



With less than two weeks left in Fiscal Year (FY) 2015, the congressional process to set health program funding levels for FY 2016 remains incomplete and highly fluid. At this time there is no clear signal on how the House will initiate the FY 2016 Continuing Resolution (CR), which will be needed to keep the government operating beyond the end of the month. As you may be aware, Congress has not completed any of the appropriations bills at this date. This makes the need for another CR certain, with inclusion federal funds going to Planned Parenthood clinics raising the prospects of a governmental shutdown.

At this point, it is impossible to predict what will transpire over the coming weeks and months. We wanted to share with you what we are doing on your behalf, offer brief analysis of potential scenarios that might help support your programmatic planning, and ask for your help in documenting the inefficiencies and missed opportunities caused by these fiscal uncertainties.

On the positive side, Senate Majority Leader Mitch McConnell publicly stated that the government will not shut down and that he is working with Speaker Boehner on an approach for the CR. According to our colleagues at the Coalition for Health Funding, Appropriations Committee staff, “have talked recently to plan for various funding options, either a three-month CR, or a series of shorter ones. The hope is that once the CR is in place, with or without a government shutdown, negotiators can begin to work out a two-year agreement to provide some relief from the budget caps, provide adequate funding to the defense and non-defense sectors and buy time to pass an omnibus 2016 appropriations bill. In any case, it's pretty clear Congress will be working until right up until the Christmas holidays at a minimum under some form of a CR.”

Potential Scenarios – Under a short term CR, state MCH programs can expect to operate as normal at the current funding levels (i.e. \$637 million for the Title V MCH Services Block Grant). If Congress can reach an agreement to raise the caps, AMCHP will strongly advocate that the Senate’s proposed \$27 million cut to the SPRANS component of the MCH Title V Block Grant be reversed and that any conference agreement adopt the House’s proposed increase of \$1.2 million, as well as the restoration of other critical public health programs that were either proposed to be cut or eliminated. If Congress cannot reach a longer term agreement on raising budget caps, there is the possibility that they could pass a yearlong CR, which normally would provide flat funding for the entire year, but due to the current caps could necessitate either across the board or possibly targeted cuts. We are seeking additional details on how MCH programs would fare under each of these scenarios and will share details as available.

Possibility of Shutdown – As noted, it is impossible to reliably predict the odds of a government shutdown at this time, although a recent *Washington Post* review of leading budget prognosticators pegged the odds between 50 and 67 percent. It is possible we will not have any real insights until Sept. 30, which means that federal programs may be called on shortly to begin preparing for a shutdown. Based on our observations of the most recent government shutdown in 2013, state MCH programs were able to maintain nearly normal operations over the 16-day shutdown with the exception of not being able to contact project officers or have federal representatives participate in any meetings or conferences. We suspect any potential future shutdown would follow a similar course and allow near normal state program operations as long as the duration is short. As we get closer to Oct. 1, it is possible the White House Office of Management and Budget may release official guidance although in 2013 our experience was that the guidance was focused on federal agency operations and mostly silent on state impact.

What Can You Do? – Most policymakers agree that the near constant budget brinksmanship is not an efficient way to run a government. We are asking members to share your brief thoughts on how this constant uncertainty in both budget timing and program levels creates inefficiencies in your management and leadership of state MCH programs. Combined with other partners, we want to share with policymakers concrete examples of how the break down in regular appropriations processes undermines program planning and creates missed opportunities for you to focus on your mission to improve MCH. Your brief thoughts and ideas are welcome – a paragraph or two is fine – and can be sent to bewig@amchp.org.