be ascribed to the difference in the behaviour of the parliamentary opposition, determined by the bipolarisation of the party system. The bipolar structure of party competition has a greater effect on the dynamics between majority and opposition in parliament than the government coalition's arguably greater cohesiveness.[87] Bipolarisation makes the line of demarcation between legislative majority and opposition much clearer, whereas it is blurred where there is multi-polar competition. Consolidated

bipolarisation of the party system is likely to hinder the consociational practices and cross-party inter-factional cooperation of 1993. It also induces much greater accord between the formal government majority and the 'working' majority, namely the informal legislative coalitions.

Despite procedural and organisational continuity – such as the persistence of a highly institutionalised committee structure in the Italian Parliament[88] – and increased complexity in the procedural rules for parliamentary scrutiny of delegated legislation, the influence of parliament over executive policy decisions and especially the power of parliamentary committees to change secondary legislation[89] have been considerably reduced as a consequence of the bipolarisation of the party system. Some legislative scholars argue that effective parliamentary influence over government depends on organisational and procedural dimensions, for it 'is greatest when a legislature is highly institutionalised'.[90] Although this institutionalisation is necessary, it does not appear to be sufficient. The effect of bipolarisation of the party system on the parliamentary opposition's performance and strategies is the single most important factor in understanding the diminishing effectiveness of parliamentary scrutiny of delegated legislation. The *interna corporis* of the Italian Parliament appears to have less impact than has previously been claimed on the effectiveness of parliamentary scrutiny of delegated legislation.

NOTES

1. This article refers to 'secondary legislation' as defined by E.C. Page: 'laws which derive their legitimacy from powers given to a minister or a department in primary legislation – that is, in an Act of Parliament'. E.C. Page, *Governing by Numbers* (Oxford: Hart Publishing, 2001), p.20.
2. M. Mezey, *Comparative Legislatures* (Durham, NC: Duke University Press, 1979).
3. P. Norton (ed.), *Parliaments in Western Europe* (London: Frank Cass, 1990).
4. G. Capano and M. Giuliani, 'Governing without Surviving? An Italian Paradox: Law-making in Italy, 1987–2001', *The Journal of Legislative Studies*, 7/4 (2001), pp.13–36.
5. D. Hine, *Governing Italy. The Politics of Bargained Pluralism* (Oxford: Oxford University Press, 1993).
6. G. Pasquino, *Il Sistema Politico Italiano. Autorità, istituzioni, società* (Bologna: Bononia University Press, 2002).
7. Page, *Governing by Numbers.*
8. Capano and Giuliani argue that the changes in the electoral arena and in the party system did not affect the institutionalised dynamics of the executive–legislative subsystem. They believe that the Italian Parliament is 'an autonomous arena that has very effective internal institutional means which enable it to constrain government considerably during the legislative process', and claim that the internal working logic within the parliamentary arena is separate from the electoral arena. See Capano and Giuliani, 'Governing Without Surviving? An Italian Paradox: Law-making in Italy, 1987–2001'.
9. The 1998 reform of the standing orders of the lower chamber embraced the model of the opposition associated with the alternation, moving away from the consociational model. The purpose was to establish a clear line of demarcation between the parliamentary majority and opposition, and so to create the possibility of the government majority implementing

its policy programme. However, the position of the Italian executive remains comparatively weaker than other European parliamentary democracies during the legislative process.

10. A. Lijphart, *Democracies: Patterns of Majoritarian and Consensus Government in Twenty-one Countries* (New Haven, CT: Yale University Press, 1984).
11. As long as there is multi-partyism, polarisation is not guaranteed.
12. V. Lippolis, 'Maggioranza, opposizione e governo nei regolamenti e nelle prassi parlamentari dell'età repubblicana', in L. Violante (ed.), *Storia d'Italia* (Torino: Einaudi Editore, 2001).
13. P. Furlong, 'Parliament in Italian Politics', in Norton, *Parliaments in Western Europe.*
14. This is not only a matter of quantitative increase. Qualitative analysis, regrettably too scarce, shows that enabling laws deal with a broader range of issues, and they contain looser principles and criteria so as to offer the executive a wider scope of delegated authority.
15. G. Sartori, *Parties and Party Systems* (Cambridge: Cambridge University Press, 1976).
16. In 1999 and 2000 the total number of legislative decrees was approximately the same as ordinary laws. In 1999, parliament approved 94 legislative decrees and 72 ordinary laws in total; in 2000 it approved 67 legislative decrees and 70 ordinary laws. L. Violante, 'Il Parlamento', in L. Violante (ed.), *Storia d'Italia* (Torino: Einaudi Editore, 2001).
17. The minister of health care in 1993 was Maria Pia Garavaglia, and in 1999 Rosy Bindi.
18. For policy specialist literature on the regulation of the medical profession see G. Freddi and J. Bjorkman (eds.), *Controlling the Medical Professionals: the Comparative Politics of Health Governance* (London: Sage, 1989).
19. J.M. Carey and M.S. Shugart (eds.), *Executive Decree Authority* (Cambridge: Cambridge University Press, 1998).
20. E.C. Page, 'The Civil Servant as Legislator: Law Making in British Administration', *Public Administration*, 81/4 (2003), pp.651–79. Page's empirical analysis of the involvement of civil servants in the parliamentary stage of making amendments to bills, and, more generally, their role as legislators at different stages of the policy process, offers an alternative analytical approach to the study of the process of delegated legislation as an empirical phenomenon. This differs from the conventional emphasis of constitutional legal doctrine on constitutional balance between executive and legislature, which has monopolised much scholarly work in the Italian research community of legislative studies. See also Page, *Governing by Numbers.* Some Italian scholars have recently used a similar approach. For an investigation of the legislative process of the Italian Parliament, although not specifically delegated legislation, see G. Capano and M. Giuliani, *Parlamento e Processo Legislativo in Italia: Continuità e Mutamento* (Bologna: Il Mulino, 2001). Neither of these cited works is particularly concerned with the performance of the opposition in parliamentary scrutiny of delegated legislation.
21. Despite the argument of some scholars that the Italian Constitution weakens the executive (see A. Kreppel and V. Della Sala, 'Dancing without a Lead: Legislative Decrees in Italy', in Carey and Shugart (eds.), *Executive Decree Authority*), its peculiarity is that it does not establish a clear-cut separation of powers nor of legislative prerogatives between executive and legislature. Instead it establishes a unified legislative mechanism (*raccordo*) by which both executive and legislature co-determine the legislative output. See C. Chimenti, *Un Parlamentarismo Agli Sgoccioli* (Torino: Giappichelli Editore, 1992).
22. M. Morisi, *Parlamento e Politicho Pubbliche* (Roma: Edizioni Lavoro, 1988).
23. The distinctiveness of delegated legislation as a way of representation and decision-making has not been the subject of extensive scholarly work in Italy, despite its increased usage during the 1990s. Even fewer studies have concentrated on the consolidation and organisation of pre-parliamentary stages of delegated legislation, which could offer an insight into the role of civil servants in shaping policy and legislation.
24. Most studies of the legislative process focus on the lower chamber of the Italian Parliament, but there is no reasonable *a priori* justification for excluding the Senate from empirical analysis, given its two chambers. Attempts have recently been made to draw more scholarly attention to the Senate. See G. Pasquino, 'The Italian Senate', *The Journal of Legislative Studies*, 8/3 (2002), pp.67–78.
25. The decentralised and legislative activity of parliamentary committees has diminished considerably, from 25.54 per cent of total activities during the first year (13 months and

25 days) of the XIII legislature (1996–97) to 17.78 per cent over the same time of the current and XIV legislature (2001–06). From 2001 to 8 March 2004, the total number of meetings and hours of debate of standing committees in the lower chamber, according to procedural sessions, was 2,113 meetings and 99,904 hours of debate in consultative session (used for resolutions on executive delegated legislation and oversight), 109 meetings and 36 hours in legislative session, and 2,109 meetings and 1,667 hours in *sede referente*. Source: Camera dei Deputati. Clearly, committees are engaged in less law-making and more executive oversight, at least in quantitative terms.

26. Morisi, *Parlamento e politiche pubbliche.*
27. The term 'consociativismo' has been used in the Italian context in a pejorative sense to indicate collusive agreements between the Christian Democrats and the Communist Party. Critics of consociationalism in Italy particularly refer to the parliamentary practices of 'invisible' agreements on public policies. It is claimed that, in exchange for the accommodation of its interests, the Communist Party practised a soft opposition. The tendency is then to label as 'consociational' any type of agreement between the government and the opposition.
28. Some claim that parliamentary civil servants contribute to the drafting of legislation, especially as far as its legality is concerned. They can be influential when given scope for action, although the extent of their contribution is very limited when compared to the civil servants in the ministries. (Interview with G. Bogi, in G. Rebuffa and R. Monica (eds.), *UI Legislatori e il Meccanismo Parlamentare* (Padova: CEDAM, 1995), pp.135–41.
29. Letter of the president of the lower chamber, March 1998. See the meeting of the VII standing committee on 1 April 1998 for a full text version of the letter. Source: Camera dei Deputati.
30. V. Bogdanor (ed.), *Coalition Government in Western Europe* (London: Heinemann Educational, 1983).
31. Article 35, comma 1 of the standing order of the Senate and Article 92 of the standing order of the lower chamber establish this principle, as does the constitution.
32. The institutionalisation within committees includes, for instance, permanence, agenda-setting, evidence-taking, and exclusive jurisdictions.
33. A reform of the standing orders of the Lower Chamber in 1998, regarding article 16-bis, 143 and 154, strengthened the referral of draft legislative decrees to the newly created *Comitato per la Legislazione* (Committee for the Legislation). This consists of ten MPs chosen by the president of the lower chamber with equal representation from the majority and opposition. The *Comitato*, when consulted, offers opinions to the standing committees on the legality and legal-technical aspects of the legislation. The *Comitato* might be called upon to analyse a draft legislation or decree by one-fifth of the members of a standing committee.
34. Article 73 of the lower chamber standing order was amended in 1987 to make the *parere* (resolution) of committees 'virtually binding'.
35. V. Di Ciolo and L. Ciaurro, *Il Diritto Parlamentare Nella Teoria e Nella Pratica* (Milano: Giuffrè, 2003).
36. A. Manzella, *Il Parlamento* (Bologna: Il Mulino, 1991).
37. Chimenti, *Un Parlamentarismo Agli Sgoccioli.*
38. The radical change introduced by the 1992 reform of the national health care system, imposed by the Amato government on a fragmented and recalcitrant parliamentary majority, achieved with limited political consensus and produced without consultation with the medical profession, backfired on the new Ciampi government when professional groups protested. Latent conflict became overt and implementation of the reform was halted by outright opposition and lack of cooperation. The reform of the Italian health care system never generated such a vociferous and potent clamour as at the beginning of 1993. Opposition from the medical profession took the form mainly of direct action and endemic conflict, which successfully mobilised public sympathy but did not effectively revert the government's plan.
39. In most other European countries, such as Germany and France, specialist doctors in local surgeries are either independent contractors with the public sector or self-employed. In Italy, only general practitioners and general paediatricians of the various categories of

doctors are independent contractors, earning their income from capitation and service payments.

40. The concern of ambulatory specialists (doctors working in local surgeries) was voiced by Sindacato Unico Medicina Ambulatoziale Italiana (SUMAI), their peak association, which claimed that the omission of their category from the decree could be interpreted as the government's plan to privatise ambulatory care in general. Considering the crucial supplementary function of ambulatory care (local health care surgeries) in local hospitals, and the government's plan to encourage cost-efficient de-hospitalisation of treatment, the demand for ambulatory care was predicted to increase with the supply of private providers of this service. SUMAI was not against competition and privatisation of the service, but contested the expulsion of its doctors from the public sector.
41. The FIMMG revealed its discontent with the undifferentiated status granted to general practitioners and emergency doctors, and vigorously opposed the establishment of private health care funds. The FIMMG has traditionally been the union most committed to defending the publicly integrated and universal national health care system from the introduction of the private insurance system.
42. For a full-text version of the final judgement of the Social Affairs Committee, Lower Chamber, see the meeting on 4 Nov. 1993, Source: Camera dei Deputati. The judgement is detailed and shows a high degree of substantive elaboration. Twenty-one observations were presented to the executive, of which only six were eventually accepted. This low proportion of acceptance, as with other quantitative measures, is only a partial and misleading indicator of the impact of political scrutiny of committees. Those observations which were accepted were central to the defeat of the government objectives.
43. This amendment to the executive draft was included in the formal judgement of the Social Affairs Committee of the lower chamber referring to Article 8, comma 1-bis of Draft Legislative Decree no.517 of 1993.
44. In 1992 personnel cost was 40 per cent of total health care expenditure, amounting to €19.8bn.
45. Speech by Vasco Giannotti, MP, Democrats of the Left (PDS) in Social Affairs Committee, 4 Nov. 1993.
46. Speech by Lalla Trupia Abate, Democrats of the Left (PDS) in Social Affairs Committee, 4 Nov. 1993.
47. Amendment to Article 8 comma 1-bis, as discussed during the meeting of the Health Care Committee of the Senate, 26 Oct. 1993.
48. Senator Bettoni Brandani (PDS), 27 October 1993, Health Care Committee of the Senate.
49. See the amendment of Senator Condorelli, (DC) for instance, 26 Oct. 1993, Health Care Committee of the Senate.
50. Senator Carrara, DC, 19 Oct. 1993, Health Care Committee of the Senate.
51. Senator Bettoni Brandani (PDS), 28 Oct. 1993, Health Care Committee of the Senate.
52. Enabling Law no.412 of 23 Oct. 1992.
53. Prior to the 1992 reform there were three levels of *dirigenza* of the medical profession, as established by Law no.61 of 1979. The first level included junior doctors (*assistenti*); the second, assistant doctors (*aiuto*); and the third and higher level consisted of heads of hospital divisions (*primari*). The reduction from three to two levels, established by the 1992 executive decree, in practice meant the exclusion of the first level, the junior doctors, from *dirigenza.*
54. Modifiche alla riforma sanitaria, Schema di modifica al decreto legislativo no. 502/1992. Camera di Deputati, Servizio Studi, Dicembre 1993.
55. Perina, Health Care Committee, Senate.
56. Senator Condorelli (DC), Senator Zotti (DC), Health Care Committee, Senate, 28 Oct. 1993.
57. This claim was made by the Northern League, in opposition.
58. This amendment was presented by Senator Stefano (PDS) and other members of this party, 27 Oct. 1993, Health Care Committee, Senate.
59. Lijphart, *Democracies: Patterns of Majoritarian and Consensus Government in Twenty-one Countries.*
60. Health European Observatory, 2001, Country Report: Italy.
61. Article 15-quater, comma 5, Legislative Decree no.29/1999.

62. Article 15-quinquies, comma 5, Legislative Decree no.29/1999.
63. Article 15-quinquies, comma 8, Legislative Decree no.29/1999.
64. Article 15-quinquies, comma 3, Legislative Decree no.29/1999.
65. Senator Castellani (AN), Health Care Committee, Senate, 11 May 1999.
66. Buffo (DS-Ulivo), 29 April 1999, Social Affairs Committee, Lower Chamber.
67. Despite parliamentary majority support for the issue of exclusive contracts, the majority raises some reservations about the excessive extent of regulation of the medical profession by law, and also for the excessive centralisation of the decree in violation of regional competencies.
68. Di Capua (DS-Ulivo), 1999.
69. Lucchese, CCD, 2 June 1999 Social Affairs Committee, Lower Chamber.
70. See the speech of Massidda (FI), Lucchese (CCD), Cè (Lega), Gramazio (AN), 6 May, 1 June, 6 June 1999 meetings of the Social Affairs Committee, Lower Chamber.
71. Carlesi (AN), 2 June 1999, Social Affairs Committee, Lower Chamber.
72. The ANAAO is the most representative association of hospital-based doctors.
73. President of the lower chamber, Violante, speaking to the assembly on 26 May 1999.
74. Senator Tomassini (FI), 11 May 1999, Health Care Committee, Senate.
75. Senator Bruni (FI), 11 May 1999, Health Care Committee, Senate.
76. Senator Manara (Lega), 26 May 1999, Health Care Committee, Senate.
77. Senator Bernasconi (DS), 11 May 1999, Health Care Committee, Senate.
78. Senator Papini (Gruppo Misto), 11 May 1999, Health Care Committee, Senate.
79. A sufficiently prominent variation in the institutional relationship between the majority and the opposition could not be found between the lower chamber and the Senate, although some voices of dissent were raised in the latter, but not to the effect of changing the structure of the relationship. The style in the Senate seemed more geared towards technical decisions and informed debate rather than political rhetoric. Some of the senators in the Health Care Committee had extensive expertise in the issues debated and technical knowledge, and this seemed to prevail over the pressures of lobbyists.
80. Mezey, *Comparative Legislatures.*
81. Manzella, *Il Parlamento.*
82. U. Liebert and M. Cotta (eds.), *Parliament and Democratic Consolidation in Southern Europe* (London: Pinter Publishers, 1990).
83. Chimenti, *Un Parlamentarismo Agli Sgoccioli.*
84. Interview with Giorgio Bogi, PRI, 1993, as transcribed in Rebuffa and Monica (eds.), *UI Legislatori e il Meccanismo Parlamentare*, pp.135–41.
85. Capano and Giuliani, 'Governing Without Surviving?'.
86. They sustain their claim by showing that four-fifths of the bills being voted in the assembly were sustained by no less than 85 per cent of MPs in the period 1996–2001.
87. The 1996 government coalition was heterogeneous and the majority was not self-sufficient in the lower chamber. However, Newell has argued that strong bipolar tendencies and the alternation in office have produced more cohesive and disciplined behaviour by parliamentary parties. See J. Newell, 'Turning Over a New Leaf? Cohesion and Discipline in the Italian Parliament', *The Journal of Legislative Studies*, 6/1 (2000), pp.29–52.
88. V. Della Sala, 'The Italian Parliament: Chambers in a Crumbling House?' in P. Norton (ed.), *Parliaments and Governments in Western Europe* (London: Frank Cass, 1998).
89. The increasing marginalisation of the legislative session (*sede legislativa*) in the 1990s is a remarkable phenomenon: from an average of 24 per cent in the 1980s to 7.9 per cent from 1992–94 (XI Legislature) to three per cent of total committee activity in the XII legislature (1994–96). For greater detail, see Della Sala 'The Italian Parliament: Chambers in a Crumbling House?' He argues that the committees may be seen as assuming an important oversight role, thereby minimising their legislative role, which had been handed over to a government of technocrats, namely non-political figures.
90. Norton (ed.), *Parliaments and Governments in Western Europe.*