



LEGISLATIVE PRODUCTION ABOUT HEALTH IN THE STATES OF AMAPÁ, MINAS GERAIS AND PARÁ (2004-2010)

Raimunda Eliene Sousa Silva¹
Maria Dolores Lima da Silva²
Camila Maria Risso Sales³

Abstract: Researches on legislative production in Brazil allow us to understand the relationship between state powers, as well as to verify the role of political institutions in the implementation of the democratic rule of law and in the definition of public policies. This paper aims to analyze the legal production on health issues from 2004 to 2010 in the states of Amapá, Minas Gerais and Pará, with the objective of identifying the contribution of the states Executive and Legislative powers to enforce citizens' rights. Therefore, we will make an exploratory approach to data researched in the Legislative Assemblies, specifically the Ordinary Law Projects (OLP), in order to identify the proposals that were processed in the Legislative Assemblies of the states, their rites and processing times. We found that in the analyzed states there is an internal dynamic between the Executive and Legislative powers directed towards legislative production in health issues.

Keywords: Executive-Legislative; Legislative Production; Decentralization; Health.

1 Introduction

The State model agreed by the Brazilian constituents in 1988 instituted the creation of social protection programs with a universalist scope to promote essential public goods for the population. Regarding the attributions of the powers and their relationships, the Legislative Branch, in interaction with the Executive, was legitimized to act in the definitions of public policies, creating channels to participate in this process in a democratic state ruled by law.

In Brazil, the design of public policies undergoes an institutional model of political decentralization, but this does not mean that subnational governments' autonomy becomes a concrete capacity to implement public policies. Investments in social programs result from constitutional rules that oblige states and municipalities to invest certain percentages for different sectors and/or services, considered fundamental to collective life, with a restriction in creating public policies by state governments due to limited budgetary resources. Additionally, the concentration of powers in the federal Executive reduces the autonomy of state and municipal governments in the creation of public policies, which is highlighted by scholars in the specific case of health policy.

¹ Degree in Social Sciences and Master's student in Political Science by the Political Science Graduation Program of the Universidade Federal do Pará.

² Doctor in Political Science by the IUPERJ; Professor of the School of Social Sciences and of the Political Science Graduation Program of the Universidade Federal do Pará.

³ Doctor in Political Science, professor of the Bachelor Program in Public Administration of the Universidade Federal de Lavras and of the Public Administration (UFLA) and Border Studies (UNIFAP) Graduation Programs.

Given the above, this study analyzes the legislative production in the states of Minas Gerais (MG), Amapá (AP), and Pará (PA), Brazil, from 2004 to 2010, to understand the performance of state deputies in the creation of health policies and verify whether the concentration of decision-making power in health policies in the federal government interferes with legislative production initiatives on health at the state level (ARRETCHE; VAZQUEZ; GOMES, 2012). This work seeks to verify whether state deputies have initiatives to create health policies and whether there is any difference between states in terms of legal production focused on this theme.

The analysis period was defined, first, because the decentralization of health policy is already consolidated (ARRETCHE; MARQUES, 2007) and, second, because an economic and political context favorable to protagonism for social policies began in 2004, at least at the national level (FAGNANI, 2011; ALMEIDA, 2004), which could be reflected in the state's political environment. Furthermore, data unavailability on the website of some Legislative Assemblies limited the period of analysis to 2010 and to only two states in the North region and Minas Gerais⁴.

The Executive Branch concentrates a higher decision-making capacity than the Legislative Branch, both at the national and state levels, approving its proposals more quickly, which gives greater possibilities for the Executive's proactivity in creating social policies. However, the analysis of legislative proposals in the state Assemblies showed that the deputies are busy proposing laws directed to social sectors. All Legislative Houses have Merit Commissions created to analyze proposals directed to the health sector, allowing issues relevant to Political Sciences to be proposed. Studies focused on health policy decentralization enable the empirical analysis on the legal production of health policies at the state level. In the second section of this paper, we present some reflections that address the institutional context of legislation production at the national and state levels.

In this work, a quantitative survey based on an exploratory approach on the legislation projects aimed at the health sector is conducted, collected in the Legislative Assemblies of MG, AP, and PA, observing the rites through which these projects undergo and the time processing. This choice considered the institutional capacity of the Minas Gerais legislature already attested by analysts, and the authors' interest in the other states (PA and AP) due to the lack of definitive studies on the Legislative Branches of the Northern region (FUKS; FIALHO, 2009; NUNES, 2013; SILVA; FAVACHO; MORBACH, 2012). Likewise, analysis based on data from legislatures of states in different regions of the country has the potential to offer indications for future comparative studies.

⁴ The data were collected in the scope of the research "Legislativos, políticas públicas e *accountability*" (MCTI/CNPQ/Universal 14/2014 - process 457153/2014-8), which focused on the entire northern region and some Assemblies of other states, such as the Assembly of Minas Gerais, but faced difficulties in data collection in the Legislative Assemblies of the northern states, apart from the state of Amapá.

Analyzing the process of producing legislation aimed at public social policies is also essential to reflect on the Legislative's capacity at the local level. In the case of the Brazilian institutional context, one must observe the institutional arenas relevant to promote public policies, which makes the state sphere a relevant locus for reflection due to Brazil's federative nature. In this sense, the scope of this analysis is related both to the interests of legislative studies and studies in the field of public policies since identifying the actions of political actors in the sense of promoting policies expands the understanding regarding the allocation of public resources to benefit citizens.

Our argument will be presented in two sections, in addition to this Introduction and the Final Remarks. The next section addresses the institutionalization of Brazil's health policy from 1988 onwards, through bibliographic studies, and presents the approaches to the Legislative Branch and its relations with the Executive during legislation production. The third section discusses the legislative production on health in the states of AP, PA, and MG, presenting regulatory elements on the functioning of the respective Legislative Assemblies and the research results.

2 Institutional analysis and the study of public health policies in Brazil

The debate on public policies allows many approaches, among which the institutionalist theory stands out, offering important elements for understanding the political-institutional mechanisms mobilized in the decisions surrounding the formulation and implementation of public policies (ARRETCHE; MARQUES, 2007; ARRETCHE; VAZQUEZ; GOMES, 2012; IMMERGUT, 1996). Institutions have intrinsic characteristics that influence the design of policies and the orientation of actors interested in their implementation. This perspective holds that formal and informal rules condition the results of public policies as they can control and/or induce the decisions of political agents. In the context of Brazil, the perspective of institutional analysis is fruitful both for understanding the federative structure of health policy (ARRETCHE, 2012; FORTES, 2012) and for analyzing the public policy decision-making process in the Legislative Branch (ALMEIDA JÚNIOR, 2013; BAPTISTA, 2010) when the actors mobilize in the specific institutional format of Brazilian coalition presidentialism (ABRANCHES, 1988).

A synthesis of this type of approach is useful in our analysis of the legislative production of health in state assemblies and is presented below with some references from public policies and legislative studies. These studies show that both the structuring of health policy in Brazil and the decision-making processes that can change, expand or limit it are political choices that, when viewed institutionally, allow us to assess the possibilities and obstacles to the political actor's involvement in the promotion of public policies.

2.1 Health policy in the institutional context of the Brazilian federation

After enacting the 1988 Constitution, with the creation of the Unified Health System (SUS in Portuguese) by Law 8,080/1990, Brazil began to organize a universal, public, and free health system. As an intergovernmental function, the Union has the role of financing and formulating national health policies and coordinating the actions of subnational governments, with the Ministry of Health (MS in Portuguese) having broad authority to decide on this sector. According to Arretche and Marques (2007), municipalities' participation regarding the provision of outpatient services grew significantly between 1995 and 2000. Despite the low growth of hospitalization services, the municipalities were isolated in providing these services compared to the states. Additionally, the national government's coordination instruments end up controlling spending levels and induce the choices of subnational bodies on the types of policies to be created.

Although the government levels, national, state, and municipal, have common jurisdictions in most public services, the purpose of cooperative federalism comes up against the different capacities of subnational governments to create public policies. Souza (2005) notes that the 1988 Constitution left little scope for state governments' interference to create social policies at the local level when detailing the jurisdictions for subnational entities. States and municipalities would be "bound" by the rules, which would make it difficult to provide certain public services that meet local social demands.

SUS offers support to primary, preventive, or secondary care, promoting intergovernmental articulation. However, state governments have a strong dependence on the central government to cooperate. Thus, the articulation takes place so that the MS transfers financial resources and the subnational spheres perform the services (COSTA, 2004). As state governments largely depend on national resources, the Ministry of Health imposes rules for all states to commit to SUS and adopt programs related to local health protection interests (ARRETCHÉ; MARQUES, 2007).

Social expenditures result from institutional principles that establish rules for each federative entity, determining percentages of investment in social programs. In the specific case of health, national government coordination instruments induce government choices regarding the types of policies to be created. Based on the proposal for Constitutional Amendment nº 29/2000 (EC 29/2000), there was an increase in the participation of states concerning investment in health since they were induced to improve their commitment to the production of policies aimed at this topic. Therefore, the Union imposed on all states the responsibility to allocate 12% of their taxes to health. In the municipalities, this percentage would be 15%. Given these conditions, subnational units should adapt to the new institutional rules by creating solutions for basic health issues (ARRETCHÉ, 2012; FORTES, 2012).

However, the incentives for subnational policies, introduced by EC 29/2000, were not enough for an effective increase in policies since each state's socioeconomic circumstances

directly reflect in the provision of certain public services. More economically developed states are better able to create policies consistent with their reality and to promote quality public services for their population than poorer states.

The 1988 Constitution presented common jurisdictions for federative entities, in which all political spheres are authorized to create social policy programs. However, in this perspective of political decentralization, even if local governments are directly elected and commit to creating policies that meet local demands, their decisions are limited by national rules that financially regulate subnational public policies and impose obstacles to decisions regarding their activities (ARRETCHE, 2012; COSTA, 2004).

In this perspective of structuring Brazilian federalism, would there be room for parliamentarians to act on the legislative prerogatives of responding to local needs with legislative initiatives aimed at health policies? The next subsection presents some analyses on health's legislative production profile in the institutional context that structures the division between the Executive and Legislative branches in Brazil and the local spheres of power.

2.2 The promotion of health policies in the institutional context of the Legislative Branch

With the resumption of the democratic regime in Brazil in 1988, the Legislative Branch began to act more directly in producing public policies. However, the Executive Branch has a strong influence over the Legislative, concentrating broad powers to control the Chamber of Deputies' work. Studies on health policies in the Chamber of Deputies highlight that many policies aimed at the health sector had direct interference from the Federal Executive. This demonstrates the Executive's ability to use the resources at its disposal to implement policies with a broad scope. Amorim Neto and Santos (2002) observed that having the head of the Executive Branch elected by a national electorate gives him greater incentives to create wide scope public policies. In the same sense, Sabbag (2017) indicates that the Executive's power resources weaken deputies' capacity to produce laws, identifying that most of their legislative production, between 2007 and 2010, would have neutral effects, focusing on honorary themes (57.8%), despite being of national and sectorial scope.

However, institutional rules assure the Legislative Branch the prerogative to promote policies that broadly serve the interests of citizens, a principle remembered by Cavalcante Filho (2013, p. 13, our translation), who stated that "the legislative shall formulate public policies, at least in general lines, and the Executive shall operationalize them, realizing the objectives outlined by the legislator".

The institutionalist approach shows that public policies, to be approved by the Legislative, suffer interference from the rules that shape the behavior of political actors in a context of coalition presidentialism, where those who support the government are more likely to have access to bargaining power resources (ABRANCHES, 1988; FIGUEIREDO; LIMONGI, 1999). To

receive support from most legislators, the Executive distributes ministerial portfolios and other positions in the State structure, raising the power to implement its public policy agenda. The exclusive initiatives of the President of Brazil, such as the issuance of Provisional Measures, budget control, and creation of positions and public services in the Union, also induce legislators to cooperate with the Executive's agenda, prioritizing their interests, whether in the definition of deadlines of appreciation of matters, such as the guarantee of urgency in the processing of projects, or by mobilizing political actors to converge their support to this agenda. These institutional mechanisms grant the Executive a strategic position to approve its projects without neglecting the necessary dialogue between the Executive and Legislative Branches (CRUZ, 2011; SANTOS, 2002; VIEIRA, 2011).

Constitutional and regimental rules, in the House and the Senate, empower party leaders to act on behalf of their parties' and coalitions' interests in support of the president. These are formed around the party structure and are related to the success of the Executive's agenda in the legislative field. In parliament, the permanent commissions with technical and deliberative attributions in legislative matters constitute the locus of evaluation where specialized information is processed, and different interests of the political actors are manifested (CARNEIRO, 2011; MÜLLER, 2009)⁵. The Board of Directors and party leaders are important players in conducting legislative work and defining the commission system's functioning.

Studies conducted by Gomes, Carvalho and Reis (2009), Baptista (2010), and Almeida Júnior (2013) were concerned with understanding the role of the Executive and Legislative branches regarding the creation of public health policies and demonstrate that legislative production aimed at this sector mostly resulted from the performance of the Executive branch, in the institutional context created by the 1988 Constitution. However, few studies address the creation of health policies in local governments in the field of legislative production.

Baptista (2010) notes that, in this context, the constitutionalization of the SUS structure limited the discussion on sectoral health policy. The Provisional Measure was the main tool used by the Executive to interfere in the design of health policy, establishing a predominance of the Executive Branch over legislative matters presented between 1997 and 2001. The Executive sought to legislate in policies aimed at government, "regulation and organization of sectoral politics", as foreseen in the Constitution, and the Legislative Branch had initiatives in legislation on various subjects.

Regarding the promotion of health policies, the laws approved by the Executive were presented in three types of approaches since 1995, sanitary control, healthy environment, and the regulation of strategic sectors of health care. The Legislative, with the support of the Executive, acted by creating laws for specific groups, such as the guarantee of medicines for people with

⁵ An important mechanism of the Chamber's Internal Regulations is the "Conclusive Power", an instrument that allows a proposal to be considered in a final character by the Commissions, without the need to go through plenary discussions.

HIV and public policies directed at consumers, such as "the health plan regulation law, the law of creation of the National Supplementary Health Agency (ANS in Portuguese), and the generic drugs law" (BAPTISTA, 2010, p. 107). In the analyzed period, the most prominent health policy maker was the Executive, and its projects introduced in the Chamber had less processing time since the Executive anticipated and negotiated with interest groups in Congress to pass laws of interest.

Baptista's study demonstrates the Executive's preponderance over the Legislative, approving 89.9% of legislative matters in health in the period analyzed. The Executive legislated on Congress's margins using provisional measures, editing projects with the force of law and modifying and implementing consolidated laws. The proposals submitted by the Legislative that were interesting to the Executive received support from the legislators, having a more accelerated procedure within the internal dynamics of the Congress in which the pattern of behavior is aimed at approving the projects of Executive interests.

In the same sense, Almeida Júnior (2013) shows the Executive branch's predominance over the Legislative when analyzing the legislative production of mental health from 1989 to 2001. The author's conclusion argues that Congress acts in this sector only marginally, showing the Executive's dominance regarding the creation of more comprehensive policies. Focusing on the production of legislators, Gomes, Carvalho, and Reis (2009) identified that of 4,358 bills on health, 95% originated in the Chamber of Deputies, from 1999 to 2006, attesting to a relevant role of legislators despite a slower temporal pattern from these proposals than the projects authored by the Executive⁶.

Specific studies on health policies and those addressing the institutional characteristics in which the Executive and Legislative interests are processed show that deputies and elected governments interact in the Brazilian presidential coalition political system to promote public policies. In the state context, it is clear that the institutional design does not undergo major changes since, according to the state assemblies' internal regulations, there is a similar concentration of institutional resources available to the Executive that uses them as a bargaining instrument with the legislators. According to Anastasia (2007, p. 150, our translation) "Governors enjoy broad powers of agenda and veto and use them to extract obedience from their benches and to approve their projects". At the state level, the Executive's preponderance was affirmed as an "ultra-presidential system", where governors would concentrate constitutional and budgetary powers to override specific legislative agendas (ABRUCIO, 2002). This thesis was relativized with studies on the relations between the Executive and the Legislative in the states, which show variations conditioned by the formation of parliamentary majorities (ANASTASIA, 2007; NUNES, 2013; RICCI; TOMIO, 2012; TOMIO; RICCI, 2012).

⁶ The analysis focuses on 15,246 ordinary bills submitted to the Chamber of Deputies of which 4,358 (28.6%) are health related.

State Legislative Assemblies are institutions in which governors are central actors, negotiating with deputies to approve their proposals more quickly and assuming a prominent position in the legislative dynamics. Only in the Assemblies of Santa Catarina, Acre, Piauí, Maranhão, Paraíba, and Tocantins is there a prerogative to edit a provisional measure. Even so, governors make limited use of this agenda power (RICCI; TOMIO, 2012). This indicates that governors use other mechanisms to speed up their projects, depending on varying relations between the government and the opposition. In a context in which the Executive did not form a majority in the Legislative Assembly of Pará (ALEPA), for example, Silva, Favacho, and Morbach (2012) show that, despite the governor of the Labor Party (PT in Portuguese) having a higher number of proposals approved before the Legislative in the entire term of office, she was defeated by the deputies in two important cases of its agenda.

3 Legislative production on health in the states of Amapá, Pará, and Minas Gerais

3.1 Institutions and legislative production on health in the state sphere

The internal organization of the State Legislative Assemblies shows a similarity with the national sphere concerning the relationship between the Executive and Legislative branches in the creation of public policies. Like the National Legislative, legislative institutions at the state level stand out for having internal rules that allow work progress inside the House. In the Legislative Assembly of Amapá (ALAP in Portuguese), the board of directors coordinates and directs legislative activities and administrative services. The commissions follow the same classifications given by Figueiredo and Limongi (2012), permanent commissions with a technical-legislative or specialized character and temporary commissions created to assess specific subjects. In the state of Amapá, the permanent commissions are responsible for assessing and deliberating on matters and proposals submitted, monitoring government plans and programs, and inspecting the budget and acts of the Executive and the government as a whole (AMAPÁ, 2017, article 29).

There are some exclusive competencies of the commissions, such as issuing opinions on matters of their specialty, discussing, voting, and promoting studies on problems of public interest, and holding public hearings. The health commission is responsible for the manifestation on issues at the state level related to health, social security, and social assistance, including the institutional organization. ALAP is also responsible for expressing its opinion on health policy and planning processes, especially within the scope of SUS and on public health service actions in general (AMAPÁ, 2017, article 36, paragraph 7).

The Constitution, Justice, Writing, and Citizenship Commission (CCJ in Portuguese) decides whether a specific matter is still pending. If the commission decides that a proposal is unconstitutional, its processing is interrupted and forwarded to the Board of Directors. The

Internal Regulations of the Legislative Assembly of Amapá (RI ALAP in Portuguese) emphasizes that the request for urgency for proposals subject to discussion in plenary depend on the request of the Council or Commission, the leaders or author of the proposal, with the support of one-third of the deputies (AMAPÁ, 2017, article 161).

The internal organization of the Minas Gerais Assembly has characteristics similar to those of ALAP. In this case, the Board of Directors has the function of an executive committee, directing the work of the Legislative Assembly. Standing committees have specific powers described in the internal regulations, and temporary commissions can be special, inquiry, representation, or extraordinary. The standing commissions evaluate the proposals submitted within their specific jurisdictions. In the Legislative Assembly of Minas Gerais (ALMG in Portuguese), the Health Commission is responsible for health, medical, hospital, and sanitary assistance, the prevention of physical, sensory, and mental disabilities, and basic sanitation, as a standing commission (MINAS GERAIS, 2019, article 102).

Article 272 of the Internal Regulations of the Legislative Assembly of Minas Gerais (RI ALMG in Portuguese) provides that an emergency regime will be adopted if requested by the State Governor for projects of his authorship, respecting the provisions of articles 208 and 209 of the RI ALMG. The members may also request the urgency regime of the legislature following the requirements and procedures described by the regiment.

The Internal Regulations of the Legislative Assembly of the State of Pará (RI ALEPA in Portuguese) present rules and mechanisms similar to those of the other states analyzed. The Board of Directors and the President of the House are endowed with institutional powers to control internal works. Thus, the ALEPA Board of Directors also has the competence to issue opinions on changes to the regiments or administrative services and enact constitutional amendments, resolutions, and legislative decrees (PARÁ, 2019, article 19).

Commissions are part of the Assemblies' internal dynamics and fundamental spaces for public policy decisions. According to article 28 of the ALEPA Internal Regulations, the commissions are divided into standing, temporary, and representative. The standing commission that addresses health-related matters has the competence to issue opinions on public health, hygiene, and sanitary assistance (PARÁ, 2019, article 31, paragraph 14).

When analyzing 12 state Legislative Assemblies, Tomio and Ricci (2012) identified a significant volume of proposals initiated and approved by legislators, indicating a "significant weight" both in quantity and definition of proposals presented by state deputies. The low cost for a parliamentarian to propose legislation results in their much greater volume than executive proposals, varying due to the number of seats in the Assemblies. However, the legislative production of state deputies is significantly relevant given the number of proposals and the final result of the projects transformed into norm. The success rates of legislatures indicate that the role of the Assemblies varies between states and legislatures, showing rates ranging from 21.2% to

97.1%. However, governors' initiative projects are more regularly successful if confronted with deputies' proposals, demonstrating governors' ability to achieve the approval of their projects.

The Brazilian institutional design comprises the rules that organize intergovernmental relations regarding the competencies of the governmental spheres. In this respect, competing competencies were established alongside the exclusive competencies of the Union, leaving social policy responsibilities to the three levels of government, including health care, and "concurrently legislating" on health protection and defense (BRASIL, 1988, articles 23, II, and 24, XII). The 1988 Constitution detailed competencies, resources, and public policies for subnational entities, leaving little scope for state governments to create and implement more localized public policies.

Law 8,080/1990 regulates health actions and services in the national territory. Its article 15 defines the attributions common to the Union, states, the Federal District, and municipalities. Article 18 specifies the decisive role of the Municipalities in the functioning of the SUS network, attributing their participation in the planning and execution of services and collaboration with the Union and States, among other attributions necessary for the implementation of universal public health policies. These legal determinations indicate that the states and municipalities are bound by specific rules that repress more direct action in creating policies, with institutional circumstances being one of the factors that hinder the direct provision of certain public services linked to social demands.

Although the three levels of government have common competencies in most public services, there is, in practice, a difference in institutional capacity in the implementation of the agenda. In other words, the purpose of cooperative federalism comes up against the differences in subnational governments' capacity to create public policies. Among the factors that stand out, we can mention the technical and management difficulties and especially the financial inequalities between states. Furthermore, cooperation between federated entities is not encouraged by institutional mechanisms, resulting in a competitive and uncooperative system (SOUZA, 2005).

Although states and municipalities have autonomy in conducting their public policies, they are unlikely to create concrete public policies without the federal government's support due to the federative design. This is because state governments strongly depend on the central government to cooperate and mainly depend on its capacity and interest in stimulating coordination between states and between states and municipalities through rules and programs (COSTA, 2004).

In the case of health policy, SUS presupposes the articulation and performance of different levels of government. In this perspective, depending on the type of activity conducted, be it primary, preventive, or secondary care, the Ministry of Health transfers financial resources to the municipal and state networks, and these subnational spheres perform the relevant public services.

On the other hand, state governments' difficulties in producing public policies also reflect

the macroeconomic adjustments of the 1990s, when the Federal Government established debt renegotiations, limiting the participation of states in federalism. This measure resulted in greater fiscal centralization in the Union. However, the success of federalism depends on the combination of autonomy and cooperation. In this sense, one cannot fail to consider the disparity of resources available to states in the South and Southeast regions and those in the North and Northeast regions. Regional inequalities are a given, and these circumstances directly affect the health sector.

3.2 Legislative production in health in the state sphere

Based on data researched in the Legislative Assemblies, specifically the Ordinary Law Drafts (PLO in Portuguese), our objective is to identify the number of proposals of the surveyed states that were submitted to the Legislative Assemblies from 2004 to 2010 and the performance of the State Executive and Legislative branches on the agenda of bills for the health sector. The bills will be classified according to their origin, processing, time, and final situation, i.e., whether they were approved or dismissed. Finally, we prepared tables that compare the legislative outputs of the states in question. The data was collected through research on the websites of the Legislative Assemblies of Amapá and Minas Gerais. In Pará, the survey was conducted *in loco* due to the lack of data availability over the internet⁷. First, the data were selected by identifying the term “health” in the bill's summary. Subsequently, we performed a more accurate verification of the text and selected those proposals aimed at regulating actions and services with an impact on health.

In the period in which we concentrated the analysis, the state Executive in Minas Gerais was in the hands of the PSDB party (two administrations conducted by Aécio Neves). In Pará, the PSDB had no administration between 2003 and 2006 (Simão Jatene), and PT had one between 2007 and 2010 (Ana Júlia Carepa). Amapá has already undergone two PDT administrations (Waldez Góez). The Legislative Assembly of Minas Gerais had representatives from 15 different parties in the first term of Aécio Neves and 17 in the second, presided by Mauri Torres (PSDB) between 2003 and 2007 and Alberto Pinto Coelho (PP) between 2007 and 2010. In Pará, ALEPA had Mário Couto (PSDB) as president between 2003 and 2006 and Domingos Juvenil (MDB) from 2007 to 2010. The fragmentation of representation was in 13 parties both between 2003 and 2006 and 2007 and 2010. In Amapá, the composition of the Legislative Assembly fluctuated among 12 parties in the first period in which the presidency of the House was in the hands of Lucas Barreto (PDT) between 2003 and 2005 and Jorge Amanajás from 2005 to 2007 (PSDB) and 14 parties in the second period. During that time, the presidency of Jorge Amanajás (PSDB)

⁷ The biggest difficulty of the research was to obtain data from ALEPA since they were not available on the House's website. We began our analysis in 2004 due to the lack of access to the bills in 2003. The new ALEPA portal was put into operation in January 2020. However, at that time, the data collection for this research was already complete. See: <https://www.alepa.pa.gov.br/noticia/2648/>

continued. In this sense, even with benches of quite different sizes, party fragmentation is a constant, with the Minas Gerais Assembly composed of 77 representatives, 41 in Pará, and 24 in Amapá. Based on these findings, the analysis is marked out proportionally to the size of the benches and not just through absolute numbers.

Table 1 – Proposals in the health sector, by origin, in the states (2004-2010)

STATES	Nº OF PROPOSALS	%
AMAPÁ	33	100.0
Executive	4	12.12
Legislative	29	87.88
MINAS GERAIS	405	100.0
Executive	72	17.78
Legislative	333	82.22
PARÁ	71	100.0
Executive	5	7.04
Legislative	66	92.96

Source: Elaborated by the author based on data obtained from the state Legislative Assemblies.

Table 1 shows the number of initiatives for ordinary bills according to their origin, whether from the Executive or the Legislative, where we identified that 82% of the bills that were processed in the period in MG were proposed by legislators, while in AP, the deputies were responsible for 88% of the proposals and in the PA, 93%. In the three states, the proportion of legislative bills in the health sector initiated by legislators is high, above 80%. Such information corroborates the observation of analysts who demonstrate that legislators tend to be more concerned with bills related to social issues, such as health, while the Executive tends to have more project initiatives linked to economic and administrative issues (FIGUEIREDO; LIMONGI, 1999).

The activism of parliamentarians, verified from the number and proportion of bills for the health sector in the three states also corroborates the findings of Tomio and Ricci (2012), who identified a significant number of law proposals in the 12 Assemblies from 1999 to 2006. The volume of proposals presented by state parliamentarians is also linked to the fact that there are no significantly high costs involved in presenting a bill, with both the National Congress and the Legislative Assemblies of the states having permissive rules in this regard.

The internal rules that organize the dynamics of the legislative process in state Assemblies allow, as at the national level, the prerogative of requesting urgency for the special processing of bills. Once requested by the governor, the urgency may or may not be accepted by the Legislative Houses. In the three states analyzed, the data show that the emergency mechanism was widely

used in the proposals that originated in the Executive, while it is little mobilized in the proposals of the legislators.

Table 2 – Legislative proposals by procedure (2004-2010)

STATES	Nº	ORDINARY	URGENT	TOTAL
Amapá				
Executive	4	25.0%	75.0%	100%
Legislative	29	100%	-	100%
Minas Gerais				
Executive	72	75.0%	25.0%	100%
Legislative	333	99.70%	0.30%	100%
Pará				
Executive	5	20.0%	80.0%	100%
Legislative	66	100.0%	-	100%

Source: Elaborated by the author based on data obtained from the state Legislative Assemblies.

This prerogative, which favors the Executive's role in the approval of legislation in the Chamber of Deputies, is also observed in the state Assemblies. However, in the Legislative Assembly of Minas Gerais, there was a minimal number in comparison to the other states, 25% of the bills sent by the Executive followed an urgent procedure against 75% in ordinary procedure. In the other states, the urgent procedure was followed by 75% of the proposals from the government of Amapá and 80% from Pará. In the bills proposed by legislators, the Assemblies of PA and AP all followed the ordinary procedure, while in Minas Gerais, 0.3% of legislative proposals were processed on an urgent basis. There is a stronger spirit of deputies from Minas Gerais in rushing the conclusion of their proposals.

The specialized literature of Political Science shows that the Executive's agenda in the National Congress prevails over the Legislative agenda regarding the production of legislation, which is supported by the use of institutional mechanisms in its favor, such as the request for urgency in processing and issuing provisional measures (BAPTISTA, 2010; FIGUEIREDO; LIMONGI, 1999; SANTOS, 2002). These instruments favor governments that form coalitions to support their demands in the Legislative, approving proposals of interest in less time.

Despite the institutional model in the states, which mirrors the national model, favoring the role of the Executive in the production of legislation, giving concrete strength to governors, and the decision-making concentration of the Union regarding universal public policy systems, empirical analysis shows that attention should be paid to the differences between states concerning their legislative agenda (TOMIO; RICCI, 2012). In the cases we analyzed, there is a significant role for the Legislative Assembly of Minas Gerais, which differs from the profile

observed in both northern states, suggesting a higher degree of independence of action in this House since deputies also support the urgency of proposals originated in the Legislative.

Regarding the processing time, most approved proposals occurred within up to six months of processing. In the state of Amapá, the proposals initiated by the Executive had a shorter processing time, with about 66% were processed in less than a month. This short processing time is related to the current use of the urgency mechanism by the Executive branch. Table 2 shows that 0.3% of the deputies' proposals were processed on an urgent basis only in the Legislative of Minas Gerais. In the Assemblies of the other states, all the deputies' projects went through an ordinary procedure.

Table 3 – Time expended in the processing of the bills approved in the states (2004-2010)

STATES	Nº	UP TO 29 DAYS	FROM 30 DAYS TO 6 MONTHS	FROM 6 M. TO 2 YEARS	FROM 2 TO 4 YEARS
Amapá					
Executive	3	66.67%	33.33%	36.84%	--
Legislative	19	--	63.16%	--	--
Minas Gerais					
Executive	53	--	71.70%	28.30%	--
Legislative	107	--	33.64%	57.94%	8.41%
Pará					
Executive	3	33.33%	66.67%	--	--
Legislative	12	--	33.33%	25.0%	41.67%

Source: Elaborated by the author based on data obtained from the state Legislative Assemblies.

Pará is the state with the most proposals from the deputies processed until the end of the legislature, i.e., more than 41% of the bills took from two to four years to finish the procedure. In comparison with the proposals of the deputies of Amapá, the procedure of most of the deputies' proposals in this Assembly finished in up to six months, none being processed for more than two years. It is interesting to observe the processing time in ALMG. In this case, no bill, either from the Legislative or Executive, is progressed for less than 30 days, as occurs with the Executive's proposals in ALEPA and ALAP, and only 8.41% of the deputies' proposals are finished in the final half of the legislature. Despite the predominance of the Executive, there is a greater balance of time dedicated to processing proposals originated from both branches in the Legislative Assembly of Minas Gerais.

National studies show that deputies who manage to approve their bills have the

motivation and political resources necessary for such an endeavor. Approval requires dedication to convincing the majority of deputies and overcoming the bureaucratic and legal obstacles imposed by the Constitution and the Internal Regulations. An important resource is parliamentary experience. The longer the deputies have in the House, the more ability they develop to follow the processing of their bills, becoming familiar with the rules of the legislative process, specializing in public policies, and learning to address the preferences of parliamentarians and parties (AMORIM NETO; SANTOS, 2002; ARAÚJO; SILVA, 2013). Furthermore, the institutionalization of regular, publicized, and recognized practices strengthens accountability among the actors that participate in the legislative process and between them and the citizens. ALMG invested in this regard, registering and making available on its website all stages of legislative processing (ANASTASIA; CORREA; NUNES, 2012; FUKS; FIALHO, 2009; NUNES, 2013).

Considering the bills in the health sector from its initiative, the approval number of those originated in the Executive in ALAP was 75% of the total submitted to the legislature. In contrast, 65.52% of the bills initiated by the Legislative were approved, observing a certain balance between the demands of both branches of government in the state of Amapá met in the period covered by this research. In ALMG and ALEPA, we see the prevalence of bills originating from the Executive in terms of approval, respectively, 73.61% and 60%, in contrast to approval rates for bills originating in the parliamentary house in the order of 32.13% in Minas Gerais and 18.18% in Pará.

Table 4 shows that the a higherr number of bills presented by the deputies were rejected in ALEPA, with 71.21%. In ALMG, 44.44% of the proposed bills were dismissed, while in ALAP the rejection rate was around 27.59%⁸. In ALAP we see the predominance of the Executive combined with a good degree of resoluteness of the House in proposals initiated by the legislators since, as seen in Table 3, they decided all proposals in up to two years, with a 64.52% approval rate. At ALMG, the Executive's advantage regarding the approval of its proposals is not unrelated to the resolution in the proposals presented by the deputies, of which most were decided in half the term of the legislature.

⁸ Projects that did not complete the process were added to the "others" variable, e.i., the proposals taken from the process, vetoed by the governor, and filed at the end of the legislature.

Table 4 – Final situation of the proposals for the health sector, by author (2004-2010)

STATES	Nº	APPROVED	DISMISSED	OTHER	TOTAL
Amapá					
Executive	4	75.0%	25.0%	-	100%
Legislative	29	65.52%	27.59%	6.90%	100%
Minas Gerais					
Executive	72	73.61%	26.39%	-	100%
Legislative	333	32.13%	44.44%	23.42%	100%
Pará					
Executive	5	60.0%	40%	-	100%
Legislative	66	18.18%	71.21%	10.61%	100%

Source: Elaborated by the author based on data obtained from the state Legislative Assemblies.

The data on legislative production initiatives on health shows us that, despite the centralization of health policy at the federal level after the creation of SUS, state deputies are not exempt from drafting legislation that impacts public health, concurrent legal attribution of the federative spheres (BRASIL, 1988, article 24, XII). Additionally, the variation in the profile of state legislators' initiatives shows the possibility of greater legislative autonomy vis-à-vis the Executive, as noted in ALAP and ALMG. According to Fuks and Fialho (2009), institutional changes in ALMG, adopted in the 1990s, aimed to bring ordinary citizens closer to legislative matters, which is probably related to stronger action by deputies in the face of the Executive's interests.

On the other hand, access to information on the processing of projects in ALEPA was only internal to the House until recently. The records were incomplete and filed on paper. Still, as Lovaglio (2013) shows, almost 60% of the proposals submitted to the Education, Culture, and Health Commission of ALEPA from 2005 to 2012, addressed different themes from the matters within its jurisdiction. The lack of transparency in the legislative process seems correlated with this lack of commitment to the institutional procedures defined in the regulations and, perhaps, with greater alignment with the Executive's wishes.

Finally, we must consider the configuration of the political forces in each legislative period, which was not the object of our analysis. In favorable political contexts, state deputies can impose defeats on the Executive even where the dominant profile is strongly controlling the agenda by this power. As Silva, Favacho, and Morbach (2012) show, important proposals from the Executive were defeated in ALEPA by deputies during the PT government (2007-2010), due to a group self-denominated independent that opposed the government.

4 Final Remarks

We analyzed the legislative production in the health sector at the state level, considering that the Brazilian constitutional rules establish prerogatives for the federated entities over the provision of public policies. In the Brazilian federal system, the federal government has extensive powers to create policies with a broader scope, as it has exclusive competencies that strengthen its autonomy vis-à-vis subnational governments. This means that, to some extent, the constitutional attributions given to the central government interfere with the legislative production of local governments.

From the perspective of decentralization, the federative entities have common competencies for the formulation of public policies. In other words, the three spheres are constitutionally authorized to create social programs and policies. However, even if local governments are directly elected, their decisions are strongly conditioned by the federal system's rules that financially regulate the social spending of local governments. Institutional mechanisms impose obstacles to the autonomy of state governments by concentrating resources at the national level and encouraging adherence to programs created at the national level.

Regarding health policy, we highlight that, as of the 1988 Constitution, the Unified Health System began to integrate a decentralized and hierarchical model. In this process, the three spheres of government came to have different responsibilities regarding providing health services. Due to its intergovernmental function, the Union has the role of financing and formulating health policies of national scope and coordinating the actions of subnational governments. In this case, the Ministry of Health can decide on health policies in all spheres.

In this institutional framework in which the financial and regulatory resources are concentrated at the national level, we question whether there would be a proactive action by the state legislators in the health sector since the incentives of the national legislation are aimed at the adherence of the local spheres to the programs created by SUS. Through research on legislative production in the health sector in the states of Amapá, Minas Gerais, and Pará, we verified that, regardless of the socioeconomic reality of the states, there are internal dynamics between the Executive and Legislative branches directed at legislative production in the State Legislative Houses regarding the health sector.

In the focused period, we identified the processing of law proposals aimed at the health sector: 33 bills in the Legislative Assembly of Amapá, 71 bills in the Legislative Assembly of Pará, and 405 bills in the Legislative Assembly of Minas Gerais. The three states present a similar performance to that of national legislators regarding the initiative of bills, although in Minas Gerais the performance of deputies is more accentuated. We found that ALMG presents itself as a strong House vis-à-vis the executive compared to the other Legislative Assemblies. State executives request more urgency for their proposals, but in the case of Minas Gerais, none of the bills are decided in less than a month, within the period analyzed by this research.

Regarding the final situation, the proposals presented by the two spheres of power in Amapá were approved in a balanced form compared to the other states analyzed. In the case of Minas Gerais, the data indicate that the Executive presented more bills and obtained a significant result of the approval of these proposals proportionally. Likewise, in Pará, the governor was more successful when compared to parliamentarians, regarding the approval of bills of his initiative concerning the health sector. Regarding the volume of dismissals, Pará presented the highest rate when compared to Amapá and Minas Gerais.

The research results corroborate what the Political Science literature has been demonstrating about the variation of profiles of legislative production and relations between the Executive and Legislative branches at the state level. In addition to the dynamic characteristics of each political context designed by electoral mandates, deputies have greater incentives to remain proactive in legislative production in institutional contexts where legislative practices have greater resources to bring them closer to citizen surveillance. However, it is also worth noting that qualitative studies would better demonstrate the substantive performance of deputies, especially in terms of producing legislation for the health sector where the federal sphere centralizes this public policy's decisive actions, leading us to question the real content of the approved proposals, which may open a new research agenda.

References

- ABRANCHES, Sérgio. Presidencialismo de coalizão: o dilema institucional brasileiro. **Dados**, 31, n. 1, p. 5-38, 1988.
- ABRUCIO, Fernando Luiz. **Os barões da federação: os governadores e a redemocratização brasileira**. São Paulo: Editora Hucitec, 2002.
- ALMEIDA, Maria Hermínia Tavares de. A política social no governo Lula. **Novos Estudos CEBRAP**, v. 70, p. 7-17, 2004.
- ALMEIDA JÚNIOR, João Cauby de. Arenas de produção de políticas públicas: a nova política nacional de saúde mental. **Revista Direito GV**, v. 9, n. 2, p. 659-680, 2013.
- AMAPÁ. [Regimento Interno (2006)]. **Regimento Interno da Assembleia Legislativa do Estado do Amapá**. Atualizado até a Resolução nº 0191, de 03 de outubro de 2017. Macapá: Assembleia Legislativa do Estado do Amapá, 2017.
- AMORIM NETO, Octávio; SANTOS, Fabiano. A produção legislativa do Congresso: entre a paróquia e a nação. *In*: VIANNA, Luiz Werneck (Org.). **A democracia e os três poderes no Brasil**. Belo Horizonte/Rio de Janeiro: Editora da UFMG/IUPERJ, 2002. p. 91-139.
- ANASTASIA, Fátima. Federação e relações intergovernamentais. *In*: AVELAR, Lúcia e CINTRA, Antônio Octávio (Org.). **Sistema Político Brasileiro: uma introdução**. Rio de Janeiro/São Paulo: Fundação Konrad Adenauer/Editora Unesp, 2007. p. 185-204.
- ANASTASIA, Fátima; CORREA, Izabela; NUNES, Felipe. Caminhos, veredas e atalhos: legislativos estaduais e trajetórias políticas. *In*: MENEGUELLO, Rachel (Org.). **O Legislativo brasileiro: funcionamento, composição e opinião pública**. Brasília: Senado Federal, Secretaria Especial de Comunicação Social, 2012. p. 95-120.
- ARAÚJO, Suely Mara Vaz Guimarães de; SILVA, Rafael Silveira. Titulares da agenda e carreiras

políticas. **Revista Brasileira de Ciência Política**, n. 10, p. 285-311, 2013. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-33522013000100009&lng=en&nrm=iso. Acesso em: 14 ago. 2020.

ARRETCHE, Marta. **Democracia, federalismo e centralização no Brasil**. Rio de Janeiro: Editora FGV/Editora Fiocruz, 2012.

ARRETCHE, Marta; MARQUES, Eduardo. Condicionantes locais da descentralização das políticas de saúde. *In*: HOCHMAN, Gilberto; ARRETCHE, Marta, MARQUES, Eduardo (Org.). **Políticas públicas no Brasil**. Rio de Janeiro: Editora Fiocruz, 2007. p. 173-204.

ARRETCHE, Marta; VAZQUEZ, Daniel; GOMES, Sandra. Descentralização e autonomia: deslocando os termos do debate. *In*: LAVALLE, Adrian Gurza. (Org.). **O Horizonte da política: questões emergentes e agendas de pesquisa**. São Paulo: Editora Unesp/Cebrap/CEM, 2012. p. 29-62.

BAPTISTA, Tatiana Wargas de Faria. Análise da produção legislativa em saúde no Congresso Nacional brasileiro (1990-2006). **Cadernos de Saúde Pública**, 26, n. 1, p. 97-109, 2010. Disponível em: https://www.scielo.br/scielo.php?pid=S0102-311X2010000100011&script=sci_arttext&lng=pt. Acesso em : 15 ago. 2020.

BRAGA, Sérgio Soares. Podem as novas tecnologias de informação e comunicação auxiliar na consolidação das democracias? Um estudo sobre a informatização dos órgãos legislativos na América do Sul. **Opinião Pública**, v. 13, n. 1, p. 1-50, 2007. Disponível em: https://www.scielo.br/scielo.php?pid=S0104-62762007000100001&script=sci_arttext&lng=pt. Acesso em: 15 ago. 2020.

BRASIL. [Constituição (1988)]. **Constituição da República Federativa do Brasil de 1988**. Brasília, DF: Presidência da República, [2020]. Disponível em: http://www.planalto.gov.br/ccivil_03/Constituicao/Constituicao.htm. Acesso em: 7 dez. 2020.

BRASIL. [Lei nº 8.080 (1990)]. **Lei nº 8.080, de 19 de setembro de 1990**. Brasília, DF: Presidência da República, [2020]. Disponível em: http://www.planalto.gov.br/ccivil_03/leis/18080.htm. Acesso em: 7 dez. 2020.

CARNEIRO, André Correa de Sá. Legislação Simbólica e poder de apreciação conclusiva no Congresso Nacional. *In*: NICOLAU, Jairo e BRAGA, Ricardo de João (Org.). **Para além das urnas: reflexões sobre a Câmara dos Deputados**. Brasília: Câmara dos Deputados, Edições Câmara, 2011. p. 177-205.

CAVALCANTE FILHO, João Trindade. Limites da iniciativa parlamentar sobre políticas públicas: uma proposta de releitura do art. 61, § 1º, II, e, da Constituição Federal. *In*: **Textos para Discussão**. Brasília: Núcleos de estudos e pesquisa do Senado, Consultoria Legislativa, 2013.

CORREA, Roberto R.; BARROS, Elizabeth B.; SOUZA, Carlos Augusto S. O jogo político e a produção legislativa da ALEPA na 16ª legislatura (2007-2010). *In*: GRILL, Igor Gastal; SANTOS, André Marengo dos, *et al* (Org.). **Peças e engrenagens dos jogos políticos no Brasil**. São Leopoldo/São Luís: Oikos/EDUFMA, 2012.

COSTA, Valeriano. Federalismo. *In*: AVELAR, Lúcia e CINTRA, Antônio Octávio (Org.). **Sistema político brasileiro: uma introdução**. Rio de Janeiro/São Paulo: Fundação Konrad Adenauer/Editora Unesp, 2004. p. 211-223.

CRUZ, Marcia R. As alterações do Legislativo nos projetos de lei do Executivo e o papel dos relatores neste processo. *In*: NICOLAU, Jairo. e BRAGA, Ricardo de João (Org.). **Para além das urnas: reflexões sobre a Câmara dos Deputados**. Brasília: Câmara dos Deputados, Edições Câmara, 2011.

FAGNANI, Eduardo. A política social do Governo Lula (2003-2010): perspectiva histórica. **Ser Social**, v. 13, n. 28, p. 41-80, 2011.

FIGUEIREDO, Argelina Cheibub; LIMONGI, Fernando. **Executivo e Legislativo na nova**

ordem constitucional. Rio de Janeiro: Editora FGV, 1999.

FIGUEIREDO, Argelina Cheibub; LIMONGI, Fernando. Mudança constitucional, desempenho do Legislativo e consolidação institucional. **Revista Brasileira de Ciências Sociais**, 10, n. 29, p. 175-200, 2012.

FORTES, Fátima Beatriz. A emenda constitucional n. 29 de 2000 e os governos estaduais. **Lua Nova**, n. 87, p. 167-202, 2012. Disponível em: https://www.scielo.br/scielo.php?pid=S0102-64452012000300008&script=sci_abstract&tlng=es. Acesso em: 15 ago. 2020

FUKS, Mário; FIALHO, Fábio Mendes. Mudança institucional e atitudes políticas: a imagem pública da Assembleia Legislativa de Minas Gerais (1993-2006). **Opinião Pública**, v. 15, n. 1, p. 82-106, 2009. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-62762009000100004. Acesso em: 15 ago. 2020.

GOMES, Fábio de Barros Correia; CARVALHO, Eduardo Lopes de; REIS, Rodolfo. Projetos de lei ordinária apresentados na câmara dos deputados entre 1999 e 2006: tramitação geral e dos relacionados à saúde. **E-Legis**, v. 2, n. 2, p. 32-44, 2009. Disponível em: <http://e-legis.camara.leg.br/cefor/index.php/e-legis/article/view/10>. Acesso em: 14 ago. 2020.

IMMERGUT, Ellen. M. As regras do jogo: a lógica da política de saúde na França, na Suíça e na Suécia. **Revista Brasileira de Ciências Sociais**, v. 30, n. 11, p. 139-163, 1996.

LIMA, Eduardo Martins de. O “ultrapresidencialismo estadual” no contexto das relações entre executivo e legislativo em Minas Gerais. **Revista do Legislativo**, n. 39, p. 46-57, 2005.

LOVAGLIO, Silvia Maria. **Representatividade e desempenho parlamentar:** Um estudo qualitativo sobre as proposições legislativas tramitadas na Comissão de Educação, Cultura e Saúde da Assembleia Legislativa do estado do Pará, entre os anos de 2005-2012. 2013. 147 f. (Dissertação de Mestrado). Programa de Pós-Graduação em Ciência Política, Universidade Federal do Pará, Belém, PA.

MAYHEW, David. R. **Congress: the electoral connection.** New Haven: Yale University Press, 1974.

MINAS GERAIS. [Regimento Interno (1997)]. **Regimento Interno da Assembleia Legislativa do Estado de Minas Gerais.** Atualizado até a Resolução nº 5.522, de 2018. Belo Horizonte: Assembleia Legislativa do Estado de Minas Gerais, 2019.

MONTEIRO NETO, Aristides (Org.). **Governos estaduais no federalismo brasileiro:** capacidades e limitações governativas em debate. Brasília: Ipea, 2014.

MONTESQUIEU. **O espírito das leis.** São Paulo: Martins Fontes, 2000.

MÜLLER, Gustavo. Representação política: neoinstitucionalismo em perspectiva comparada. **Revista Brasileira de Ciências Sociais**, v. 24, n. 69, p. 115-127, 2009. Disponível em: <https://www.scielo.br/pdf/rbcsoc/v24n69/08.pdf>. Acesso em: 15 ago. 2020.

NUNES, Felipe. Os determinantes dos resultados de soma positiva em Minas Gerais e no Rio Grande do Sul. **Revista de Sociologia e Política**, v. 21, n. 47, p. 91-112, 2013. Disponível em: https://www.scielo.br/scielo.php?pid=S0104-44782013000300008&script=sci_arttext&tlng=pt. Acesso em: 15 ago. 2020.

PARÁ. [Regimento Interno (1994)]. **Regimento Interno da Assembleia Legislativa do Estado do Pará.** Resolução nº 02 de 1994. Revisto e atualizado até 2019. Belém: Assembleia Legislativa do Estado do Pará, 2019.

PESSANHA, Chales. O poder Executivo e processo Legislativo nas instituições Brasileiras. *In:* VIANNA, Luiz. Werneck. (Org.). **A democracia e os três poderes no Brasil.** Belo Horizonte/Rio de Janeiro: Editora da UFMG/IUPERJ, 2002.

RAUPP, Fabiano Maury; PINHO, José Antonio Gomes de. Construindo a accountability em portais eletrônicos de câmaras municipais: um estudo de caso em Santa Catarina. **Cadernos**

EBAPE.BR, v. 9, n. 1, p. 116-138, 2011. Disponível em: https://www.scielo.br/scielo.php?pid=S1679-39512011000100008&script=sci_arttext. Acesso em: 15 ago. 2020.

RICCI, Paolo; TOMIO, Fabricio. O poder da caneta: a Medida Provisória no processo legislativo estadual. **Opinião pública**, v. 18, n. 2, p. 255-277, 2012. Disponível em: https://www.scielo.br/scielo.php?pid=S0104-62762012000200001&script=sci_arttext&tlng=pt. Acesso em: 15 ago. 2020.

SABBAG, Gustavo Reis. Características da produção legislativa da Câmara dos Deputados de 2007 A 2010. **E-Legis**, v. 10, n. 22, p. 7-24, 2017. Disponível em <http://e-legis.camara.leg.br/cefor/index.php/e-legis/article/view/300>. Acesso em: 14 ago. 2020.

SANTOS, Fabiano. Partidos e comissões no presidencialismo de coalizão. **Dados**, v. 45, n. 2, p. 237-264, 2002. Disponível em: https://www.scielo.br/scielo.php?pid=S0011-52582002000200003&script=sci_arttext. Acesso em: 15 ago. 2020.

SILVA, Maria Dolores; FAVACHO, Dalton; MORBACH, Maria Conceição. O governo do PT no Pará e sua relação com a Assembleia Legislativa. In: GRILL, Igor Gastal; SANTOS, André Marenco dos., *et al* (Org.). **Peças e engrenagens dos jogos políticos no Brasil**. São Leopoldo/São Luís: Oikos/EDUFMA, 2012.

SOUZA, C. Estado da arte da pesquisa em políticas públicas. In: HOCHMAN, Gilberto.; ARRETCHE, Marta, *et al* (Org.). **Políticas públicas no Brasil**. Rio de Janeiro: Editora Fiocruz, 2007. p. 65-86.

SOUZA, Celina. Políticas públicas: uma revisão da literatura. **Sociologias**, n. 16, p. 20-45, 2006. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1517-45222006000200003&lng=en&nrm=iso. Acesso em: 14 ago. 2020.

SOUZA, Celina. Federalismo, desenho contitucional e instituições federativas no Brasil pós-1988. **Revista de Sociologia e Política**, n. 24, p. 105-121, 2005. Disponível em: https://www.scielo.br/scielo.php?pid=S0104-44782005000100008&script=sci_arttext. Acesso em: 15 ago. 2020.

TOMIO, Fabrício Ricardo de Limas; RICCI, Paolo. O governo estadual na experiência política brasileira: os desempenhos legislativos das assembleias estaduais. **Revista de Sociologia e Política**, v. 20, n. 41, p. 193-217, 2012. Disponível em: https://www.scielo.br/scielo.php?pid=S0104-62762012000200001&script=sci_arttext&tlng=pt. Acesso em: 15 ago. 2020.

VIEIRA, Fernando Sabóia. Poderes e atribuições do presidente da Câmara dos Deputados no processo decisório legislativo. In: NICOLAU, Jairo. e BRAGA, Ricardo de João (Org.). **Para além das urnas: reflexões sobre a Câmara dos Deputados**. Brasília: Câmara dos Deputados, Edições Câmara, 2011.