

Preliminary Analysis of the President's FY15 Budget Request

Last Updated March 4, 2014

On March 4, President Obama submitted his \$3.9 trillion fiscal year (FY) 2015 budget request to Congress. His plan outlines the Administration's overall fiscal policy and federal program priorities for the FY that will begin on October 1, 2014. Included in the Administration's budget are funding requests for all federal executive departments and independent agencies. To access the President's proposed budget, please [click here](#).

This is a preliminary review and draft!

Please note that while NASUAD staff has done our best to provide you with an overview of the federal budget proposal, this document is subject to change. We will update our analysis as necessary.

As in prior years, NASUAD conducted a preliminary analysis of the President's budget request on the day of its release. In the pages that follow, please find a draft version of NASUAD's report, which includes agency-specific breakdowns of the proposed funding levels, with a focus on initiatives of particular interest to the aging and disability communities, as well as next steps in the federal budget process.

We will update this preliminary memo as additional information becomes available. In the interim, if you have questions or concerns, or would like additional information, please contact NASUAD's Executive Director, Martha Roherty, at mroherty@nasuad.org, or NASUAD's Director of Policy and Legislative Affairs, Lindsey Copeland, at lcopeland@nasuad.org.

DEPARTMENT OF AGRICULTURE

Overview

Agriculture Aggregate Funding Request

The FY15 request for discretionary budget authority to fund programs and operating expenses is \$23.7 billion, a decrease of about \$1 billion below FY14 funding. Funding for mandatory programs is estimated at \$123 billion, an \$11 billion decrease from FY14. The change in mandatory funding reflects decreases in Commodity Credit Corporation Fund and reduced crop insurance expenses.

Food and Nutrition Services

Supplemental Nutrition Assistance Program (Formerly Known as the Food Stamp Program)

The President's FY15 budget request for the Supplemental Nutrition Assistance Program (SNAP) is \$84 billion, representing a \$4.6 billion decrease from FY14. SNAP is the primary source of nutrition assistance for 47 million low-income Americans.

The Commodity Assistance Program

The budget request includes recommendations for FY15 funding levels for the Commodity Assistance Program (CAP), a program which distributes USDA commodities through multiple programs that provide support to low-income older adults and people with disabilities, including the Commodity Supplemental Food Program (CSFP), the Emergency Food Assistance Program (TEFAP), and the Seniors Farmers Market Nutrition Program (SFMNP).

- ***Commodity Supplemental Food Program:*** This Program provides commodities (i.e. food packages) to low-income elderly Americans; older adults, pregnant, postpartum, and breastfeeding women; infants; and children up to age six. The FY15 budget includes a request of \$209 million, a \$6 million increase compared to the FY14 estimated level.
- ***Emergency Food Assistance Program:*** This initiative provides support to food banks and other programs assisting households with immediate, short-term, food assistance needs. It provides cash to support State administrative activities, and to maintain the storage and distribution pipeline for USDA, and privately-donated commodities. The President's FY14 budget requests \$51 million for this program which included a \$2 million increase for program integrity, allowing for additional management evaluation reviews, technical assistance to state and local TEFAP operations and dedicated funding for state oversight. The FY15 budget requests \$49 million for TEFAP, a figure equal to the FY14 estimated funding.

- **Seniors Farmers Market Nutrition Program:** This effort provides coupons for low-income seniors to buy fresh, unprepared foods at farmers' markets, roadside stands, and community-supported agriculture programs. The FY15 budget neutral request of \$21 million is the same as the FY12-FY14 levels.

DEPARTMENT OF EDUCATION

Overview

Education Aggregate Funding Request

The President's FY15 budget invests \$68.6 billion in discretionary funding for the Department of Education, an increase of 1.9 percent over the FY14 level.

Workforce Investment Act

Vocational Rehabilitation Program

For Rehabilitation Services and Disability Research, the President's FY15 budget provides level funding, \$3.7 billion to support comprehensive and coordinated vocational rehabilitation and independent living services for individuals with disabilities through research, training, demonstration, technical assistance, evaluation, and direct service programs.

Independent Living Program

The President's FY15 budget proposes \$134.5 million, which includes funding for programs that provide independent living services through formula grants to designated State agencies, and competitive grants to Centers for Independent Living.

VR State Grants

Formula grants to state Vocational Rehabilitation (VR) agencies are used to help individuals with disabilities find gainful employment. The request reflects the Administration's proposal to eliminate separate funding authorities for the smaller VR-related programs under the Rehabilitation Act in order to reduce duplication of effort and administrative costs, streamline program administration at the federal and local levels, and improve accountability. The President's \$3.3 billion request for the VR State Grants program includes an increase of \$33 million over the FY14 mandatory level to offset the reduction in funds resulting from the Administration's proposal.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Overview

HHS Aggregate Funding Request

The President's FY15 Budget for HHS totals \$1 trillion in outlays and proposes \$77.1 billion in discretionary budget authority, a reduction of \$1.3 billion from FY14.

HHS Agencies

As an umbrella agency, HHS includes many agencies and programs of importance to NASUAD members, as well as to the larger aging and disability communities. Below, please find detailed summaries of the budget proposals for the Administration on Community Living (ACL), the Centers for Medicare & Medicaid Services (CMS), and highlights from the proposed budgets for the Health Resources and Services Administration (HRSA), the Administration for Children and Families (ACF), the Centers for Disease Control (CDC), the National Institutes of Health (NIH), the Office of Civil Rights (OCR), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

DEPARTMENT OF HEALTH AND HUMAN SERVICES

The Administration for Community Living

ACL was formed in April 2012 as a single agency charged with helping more people with disabilities and older adults have the option to live in their homes and participate fully in their communities. The creation of ACL brought together the Administration on Aging, the Office on Disability, and the Administration on Intellectual and Developmental Disabilities (AIDD), which had previously been separate entities within HHS. This newly organized agency is designed to support initiatives to increase access to community supports and maximize full community participation for seniors and people with disabilities. ACL works across HHS to harmonize efforts to promote community living, which can both save federal funds and allow people who choose to live with dignity in the communities they call home.

Overview

ACL Aggregate Funding Request

The Administration's FY15 budget request for ACL is \$2.1 billion. ACL focuses on ensuring that both older adults and people with disabilities are able to live at home with the supports they need, while participating in communities that value their contributions. The budget prioritizes efforts to address elder abuse, assist transitioning youth with intellectual and development disabilities, support caregivers, help older adults and individuals with disabilities access programs and supports, and improve the coordination of programs across federal government that serve these populations.

Helping Seniors Maintain their Health and Independence

Home and Community Based Supportive Services

Under the President's budget, the Home and Community Based Supportive Services Program would receive \$347 million in FY15. This represents level funding with respect to FY13 post-sequester levels and projected FY14 levels, but is a \$20 million decrease from the FY14 request of \$367 million. Home and Community Based Supportive Services provide grants to states and territories using a formula based primarily on their share of the national

population aged 60 and over. Services provided under this initiative include: transportation and case management, information and referrals, in-home personal care, homemaker assistance, adult day care, and physical fitness programs. Each state uses an intrastate funding formula to allocate the funds it receives through this program to its Area Agencies on Aging (AAA). AAAs, in turn, use their portion of the funds to provide the supportive services that best meet the needs of seniors in their planning and service areas.

Congregate Nutrition

The President's budget requests \$438 million for the Congregate Nutrition Program, almost restoring the program to pre-sequester funding levels. This proposal is nearly identical to the funding level set by the FY14 omnibus appropriations package, and is over \$20 million more than the congregate nutrition program received in FY13. In addition to the benefits of nutrition, meals served in congregate settings give older adults the opportunity to engage in vital social contact.

Home Delivered Nutrition

Similarly, the President's budget restores funding to the Home Delivered Nutrition Services Program, requesting \$216 million in FY15. This is the same amount the program will receive in FY14 under the omnibus appropriations deal, and in line with FY12 pre-sequester funding levels. Authorized by Title III C2 of the OAA, this program provides meals and related nutrition services to older individuals who are homebound. Home delivered meals are often the first in-home service that an older adult receives, and the Program is a primary access point for the other home and community based services. In addition to meals, services funded under this initiative include nutrition screening; education; and nutrition assessments; as well as counseling, where appropriate.

Nutrition Services Incentive Program

Under Section 311 of the OAA, the Nutrition Services Incentive Program (NSIP) provides awards to states and Indian Tribal Organizations that efficiently deliver nutritious meals to older adults. This funding can only be used to provide meals, and cannot be used to pay for other nutrition-related services, or for administrative costs. State Agencies on Aging and Indian Tribal Organizations may choose to receive part, or all, of this support in the form of USDA foods. The USDA foods portion of NSIP is funded through a transfer of funds from AoA to the Food and Nutrition Service's (FNS) Food Distribution Division. The request of \$160 million for FY15 would continue FY14 funding levels.

Native American Nutrition and Supportive Services

The FY15 request of \$26 million for the Native American Nutrition and Supportive Services program also mirrors the funding levels set by the FY14 omnibus.

Preventive Health Services

The Preventive Health Services Program would again receive relatively level funding of \$20 million under the President's FY15 proposed budget. This is approximately the same

amount allocated to the program in FY13 and FY14. This initiative provides grants to states and territories to fund programs that focus on educating older adults about the role that healthy lifestyles and behaviors can have in preventing or delaying chronic disease and disability, with the goal of reducing the need for more costly medical interventions in the future. Qualifying activities include information and outreach; health screenings and risk assessments; physical fitness; health promotion; and medication management. These activities are carried out at multi-purpose senior centers, meal sites, and other community based settings, as well as through individualized counseling and services for vulnerable elders.

Chronic Disease Self-Management Education

In his FY12 request, President Obama proposed \$10 million in new stand-alone funding for Chronic Disease Self-Management Education (CDSME), from the ACA's Prevention and Public Health Fund (PPHF). In FY13, approximately \$7 million was provided to continue these activities, and the FY14 omnibus appropriations bill transferred \$8 million in PPHF funds to ACL for the Chronic Disease Self-Management program. The President's FY15 request of \$8 million reflects level funding relative to FY14.

Falls Prevention

The FY14 omnibus appropriations bill transferred \$5 million in mandatory funding from the ACA's PPHF to support Elder Falls Prevention Activities at ACL. Falls are the leading cause of both fatal and nonfatal injuries for those 65 and over, and falls can result in significant loss of independence for older Americans and often trigger the onset of a series of growing medical needs. ACL's falls prevention programs aims to help participants achieve improved strength, balance, and mobility, and also provide education on how to avoid falls. The Administration's FY15 budget requests \$5 million in PPHF dollars for ACL to continue these activities.

Senior Community Service Employment Program

As in FY12, FY13, and FY14, the Administration's FY15 budget request would transfer the Community Service Employment for Older Americans (SCSEP) Program from the Department of Labor to HHS. Authorized by Title V of the Older Americans Act, SCSEP provides unemployed, low-income, older adults with opportunities for community service training and employment in non-profit organizations and government agencies. The Administration's FY15 request for this program is \$380 million, \$54 million below the FY14 funding level.

Aging Network Support Activities

The Administration requests level funding of \$7 million for Aging Network Support Activities. This initiative provides assistance to the Eldercare Locator and Pension Counseling, among other projects.

Supporting Caregivers

Family Caregiver Support Services

Under the FY15 request, Family Caregiver Support Services would receive \$146 million. Though a \$7 million decrease from both pre-sequester levels and the Administration's FY14 budget, the FY15 request represents level funding from post-sequester levels and those set for FY14. This program offers a range of services to support family caregivers, including providing information about available services, assistance to caregiving in gaining access to services, individual counseling and training for the caregiver, respite care, and supplemental services.

Native American Caregiver Support Program

In the President's budget, the Native American Caregiver Support Program would receive level funding in FY15, at \$6 million.

Lifespan Respite Care Program

The Administration proposes \$2 million in level funding for the Lifespan Respite Care Program in FY15. This initiative supports respite for family members of individuals with special needs.

Alzheimer's Disease Supportive Services Program

The Alzheimer's Disease Supportive Services Program (ADSSP) funds competitive grants to states to expand the availability of evidence-based interventions that help persons with dementia and their caregivers remain independent and in their communities. In FY12, Congress reduced funding for ADSSP from \$11 million to \$4 million, where it has remained. For FY15, the Administration requests level funding of \$4 million for this program.

Alzheimer's Disease Initiative - Services

On February 7, 2012, President Obama announced a new effort to fight Alzheimer's Disease. The President's FY15 budget requests \$11 million from the ACA-established Prevention and Public Health Fund (PPHF) for Alzheimer's Disease Services as part of this effort.

Protecting Vulnerable Older Americans

Elder Justice Initiative

The budget requests \$25 million for a new Elder Justice initiative to address the negative effects of abuse, neglect, and exploitation on the health and independence of seniors while making key investments in Adult Protective Services, research, and evaluation activities.

With this funding, ACL will initiate the development of a national Adult Protective Services data system, including grants to states to test and develop infrastructure, and provide funding for key research, which is essential to the development of evidence-based

interventions to prevent, identify and report, and respond to elder abuse. As the lead agency in addressing adult abuse, ACL will become the federal home for Adult Protective Services and will develop national standards to assist all states in improving the quality and consistency of their Adult Protective Services programs.

Adult Protective Services Demonstration Program

The Adult Protective Services (APS) Demonstration Program was enacted under the ACA as part of the Elder Justice Act (EJA) to provide competitive grants to states to test and evaluate innovative approaches to preventing elder abuse, neglect, and exploitation. In FY12 and FY13, mandatory funding was provided for these efforts from the ACA's Prevention and Public Health Fund (PPHF). In FY14, the Administration requested \$8 million in discretionary dollars for the program, none of which was allocated by Congressional appropriators. In the Administration's FY15 budget request, this program becomes part of the new, \$25 million Elder Justice Initiative. Therefore, funding for this program was not reflected as a stand-alone budget item in the Administration's FY15 budget.

Long-Term Care Ombudsman Program

The budget proposal requests relatively level funding for the Long-Term Care Ombudsman program, \$16 million.

Prevention of Elder Abuse and Neglect

For FY15, the Administration requests \$5 million in level funding for the Prevention of Elder Abuse and Neglect. This initiative is designed to improve strategic planning and direction in programs, activities, and research that are related to elder abuse awareness and prevention.

Senior Medicare Patrol Program

For FY15, the Administration proposes \$9 million in funding for the Senior Medicare Patrol Program (SMP), approximately the same request as last year, and in line with FY14 funding levels.

Elder Rights Support Activities

Elder Rights Support Activities include a combination of programs and resource centers that provide the necessary information, training, and technical assistance support that ACL and states need to fulfill their shared mission to maintain the health and independence of older Americans. The President's budget requests level funding for these initiatives at \$4 million.

Consumer Information, Access & Outreach

Aging and Disability Resource Centers

To support Aging and Disability Resource Centers (ADRCs), the ACA allocated \$10 million in mandatory funding each year from FY10 – FY14. The FY15 budget requests a continuation of this funding, specifically \$10 million each year for the next five years in new mandatory

funding for ADRCs. These centers are “no wrong door” entry points at the community level where individuals of all ages can turn for objective information and one-on-one counseling on their long-term services and supports options.

State Health Insurance Assistance Programs

In his three most recent budgets, President Obama proposed to transfer the State Health Insurance Assistance Programs (SHIPs) from the Centers for Medicare & Medicaid Services (CMS) to ACL. The FY14 omnibus appropriation bill initiated this transfer, and the Administration’s FY15 budget requests \$52 million to fund the program at ACL.

National Clearinghouse for Long-Term Care Information

The National Clearinghouse for Long-Term Care Information (Clearinghouse) provides objective information on how to plan ahead for long-term care needs. First authorized by the Deficit Reduction Act of 2005 (DRA), the American Taxpayer Relief Act (ATRA) repealed Title VIII of the ACA, which included mandatory funding for the Clearinghouse. However, the Clearinghouse pre-dates the ACA and has a separate and important purpose. Accordingly, ACL is requesting \$1 million in discretionary funding for FY15 to continue the Clearinghouse’s educational and informative mission.

Voting Access for People with Disabilities

Additionally, the Budget requests \$5 million for the Help America Vote Act protection and advocacy program. In each eligible state and territory, these protection and advocacy programs work to ensure that individuals with disabilities have the opportunity to fully participate in every step of the voting process. These programs educate individuals about voter registration and their legal voting rights, provide voter registration opportunities, and help individuals access the polls on Election Day. This is the same amount requested and provided in FY14.

Alzheimer’s Disease Awareness and Education

As part of the Administration’s effort to fight Alzheimer’s disease, in FY12, ACL received \$4 million in initial funding from the ACA’s PPHF to begin a public awareness Alzheimer’s Disease Outreach Campaign. The FY15 budget requests \$4 million in level funding from the PPHF for these activities.

Paralysis Resource Center

The President’s Budget proposes \$7 million in funding for the Paralysis Resource Center, which promotes the health and well-being of individuals living with spinal cord injury, mobility impairment, and paralysis by providing resources and referral services. The Center focuses on health promotion after paralysis resulting from any disease, injury, or birth condition.

White House Conference on Aging

The Budget includes \$3 million for the decennial White House Conference on Aging to bring together stakeholders and consumers from across the country to discuss the range of aging issues they face.

Holocaust Survivor Assistance Fund

The President's budget includes \$5 million for a new Holocaust Survivor Assistance Fund which will provide federal resources through a competitive grant-making process to support nonprofit service providers that work with the Holocaust survivor community. The fund will incorporate matching requirements for grantees in order to also attract private, philanthropic investment, multiplying the impact of this funding.

Innovation and Administration

Program Innovation

As in FY14 and FY13, the President's FY15 budget does not include funding for ACL's Program Innovation Grants. Historically, this initiative funded demonstration seed grants to enhance the Aging and Disability Resource Centers and Evidence-Based Disease Prevention Programs, both of which now receive their own funding streams. Additionally, in FY12, AoA moved the projects of national significance funded under this section to either Elder Justice Support Activities or Aging Network Support Activities, consistent with their established nature of support to the aging network. Today, the programs traditionally under this category continue to exist within ACL's budget, but under different categories or as new line items.

ACL Program Administration

A total of \$30 million is proposed in the FY15 budget for program management and support activities. These funds support staff, rent, and other administrative needs.

Improving the Lives of Individuals with Developmental Disabilities

State Councils on Developmental Disabilities

The Budget requests \$71 million to continue funding for State Councils on Developmental Disabilities, \$4 million less than the FY14 request, but consistent with FY14 appropriations. These Councils operate in each state and territory, to promote systems change efforts aimed at increasing self-determination, integration, and inclusion for people with developmental disabilities. These Councils examine and conduct in-depth analysis of the quantity and quality of services and supports that are provided at the state and local level in order to identify the most pressing needs of people with developmental disabilities and their families. The goal of the Councils is to help improve these services through the creation and implementation of strategic plans that help move states toward effective, coordinated systems of support and services for individuals with disabilities.

Protection and Advocacy

The Budget also requests level funding of \$39 million to continue funding for the Developmental Disabilities Protection and Advocacy (P&A) programs, which provide formula grants to establish and maintain a P&A system for each state and territory. These P&A systems protect the legal and human rights of all people with developmental disabilities, as they are equipped with the authority to investigate incidents of abuse and neglect against individuals with developmental disabilities, and to pursue legal, administrative, or other appropriate remedies.

University Centers for Excellence in Developmental Disabilities

The FY15 Budget request includes \$37 million for University Centers for Excellence in Developmental Disabilities, the same appropriation included in the FY14 omnibus. These Centers advise federal, state, and community policymakers about opportunities for individuals with developmental disabilities to exercise self-determination, be independent, productive, and integrated and included in all facets of community life. In addition, the Centers provide an array of interdisciplinary programs to improve the quality of services and supports for individuals with developmental disabilities and training for professionals. On average, the Centers train close to 2,800 professionals each year.

Youth Transitions Initiative

The President's budget proposes \$5 million in FY15 for a new Youth Transitions initiative as part of a larger HHS effort to reach young Americans in the midst of difficult transitions and provide them with the tools and supports they need to enter adulthood. At ACL, this new funding will help youth with intellectual or developmental disabilities transition from adolescence and the supportive environment of school into an adulthood that includes post-secondary education and work opportunities, with the goal of reducing their likelihood of becoming solely dependent on Social Security, Medicaid, or other similar benefits.

Projects of National Significance

The President requests \$9 million for Projects of National Significance, which focus on the most pressing issues affecting people with disabilities and their families. These efforts are designed to allow ACL to enhance the independence, productivity, inclusion, and integration, of people with developmental disabilities.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

CMS Aggregate Funding Request

The FY15 Budget estimate for the Centers for Medicare & Medicaid Services (CMS) is \$897.3 billion in mandatory and discretionary outlays, a net increase of \$54.3 billion above the FY14 level. This request finances Medicare, Medicaid, the Children's Health Insurance

Program (CHIP), private health insurance programs and oversight, program integrity efforts, and operating costs. The Budget continues CMS's work to implement the Affordable Care Act, and proposes additional targeted reforms to Medicare and Medicaid that are projected to save \$414.5 billion over the next decade.

Medicare

Overview

In FY15, gross current law spending on Medicare benefits will total \$605.9 billion. Medicare will provide health insurance to 55 million individuals who are 65 or older, disabled, or have end-stage renal disease (ESRD).

Legislative Proposals

The FY15 Budget includes a package of Medicare legislative proposals that will save \$407.2 billion over 10 years by more closely aligning payments with costs of care, strengthening provider payment incentives to promote high-quality efficient care, and making structural changes that will reduce federal subsidies to high-income beneficiaries and create incentives for beneficiaries to seek high-value services. Together, these measures will extend the Hospital Insurance Trust Fund solvency by approximately five years. These proposals include efforts to Increase Value in Medicare Provider Payments; Medicare Structural Reforms; and Increasing the Availability of Generic Drugs and Biologics.

Medicaid

Overview

Medicaid is the primary source of medical assistance for millions of low-income Americans and individuals with disabilities, providing health coverage to many of those who would otherwise be unable to obtain health insurance. In FY12, more than 1 in 5 individuals were enrolled in Medicaid for at least one month during the year, and in FY14, an estimated 65 million people on average will receive health care coverage through Medicaid. In FY15, the federal share of current law Medicaid outlays is expected to be nearly \$331.4 billion.

Legislative Proposals

The President's budget includes proposals to achieve \$7.3 billion in Medicaid savings over ten years, including:

- Rebase Future Disproportionate Share Hospital (DSH) Allotments: \$3.3 billion in savings over 10 years
- Lower Medicaid Drug Costs for States and the Federal Government: \$8.6 billion in savings over 10 years.
- Expand State Flexibility to Provide Benchmark Benefit Packages: No Budget Impact

- Limit Medicaid Reimbursement of Durable Medical Equipment (DME) Based on Medicare Rates: \$3.1 billion in savings over 10 years
- Clarify Medicaid Drug Rebate and Payment Definitions and Calculations: \$8.8 billion in savings over 10 years
- Increase Access to and Transparency of Medicaid Drug Pricing Data: \$30 million in costs over 10 years
- Extend Transitional Medical Assistance (TMA) through CY 2015: \$1.6 billion in costs over 10 years
- Extend the Qualified Individual (QI) Program through CY 2015: \$960 million in costs over 10 years
- Medicaid Program Integrity Proposals: \$620 million in savings over 10 years
- Extend the Medicaid Primary Care Payment Increase through CY 2015 and Include Mid-Level Providers: \$5.4 billion in costs over 10 years

Program Integrity

Overview

The FY15 budget supports fraud prevention and the reduction of improper payments, which are top priorities of the Administration. For FY15, the Budget invests a total of \$428 million in new Health Care Fraud and Abuse Control Program (HCFAC) and Medicaid program integrity funds. Taken together, the program integrity investments in the Budget will yield \$13.5 billion in gross savings for Medicare and Medicaid over 10 years. The Budget also recommends legislative changes to give HHS important new tools to enhance program integrity oversight; cut fraud, waste, and abuse in Medicare, Medicaid, and Children's Health Insurance Program (CHIP); and generate an additional \$1 billion in program savings over 10 years. These proposed savings include:

Legislative Proposals (Medicare)

- Allow Prior Authorization for Power Medicare Fee-for-service items: \$90 million in savings over 10 years
- Allow Civil Monetary Penalties for Providers and Suppliers who Fail to Update Enrollment Records: \$90 million in savings over 10 years
- Allow the Secretary to Create a System to Validate Practitioners' Orders for Certain High-Risk Items and Services: No budget impact
- Increase Scrutiny of Providers using Higher-Risk Banking Arrangements to Receive Medicare Payments: No budget impact

- Retain a Percentage of Incentive Reward Payment Recoveries: No budget impact

Legislative Proposals (Medicaid)

- Expand Medicaid Fraud Control Unit (MFCU) Review to Additional Care Settings: No budget impact
- Improvements to Program Integrity for Medicaid Drug Coverage: \$10 million in savings over 10 years
- Medicaid Integrity Program Investment and Expanded Authority: \$276 million in costs over 10 years
- Support Medicaid Fraud Control Units for the Territories: \$10 million in costs over 10 years
- Track High Prescribers and Utilizers of Prescription Drugs in Medicaid: \$540 million in savings over 10 years
- Prevent Use of Federal Funds to Pay State Share of Medicaid or CHIP: No budget impact
- Consolidate Redundant Error Rate Measurement Programs: No budget impact

Legislative Proposals (Medicare and Medicaid)

- Retain a Portion of Recovery Audit Contractor Recoveries to Implement Actions That Prevent Fraud and Abuse: \$250 million in savings over 10 years
- Permit Exclusion from Federal Health Care Programs if Affiliated with Sanctioned Entities: \$60 million in savings over 10 years
- Strengthen Penalties for Illegal Distribution of Beneficiary Identification Numbers: No budget impact

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

HRSA Aggregate Funding Request

The FY15 budget requests \$10.9 billion for the Health Resources and Services Administration (HRSA), including \$1.4 billion for new mandatory programs. HRSA is charged with improving access to health care for those in medically underserved areas, and with enhancing the capacity of the health care workforce.

Access to Care and the Health Care Workforce

Health Centers

The Budget includes \$4.6 billion for the Health Center program, including \$3.6 billion in mandatory funding provided through the Affordable Care Act, a total increase of \$960 million above FY14. Funding will serve approximately 31 million patients at over 1,300 health centers that operate more than 9,500 service delivery sites and provide care in every state, the District of Columbia, Puerto Rico, the United States Virgin

Islands, and the Pacific Basin.

Strengthening the Nation's Health Workforce Capacity

The President's FY15 Budget provides a total of \$1.8 billion for HRSA workforce programs, including \$1.2 billion in mandatory funding to expand the nation's health workforce capacity and to target health workforce resources where they are needed most. This total includes \$810 million for the National Health Service Corps; \$530 million for a new program, Targeted Support for Graduate Medical Education; \$144 million to develop the nation's nursing workforce; \$32 million for Oral Health Training programs; \$33 million for Geriatric programs; and \$8 million for Mental and Behavioral Health Education and Training programs.

Improving Rural Health

Rural Americans experience higher rates of chronic disease, disability, and mortality, as well as inequities in access to health services, including preventive care. The FY15 budget provides \$125 million for targeted programs to assist Americans living in rural communities. This investment includes \$57 million to improve access to care, coordination of care, integration of services, and to focus on quality improvement in health care for rural communities.

Traumatic Brain Injury

The HRSA budget request includes level funding of \$9 million for Traumatic Brain Injury (TBI) Grants to states.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

ACF Aggregate Funding Request

The FY15 budget request for the Administration for Children and Families (ACF) is \$51.3 billion. ACF works in partnership with states and communities to provide critical assistance to vulnerable families while helping families and children achieve a path to success.

Community Services Block Grant

The Community Services Block Grant (CSBG) provides funding for the important work of Community Action Agencies. As in FY14 and FY13, the Administration's FY15 budget proposes to reduce funds for the CSBG program to \$350 million.

Low-Income Heating, Energy and Assistance Program

The FY15 budget includes \$2.8 billion for the Low Income Home Energy Assistance Program (LIHEAP) to help struggling families with residential heating and cooling expenses. Included in this request is \$2.5 billion in formula grants and a \$200 million contingency fund to respond to emergencies such as extreme weather and spikes in fuel prices. The Administration's LIHEAP request also includes 50 million for competitive grants to support

replacement of inefficient home heating systems and other energy conservation measures that reduce home energy burdens. Grants will be awarded to states that analyze local conditions and design evidence-informed projects to reduce the energy burden of LIHEAP-eligible households by increasing the energy efficiency of their homes.

Social Services Block Grant

The Social Services Block Grant is a capped entitlement which provides flexible grants to states according to population size for the provision of social services. For FY15, the President requests pre-sequester funding for the Social Services Block Grant (SSBG) program, in the amount of \$1.7 billion.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control

CDC Aggregate Funding Request

The Centers for Disease Control and Prevention (CDC) works around the clock to keep Americans safe, healthy, and secure; and helps keep America competitive through improved health. The FY15 budget request for CDC and the Agency for Toxic Substances and Disease Registry (ATSDR) is \$11.1 billion. This total includes \$810 million of the \$1 billion available from the Prevention and Public Health Fund (Prevention Fund).

Chronic Disease Prevention and Health Promotion

Chronic diseases are among the most prevalent, costly, and deadly of all health problems – and the most preventable. CDC leads the nation's efforts to prevent and control chronic disease and associated risk factors by funding programs in states, tribes, territories, and local communities. The FY15 budget includes \$1.1 billion for these activities, \$110 million below FY14.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

NIH Aggregate Funding Request

The FY15 budget requests \$30.4 billion for the National Institutes of Health (NIH), an increase of \$211 million, or 0.7 percent, over the FY14 level, reflecting the Administration's priority to invest in innovative biomedical and behavioral research that advances medical science while spurring economic growth. In FY15, NIH estimates it will support a total of 34,197 research project grants, including 9,326 new and competing awards.

National Institute on Aging

The President's FY15 budget requests \$1.2 billion for the National Institute on Aging (NIA), a slight increase over FY14 levels.

National Plan to Address Alzheimer’s Disease

NIH is continuing to implement the research components of the National Plan to Address Alzheimer’s Disease (AD), a roadmap to help us meet the goal to prevent and effectively treat AD by 2025. Recent advances, such as the discovery that common variants of the ApoE gene are strongly associated with the risk of late-onset AD, and that the skin cancer drug bexarotene may have potential to promote clearance of beta- amyloid and reverse cognitive deficits, are providing new avenues in AD research.

Alzheimer’s Disease Research

In FY15, NIH estimates it will spend \$566 million on AD research. More than 35 NIH-funded clinical trials are underway, and more than 40 compounds are being tested as potential preventive and therapeutic interventions for Alzheimer’s and cognitive decline.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office for Civil Rights

OCR Aggregate Funding Request

The President’s FY15 budget requests \$421 million in funding for the Office of Civil Rights (OCR), the HHS lead in Olmstead enforcement activities. This is an increase of \$2 million over FY14 levels. This increase would support OCR’s centralized case management operations and online complaint system. The budget supports continued enforcement of the Health Insurance Portability and Accountability Act (HIPAA) Security Rule and OCR’s expanded HIPAA responsibilities.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

SAMHSA Aggregate Funding Request

The FY15 Budget requests \$3.6 billion for the Substance Abuse and Mental Health Services Administration (SAMHSA), a decrease of \$63 million below FY14. The budget continues investments to increase access to mental health services, to protect the health of children and communities, to prevent suicide and substance abuse, and to promote mental health.

Responding to National Mental Health Needs

The budget continues investments proposed by the President in his “Now is the Time” initiative. This Budget directs \$130 million to SAMHSA to make sure students and young adults get treatment for mental health issues. Of this amount, \$55 million would go to Project AWARE (Advancing Wellness and Resilience in Education); \$50 million for workforce programs; and \$25 million would support innovative state-based strategies supporting

young people ages 16 to 25 and their families to access and navigate the behavioral health treatment systems.

Block Grants

- *Substance Abuse Prevention and Treatment Block Grant:* The Budget includes \$1.8 billion for the Substance Abuse Prevention and Treatment Block Grant, the same level as in FY14.
- *Mental Health Block Grant:* The Budget requests \$484 million for the Community Mental Health Services Block Grant, the same level as FY14.

These flexible sources of funding will help implement evidence-based treatment and prevention strategies nationwide and maintain the nation's public behavioral health infrastructure.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICES

Overview

CNCS Aggregate Funding Request

President Obama requested \$1.05 billion for the Corporation for National and Community Service (CNCS) in FY15.

Senior Corps

The FY15 budget request proposes to reorganize Senior Corps programs by integrating the Foster Grandparent Program and Seniors Companion Program models into AmeriCorps integrating the most competitive RSVP grantees into the Volunteer Generation Fund. FAQs for the FY15 CNCS Budget Request and the Senior Corps reorganization can be found [here](#).

AmeriCorps Foster Grandparent Program

The FY15 budget request of \$92.8 million will transition the Foster Grandparent Program model into AmeriCorps and will continue to support Foster Grandparents to provide one-on-one mentoring, nurturing, and support to children with special or exceptions needs or who are at an academic, social, or financial disadvantage. In FY15, AmeriCorps Foster Grandparents will serve as quarter-time AmeriCorps members, receive a living allowance of \$2,771, and may be provided with funds to help offset the cost of service, including mileage reimbursements. In future years, the AmeriCorps Foster Grandparent grantees will have the opportunity to compete for funding under the broader AmeriCorps program. AmeriCorps Foster Grandparents serving with grantees that are successful in the AmeriCorps competition will receive the quarter-time Segal AmeriCorps Education Award, which is equivalent to approximately \$1,530 in FY15.

AmeriCorps Senior Companion Program

The FY15 budget request of \$38.3 will transition the Senior Companion Program model to AmeriCorps and will continue to support members to provide companionship, transportation, help with light chores, and respite to older and frail adults living independently in their own homes. In FY15, AmeriCorps Senior Companions will serve as quarter-time AmeriCorps members, receive a living allowance of \$2,771, and may be provided with funds to help offset the cost of service, including mileage reimbursements. In future years, the AmeriCorps Senior Companion grantees will have the opportunity to compete for funding under the broader AmeriCorps program. AmeriCorps Senior Companions serving with grantees that are successful in that AmeriCorps competition will receive the quarter-time Segal AmeriCorps Education Award, which is equivalent to approximately \$1,530 in FY 2015.

Volunteer Grant Fund

The FY15 budget request for the Volunteer Grant Fund includes \$15.2 million for the integration of the most competitive RSVP projects.

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Overview

HUD Aggregate Funding Request

The President's proposed FY15 budget provides \$46.7 billion for the Department of Housing and Urban Development (HUD), \$1.2 billion above the 2014 enacted level. Funding is prioritized to protect vulnerable families, fund rental housing assistance to support 4.5 million low-income families, end homelessness by 2016, and expand affordable housing for older adults and people with disabilities. The Budget adheres to the 2015 spending levels agreed to in the Bipartisan Budget Act and shows the choices the President would make at those levels.

Community Development Block Grant

The Community Development Block Grant (CDBG) program supports local governments and states in designing and implementing programs that benefit low- and moderate-income persons, to address urgent community needs, and prevent slums and blighting conditions in communities. This program provides over 1,200 flexible annual formula grants to States, local governments, and Insular Areas to benefit mainly low- to moderate-income people. The FY15 budget requests \$2.8 billion, the same amount that was requested in the President's FY14 budget, and \$230 million below the FY14 enacted level.

HOME Investment Partnerships Program

The HOME Investment Partnership Program provides funding to state (40 percent of total funding) and local governments (60 percent of total funding) to increase the supply of affordable housing and expand home ownership for people with low- to very-low income. The Administration requests \$950 million for the HOME Investment Partnerships program,

representing an equal budget request as FY14, and \$50 million below the FY14 enacted level.

The combined funding levels for the Community Development Block Grant, and HOME Investment Partnership Program, represent a total decrease of \$280 million below the 2014 enacted level for both programs. These FY15 reductions are accompanied by a series of proposed reforms to improve the program's performance by eliminating small grantees, with the intent of improving efficiency, driving regional coordination, and supporting grantees in making strategic, high-impact investments to affect more people nationwide.

Section 202 Housing for the Elderly

Since 1959, the Housing for the Elderly program has supported both the construction and operation of supportive housing for very low-income elderly households, including frail older adults. The FY15 budget request a total of \$440 million total for the Section 202 program, including \$350 million to renew and amend operating subsidy contracts for existing Section 202 housing, \$70 million to support service coordinators who work on-site to help residents obtain critical services, such as benefits counseling, and \$20 million for new awards of Elderly Project Rental Assistance (PRA) to support additional units that employ innovative housing designs with home and community based long term support and services.

HUD is implementing changes authorized by the Consolidated Appropriations Act, 2014 that created a new generation of Section 202 including supportive services, targeted at populations most in need of supportive housing. HUD will provide assistance to States to fund housing projects in coordination with state housing and health care priorities. To qualify, projects must be fully leveraged with other capital resources, and only require Section 202 for operating assistance.

Section 811 Housing for Persons with Disabilities

Since 1992, the Housing for Persons with Disabilities Program has supported both the construction and operation of supportive housing for very low-income people with disabilities. The FY15 Budget requests a total of \$160 million for the Section 811 program. This represents an increase of \$34 million over the FY14 enacted level, and includes \$135 million for Project Rental Assistance Contract (PRAC) renewals, and \$25 million for new Project Rental Assistance (PRA) awards to state agencies. PRA awards are intended to fund units that serve extremely low-income tenants with disabilities transitioning out of institutions, at high risk of institutionalization, or experiencing/at high risk of homelessness.

Federal Strategic Plan to Prevent and End Homelessness

The President's budget requests \$2.4 billion for Homeless Assistance Grants, \$301 million above the 2014 enacted level. This funding supports new permanent supportive housing units and maintains over 330,000 HUD-funded beds that assist the homeless nationally. Under the Housing Choice Voucher program, the budget also proposes \$75 million to

expand assistance under the HUD-Veterans Affairs Supportive Housing program to 10,000 homeless veterans. The strategic plan pursues the Administration's goal of ending chronic homelessness and homelessness among veterans and families.

DEPARTMENT OF LABOR

Overview

DOL Aggregate Funding Request

The President's FY15 Budget for the Department of Labor requests \$11.8 billion in discretionary funding, a slight decrease from the FY14 level.

Employment for Individuals with Disabilities

Office of Disability Employment Policy

The Office of Disability Employment Policy (ODEP) works to develop and promote the implementation of policy that improves employment opportunities and outcomes for people with disabilities. The President's budget requests \$37.8 million for FY15. This includes \$9 million in funds dedicated to the Disability Employment Initiative (DEI), which is matched by an equal amount from the Employment and Training Administration (ETA), to increase the capacity of American Job Centers to serve people with disabilities. The request also supports ODEP's partnership with the Social Security Administration (SSA) and other federal agencies to work on a series of early-intervention pilot projects proposed in the President's budget for SSA.

SOCIAL SECURITY ADMINISTRATION

Administrative and Legislative Proposals

Administrative Proposals

The Administration's FY15 budget requests \$12.1 billion in discretionary funding for the Social Security Administration (SSA).

Legislative Proposal: Early Intervention Pilot Programs for People with Disabilities The Administration's budget proposes reauthorization of modified section 234 demonstration authority for Social Security Disability Insurance (DI) and conforming changes to SSI demonstration authority, in tandem with a detailed description of three potential early intervention pilots. Proposed legislation would provide \$400 million in mandatory SSI funding to renew and enhance SSA's demonstration authority for the DI Program, which will allow SSA to conduct multiple early intervention projects in partnership with other federal agencies.

Legislative Proposal: Extend SSI Eligibility for Refugees and other Humanitarian Immigrants

The FY15 budget includes a proposal to increase the SSI eligibility period for refugees, asylees, and other noncitizens in refugee-like immigration statuses from a maximum of seven years to a maximum of nine years during FYs 2015 and 2016. Individuals whose benefits expired solely due to the seven-year time limit would be eligible for up to 24 months of extended benefits paid prospectively until the conclusion of the nine-year period, or the end of FY 2016, if earlier.

Legislative Proposal: Conform Treatment of State and Local Government Earned Income Tax Credit (EITC) and Child Tax Credit (CTC) for SSI

The FY15 budget proposes to conform the treatment of state and local EITC and CTCs to be consistent with the treatment of the Federal EITC and CTC for purposes of determining eligibility for SSI. Currently, the Federal EITC and CTCs are excluded from the SSI income and resource tests. However, state and local versions of these credits are not excluded, resulting in the reduction of loss of SSI benefits for those receiving the credits. This proposal is intended to simplify SSI policy, and to eliminate the administrative costs of determining whether such credits are excluded federal payments or countable state or local payments.

THE FEDERAL BUDGET PROCESS

Overview

The federal budget process is an annual activity that formally begins when the President sends his budget request to Congress in February. Upon receiving the President's budget proposal, the House and Senate begin the work of constructing the federal budget, first by developing their own spending proposals in the form of budget resolutions, and then by passing subsequent legislation to fund the federal government, also referred to as appropriations bills. Once Congress passes the spending bills, the President must still sign them into law in order for them to take effect. Final approval of the appropriations bills by the President signals the end of the annual federal budget process.

THE FEDERAL BUDGET PROCESS

The President's Budget Request

The Role of the President's Budget Request

The President's budget request is not binding on Congress. Rather, it seeks to inform lawmakers throughout the process of constructing the federal budget by setting a framework for overall federal fiscal policy, outlining relative priorities for federal programs, and recommending spending and tax policy changes. Since Congress, and not the Administration, is the primary authority over federal revenue and spending policy, it is through the congressional appropriations process that funding levels will ultimately be set.

- **Federal Fiscal Policy:** The President's budget provides Congress with an outline of the Administration's federal fiscal policy by recommending the spending levels and tax revenues to which the federal government should adhere in the coming fiscal year, with the difference between the two representing a projected deficit or surplus.
- **Federal Program Priorities:** The President's proposal sets specific funding levels for individual federal programs, allowing the request to functionally inform Congress of the Administration's federal program priorities, for both the applicable budget cycle and in the longer-term.
- **Spending and Tax Policy Changes:** The annual budget submitted by the President must outline how much funding the Administration recommends for each discretionary program, and the President has the flexibility to propose changes to entitlement programs and the tax code.
 - o *Discretionary Funding:* In the budget request, the President must request a specific funding level for discretionary, or appropriated, programs. These programs, which comprise approximately one-third of all federal spending, fall under the jurisdiction of the House and Senate appropriations committees, and require annual spending renewals in order to operate,
 - o *Mandatory Funding:* The President is not required to propose changes to mandatory or entitlement programs such as Medicare, Medicaid and Social Security, if the Administration determines no changes are necessary. However, alterations to these programs that are not dependent on annual appropriations may be included in the President's budget request.
 - o *Revenue Changes:* The President may include changes to the tax code in the budget request, and any proposal that would increase or decrease taxes is reflected in projected federal revenue for the applicable fiscal years, relative to what would otherwise be collected.

THE FEDERAL BUDGET PROCESS

The Congressional Budget Resolution

The Role of the Congressional Budget Resolution

Traditionally, the budget resolution is developed in response to the President's budget request, and takes into consideration the Administration's recommendations, as well as the budget justifications offered by federal agencies and Administration officials. The budget resolution is designed to guide Congress through the remainder of the budget cycle. Once it is passed, the terms of the budget resolution are enforceable in both chambers through points of order.

The congressional budget resolution has no legal or statutory authority; instead, it represents an agreement between the House and the Senate on budget priorities, as well as a framework to guide all of Congress' subsequent budgetary actions for the applicable budget cycle. When Congress is unable to pass a budget resolution, the House and Senate must pass a continuing resolution (CR), authorizing the previous year's resolution to remain in effect in order to keep federal government operational

Since the budget resolution is not a law, it does not have any impact on federal spending. Thus, Congress must still enact separate legislation to fund the federal government, whether or not a budget resolution is in place to inform this process.

The Congressional Budget Resolution Process

Upon receiving the President's budget request, Congress begins the work of crafting a congressional budget resolution. As required by the *Congressional Budget and Impoundment Control Act of 1974* (the Congressional Budget Act), the House and Senate Budget Committees are responsible for drafting and submitting a five-year budget resolution by April of each year.

Once the House and Senate Budget Committees have developed their drafts, the resolutions go to their respective floors, where a majority vote is necessary in order to amend the measure. Upon passage in each chamber, any differences between the two resolutions must be reconciled by members of the House and Senate through conference. Having a done so, both houses must then vote to approve the final version in order for it to take effect. Once cleared, the result is a concurrent congressional resolution. Though it has no legal or statutory authority, the terms of the budget resolution are enforceable in the House and Senate against individual appropriations, as well as entitlement and tax bills, through points of order.

To enforce the budget resolution, any member of the House or Senate may raise a budget point of order to block legislation that violates the terms of the measure. Since the budget resolution limits discretionary spending, points of order are usually brought to challenge legislation that exceeds a committee's spending allocation. Additionally, tax or entitlement bills, the cost of which is determined by a score from the Congressional Budget Office (CBO), must fit within the spending limit for each year that is projected in the budget resolution. Bills which operate outside of these parameters may trigger a budget point of order. In the House, a point of order may be waived by a simple majority, but in the Senate, 60 votes are required to defeat the challenge.

Since it carries no legal authority, the budget resolution does not directly allocate federal funds making the passage of spending legislation a necessary next step in the federal budget cycle. Occasionally, as in FY11, Congress is unable to pass a budget resolution, and must move forward with the business of funding the government without this agreement in

place. Thus, with or without a budget resolution, in order to fund the federal government, Congress must pass appropriations bills.

THE FEDERAL BUDGET PROCESS

The Appropriations Process

The Role of Appropriation Bills

Both the House and Senate have Appropriations Committees that are divided into subcommittees, and each subcommittee is responsible for producing an appropriation bill setting funding levels for individual government programs. The appropriation bills actually provide the funding for the discretionary spending programs that are outlined in the budget resolution.

Appropriation bills usually begin in the House, where the full Appropriations Committee votes on the spending bill that is developed by the individual subcommittee before sending the measure to the full House for a vote. The Senate traditionally considers appropriations measures after the House has passed them, and the process is largely similar, if less extensive, in the upper chamber. Once the Senate passes its appropriations bill, the two chambers then work to resolve any differences between their bills, returning the consolidated legislation to both chambers for final approval. Once the bills clear Congress, they are sent to the President for his signature or veto. Upon Presidential approval, the spending bills are enacted and the funds are released accordingly.

The Appropriations Process

The budget resolution is structured according to approximately 20 budget functions, or categories of spending, which often cut across agency lines. Since the role of the budget resolution is to provide Congress with a blueprint for budget development, and not to implement spending policy, its functional categories have little correlation to congressional committee jurisdiction, and are instead used to organize types of spending within the federal government's various accounts.

Since the budget resolution frames spending in terms of functional categories rather than in terms of spending for specific agencies or programs, the amounts set in the resolution must still be allocated to the House and Senate Appropriations Committees, which have jurisdiction over all discretionary spending programs.

To facilitate this process, the report that accompanies the budget resolution includes a 302(a) allocation, which distributes the spending totals that are categorized by function in the resolution by congressional committee instead. Each Appropriations Committee receives a single 302(a) allocation, which it then distributes among its 12 subcommittees, each of which is responsible for creating one appropriations bill. These subsequent distributions are known as 302(b) sub-allocations, and are the source from which subcommittees determine funding levels for the various programs and projects over which they have jurisdiction.

Once the appropriations subcommittees receive their sub-allocation, they begin to develop their respective appropriations bills, which are eventually sent to the Appropriations Committee, and then to the full chamber for a vote. To avoid a point of order challenge to the legislation, the funding included in appropriations bills must fit within the 302(a) allocation given to the Appropriations Committee, as well as the corresponding 302(b) sub-allocations. If a point of order is raised, it may be waived by a simple majority in the House; but in the Senate, 60 votes are required to defeat the challenge.

Additionally, the House and Senate each have in effect a rule requiring that all entitlement increases and tax cuts be fully offset. This Pay-As-You-Go, or PAYGO, requirement is triggered by legislation seeking to reduce taxes or increase entitlement spending. In the Senate, any such measure that is not offset is subject to a point of order, which can only be waived by the vote of 60 Senators. In the House, if a member raises a point of order, the bill is automatically defeated, unless the House Rules Committee previously waived PAYGO requirements as part of the broader measure.

Traditionally, spending bills originate in the House, and are then sent to the Senate, which often brings its own version to the floor. If there are differences between the two versions, members of the House and Senate will form a conference committee to revise the bill and return it to both chambers for final approval. Once Congress passes the spending bills, the President must still sign them into law in order for them to take effect. Final approval of the appropriations bills by the President signals the end of the annual federal budget process.