Federal Budgeting & Appropriations: Advocating for Research Funding

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Federal Budgeting & Appropriations:  
*Advocating for Research Funding*

- Explain how appropriations process shapes biomedical research priorities
- Describe major governmental agencies with authority over research funding & how changes in policy could impact research priorities
- Evaluate how to advocate for federal support of research funding
Historical Perspective

• Budget & Accounting Act of 1921
  – President must submit annual budget request to Congress

• Anti-deficiency Acts of 1921 & 1950
  – Prohibits spending beyond amounts appropriated by Congress or permitted by regulations

• Congressional Budget Act of 1974
  – Established process for Congress to implement budget resolution policies thru action on individual appropriation acts, direct spending legislation, & revenue & debt limit measures

• Budget Control Act of 2011
  – Statutory limits on discretionary spending with automatic process to reduce spending
Federal Budget Process

President’s budget submitted to Congress

Congressional budget resolution by House & Senate Budget Committees

Discretionary spending allocated to Appropriations committees in House & Senate

Bills considered by House & Senate, negotiated in conference, signed by President

Budget reconciliation for direct spending in Senate Finance, House Commerce, & House Ways & Means

Compiled into bill to be considered by House & Senate, negotiated in conference, signed by President
Congressional Budget Resolution

• Annual concurrent resolution on the budget
• Prepared by the House and Senate Budget Committees, assisted by the Congressional Budget Office
• Frames Congressional action on revenue and spending legislation but does not have statutory effect
• Sets budget totals (revenues, budget authority, outlays, deficit and debt) for each of the next 10 years
• Enforced by Section 302 allocations, reconciliation process, scoring, and points of order
• Some years, Congress fails to complete action on a budget resolution
Continuing Resolutions (CRs)

- Finances programs/agencies whose regular appropriations have not been enacted by October 1, the start of the fiscal year.
- Usually a temporary measure that expires on a specified date or when regular appropriations are enacted.
- Specifies the level at which agencies may incur obligations during the period that the CR is in effect.
- The rate often is a formula: the lower of the previous year’s appropriation or the President’s request for the next year.
- The CR sometimes specifies an amount for each account.
- In some sessions, the CR is in effect for the remainder of the fiscal year and takes the place of regular appropriations.
Authorizations

• One-Step Process for *most mandatory spending*

• Congress utilizes a one-step legislative process
  – The authorizing legislation establishes, continues or modifies an existing federal program and provides budget authority. (Authorizations and Appropriations)

• Most Major Entitlement Programs
  – Typically Permanent
  – Some Require Periodic Renewal
Authorizations and Appropriations

- Two-Step Process for discretionary spending
  - Establish authorizing language (Authorizations)
    - Establish, continue, or modify an agency or program for a specified period of time or indefinitely
    - Requirement under House and Senate rules
  - Provide budget authority to fund programs (Appropriations)
    - Provide budget authority to federal agencies for specified purposes, in accordance with authorizing legislation
    - Applies to annual discretionary spending (roughly 1/3 of the federal budget)
Congressional Budget Office (CBO)

• A nonpartisan agency that provides budget data and analyses to Congress.
  – CBO does not make recommendations, but it sometimes influences Congressional action.
• The CBO director is appointed to a 4-year term by Congress.
  – The House and Senate Budget Committees alternate in recommending a new director.
• CBO publishes an annual review (usually in March) of the President’s budget
• It scores pending legislation and estimates the cost of reported bills.
• It analyzes government policies and programs, and publishes options for changing revenue and spending policies.
FY19 Federal Budget Overview

• Revenue-$3.5 T (16.3% of GDP)
• Expenses $4.4 T (21% of GDP)
• Mandatory Spending $3.07T
  – Social security payments, Medicare and Medicaid, Veterans’ benefits, certain higher education benefits, Other mandatory programs, interest on the national debt
• Discretionary Spending $1.33T
  – Defense, education (other than some Pell grants), transportation, Social security administration, Veterans’, health research, international affairs, energy/environment, science and technology, housing, agriculture

Congressional Budget Office
Role of Federal Agencies

- Submit budget request
- Defend President’s budget at appropriation hearings
- Maintain accounting systems & controls, conduct audits, & prepare financial statements
- Conduct activities for which funds provided
- Assess performance
DHHS FY19 Outlays: $1.21T

CMS 1092B
ACF 49B
NIH 35B
CDC 8B
HRSA 11B
IHS 5B
FDA 3B
SAMHSA 4B
ACL 2B
AHRQ 0.4B

FY19 Outlays for DHHS

$1,216 Billion in Outlays

- Medicare 52%
- Medicaid 34%
- Other Mandatory Programs 2.9%
- TANF 1%
- Children's Entitlement Programs 2%
- Discretionary Programs 8%
Agency for Healthcare Research and Quality (AHRQ)

• Mission
  – To produce evidence to make health care safer, higher quality, more accessible, equitable, & affordable
  – To work within DHHS & with other partners to make sure evidence is understood & used.

• Building bridges between research & practice

• Accelerating learning & innovation in health care delivery
AHRQ Goals & Examples

• Keep patients safe
  – A Comprehensive Unit-based Safety Program reduced central line associated blood stream infections nationwide
  – Research contributed to 21% decrease in hospital-acquired conditions, 3 million fewer adverse events, 125,000 lives saved, & $28B in savings since 2010

• Help doctors & nurses improve quality
  – Re-Engineered Discharge toolkit to reduce avoidable readmissions
  – Project ECHO, an innovative model using tele-consultation to improve treatment in rural & underserved communities

• Develop data to track changes in health care system
  – Healthcare Cost & Utilization Project provided early indication of rising opioid use & helped target local solutions by identifying variations in opioid-related hospitalizations across states
AHRQ FY17 Budget

Dollars in millions
(total = $470M with $83M from PHS Evaluation Funds)
What is the best way to advocate for federal support of health services research & AHRQ?

By agency
- Explain importance of the agency’s mission
- Describe a project that addresses the mission
- Consider whether other entities likely to provide funding
- Explain pros & cons of investigator-initiated research
- Explain need for an agency supporting career development

By type of research
- Explain importance of health services research
- Describe a project that illustrates the importance
- Identify entities most likely to provide funding
- Consider implications for support of investigator-initiated research & career development
Tips for advocating to your legislator

• Provide concrete examples of the impact of funding to the constituents in your district
  – Patient stories
  – Impact on groups of patients and/or institutions
  – Researchers funded

• Provide a leave behind summary

• Follow up with a thank you email
Table Exercise

• You are meeting with your representative’s health staff. Your AMC is located in the representative’s district. The staff member asks if SGIM supports the president’s proposal to move AHRQ into the NIH. SGIM opposes this move.
  – How can you best advocate with the aide for preserving AHRQ as a separate agency?
  – Can you think of reasons that might make sense to some to move AHRQ and that you should prepare counterarguments for if they are raised?
  – Write down your thoughts for about a minute then discuss with your break out room partners