

BACK
IN
BLACK

A DEFICIT REDUCTION PLAN
SENATOR TOM COBURN, M.D.

JULY 2011

Table of Contents

Executive Summary	4
METHODOLOGY	7
GENERAL GOVERNMENT	9
UNITED STATES CONGRESS	30
EXECUTIVE OFFICE OF THE PRESIDENT	35
THE U.S. JUDICIARY	42
DEPARTMENT OF AGRICULTURE	48
THE DEPARTMENT OF COMMERCE	85
DEPARTMENT OF DEFENSE	108
U.S. DEPARTMENT OF EDUCATION	133
DEPARTMENT OF ENERGY	144
DEPARTMENT OF HEALTH AND HUMAN SERVICES	170
DEPARTMENT OF HOMELAND SECURITY	225
DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT	244
DEPARTMENT OF THE INTERIOR	272
DEPARTMENT OF JUSTICE	294
DEPARTMENT OF LABOR	327
DEPARTMENT OF STATE AND FOREIGN OPERATIONS FUNDING	351
DEPARTMENT OF TRANSPORTATION	361
DEPARTMENT OF THE TREASURY	404
GOVERNMENT SPONSORED ENTERPRISES: FANNIE MAE AND FREDDIE MAC	412
DEPARTMENT OF VETERANS AFFAIRS	418
ENVIRONMENTAL PROTECTION AGENCY	427
NATIONAL AERONAUTICS AND SPACE ADMINISTRATION	437
NATIONAL SCIENCE FOUNDATION	450
SMALL BUSINESS ADMINISTRATION	458

INDEPENDENT AGENCIES	466
MEDICARE AND MEDICAID	507
PRESERVING SOCIAL SECURITY FOR FUTURE GENERATIONS	524
REFORMING TAX EXPENDITURES & ENDING SPECIAL INTEREST GIVEAWAYS	551

- Rural Access to Emergency Devices program (\$3 million a year)
- Rural Community Facilities program (\$10 million a year)
- State Health Access Program (\$74 million a year)
- Teen Pregnancy Prevention program (\$110 million a year)⁹³¹
- Title V Abstinence Education Block Grant (\$50 million a year)⁹³²
- Title X Family Planning program (\$317 million a year)⁹³³
- The Voting Access for Individuals with Disabilities grant program (\$17 million a year)

ADDITIONAL SAVINGS/PROGRAM REDUCTIONS:

- President Obama's FY2012 reduction in administrative spending (\$200 million a year)
- Capping departmental management spending on travel (\$2 million a year)
- Capping equipment expenditures by departmental management (\$3.1 million a year)
- Capping printing and reproduction costs within departmental management (\$3.2 million a year)
- Capping departmental management supplies and materials costs (\$5.5 million a year)
- Capping office of the Assistant Secretary for Legislation budget (\$1.4 million)
- Ensuring 340B entities do not overpay 340B ceiling prices for pharmaceuticals (\$3.9 million a month)⁹³⁴
- Reduce Assistant Secretary for Public Affairs budget (\$15.9 million a year)
- Returning Low Income Home Energy Assistance Program funding to the levels prior to the energy price spikes (\$2.53 billion a year)
- NIH funding increase of one percent (\$13 billion over ten years)⁹³⁵
- NIH conferences and support services (\$2.8 million a year)⁹³⁶
- Consolidate the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse (undetermined)
- Consolidate the Office of AIDS Research into the National Institute of Allergy and Infectious Diseases (undetermined)

Substance Abuse and Mental Health Services Administration (SAMHSA)

⁹³⁰ Solomon-Fears, Carmen. "Teenage Pregnancy Prevention: Statistics and Programs," Congressional Research Service, June 21, 2011 (RS20301).

⁹³¹ Solomon-Fears, Carmen. "Teenage Pregnancy Prevention: Statistics and Programs," Congressional Research Service, June 21, 2011 (RS20301).

⁹³² Solomon-Fears, Carmen. "Teenage Pregnancy Prevention: Statistics and Programs," Congressional Research Service, June 21, 2011 (RS20301).

⁹³³ Family Planning, Office of Population Affairs, U.S. Department of Health and Human Services.

<http://www.hhs.gov/opa/familyplanning/index.html>

⁹³⁴ "Review of 340B Programs," Office of the Inspector General, U.S. Department of Health and Human Services, July 2006, OEI-05-02-00073.

⁹³⁵ "Reduce or Constrain Funding for the National Institutes of Health," REDUCING THE DEFICIT: SPENDING AND REVENUE OPTIONS, Congressional Budget Office, March 2011; page 121;

<http://www.cbo.gov/ftpdocs/120xx/doc12085/03-10-ReducingTheDeficit.pdf>

⁹³⁶ Based on the number provided in the report on how much NIH was awarded this year, \$11,315,226, and the proposal's reduction recommendation.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is charged with increasing access to substance abuse and mental health services. SAMHSA was first established in 1992 and reauthorized just once in 2000. SAMSHA's 2011 budget stands at \$3.41 billion.

SAMHSA administers competitive, formula, and block grant programs; supports surveillance and data collection; and promotes best practices in behavior and public health. These program areas are administered by SAMHSA's Center for Mental Health Services (CMHS); the Center for Substance Abuse Prevention (CSAP); the Center for Substance Abuse Treatment (CSAT); and the Center for Behavioral Health Statistics and Quality (CBHSQ). SAMHSA also supports an Office of Policy, Planning and Innovation (OPPI).⁹³⁷

The existence of a specialized agency for substance abuse and mental health services indicates a fragmented and disjointed public health approach. The Centers for Disease Control and Prevention (CDC) exist to prevent and cure diseases of all kinds. According to the National Institute on Drug Abuse (NIDA), "Drug addiction is a preventable disease."⁹³⁸ The vision statement for the National Institute of Mental Health's (NIMH) reads: "NIMH envisions a world in which mental illnesses are prevented and cured."⁹³⁹

CDC is currently engaged in extensive activities related to substance abuse and mental health. The mental health program at CDC seeks "To increase awareness of mental illness as an important public health problem and the importance of mental health promotion and mental illness prevention."⁹⁴⁰ The program's goals include obtaining better scientific information, translating research into disease prevention programs, policies, and systems, and integrating mental health promotion, illness prevention and treatment with other disease prevention programs.⁹⁴¹

CDC's substance abuse activities include extensive surveillance and activities related to infectious diseases spread through drug use.⁹⁴² Other CDC programs include alcohol and tobacco prevention and treatment activities.⁹⁴³

The entire SAMHSA agency should be folded into CDC in order to reduce duplication and establish a more appropriate and strategic public health approach to addiction and mental health disease. Consolidating these two agencies will save taxpayers significant funds—SAMHSA's salary and expenses totaled \$342 million in 2011. Program management and evaluation savings can also be realized as the administrative responsibilities are assumed by CDC.

⁹³⁷ Department of Health and Human Services, 2012 Congressional Budget Justification for the Substance Abuse and Mental Health Services Administration, available at <http://www.samhsa.gov/Budget/FY2012/SAMHSA-FY11CJ.pdf>.

⁹³⁸ National Institute on Drug Addiction, "NIDA InfoFacts: Understanding Drug Abuse and Addiction," <http://www.drugabuse.gov/infofacts/understand.html>

⁹³⁹ National Institute of Mental Health Website, <http://www.nimh.nih.gov/about/index.shtml>, June 2010

⁹⁴⁰ Centers for Disease Control and Prevention Website, <http://www.cdc.gov/mentalhealth/about-us.htm>, June 2010

⁹⁴¹ Centers for Disease Control and Prevention Website, <http://www.cdc.gov/mentalhealth/about-us.htm>, June 2010

⁹⁴² Centers for Disease Control and Prevention Website, <http://www.cdc.gov/pwud/Default.html>, June 2010

⁹⁴³ Centers for Disease Control and Prevention Website, <http://www.cdc.gov/alcohol/> and Centers for Disease Control and Prevention Website, <http://www.cdc.gov/tobacco/>, June 2010

Consolidating SAMHSA with CDC does not need to be exceedingly complex. The four largest programs address all of the goals of SAMHSA and could subsume all other aspects of SAMHSA's authority and activities.

The Substance Abuse Block Grant Program, funded at \$1.79 billion in 2011, provides formula funding to states based on need to address their individual state's substance abuse needs. Similarly, the \$421 million *Mental Health Block Grant Program* similarly allows states to meet the particular mental health needs of their state.⁹⁴⁴

The Priority Substance Abuse Treatment Needs of Regional and National Significance (PRNS) and PRNS Mental Health funding streams -- totaling roughly \$452 million in 2010 -- provide SAMHSA general authority to provide grants and fund activities to improve knowledge on best practices, provide training and technical assistance, and increase capacity of states and local entities to provide substance abuse treatment services.⁹⁴⁵

Many of the smaller programs eliminated in this section are duplicative of the broader block grant programs and do not receive enough funding to make a difference. For example, there is no need to provide funding separately to states for substance abuse treatment services for children and adolescents parallel to broader funding streams providing funding for substance abuse treatment priorities for each particular state.

Other programs administered by SAMHSA are duplicative of work being done by other government agencies. The following examples are just a sampling:

- *Grants for the Benefit of Homeless Individuals (\$42.75 million)*.⁹⁴⁶ This program provides grants to develop and expand mental health and substance abuse treatment services to homeless individuals. Funds are prioritized to grantees that have "experience in providing housing for individuals who are homeless."⁹⁴⁷ The Department of Housing and Urban Development provides extensive federal funding for housing services to the homeless, particularly those with mental health needs and substance abuse problems.
- *Youth Suicide Early Intervention and Prevention Strategies (State Grants) (\$29.7 million)*.⁹⁴⁸ This state grant program provides funding to public and nonprofit private entities to establish programs to reduce suicide deaths in the United States among

⁹⁴⁴ CRS Report Number: R41477, "Substances Abuse and Mental Health Administration : Agency Overview and Reauthorization Issues", Congressional Research Service, November 4th, 2010, <http://www.crs.gov/pages/Reports.aspx?PRODCODE=R41477&Source=search>

⁹⁴⁵ CRS Report Number: R41477, "Substances Abuse and Mental Health Administration : Agency Overview and Reauthorization Issues", Congressional Research Service, November 4th, 2010, <http://www.crs.gov/pages/Reports.aspx?PRODCODE=R41477&Source=search>

⁹⁴⁶ CRS Report Number: R41477, "Substances Abuse and Mental Health Administration : Agency Overview and Reauthorization Issues", Congressional Research Service, November 4th, 2010, <http://www.crs.gov/pages/Reports.aspx?PRODCODE=R41477&Source=search>.

⁹⁴⁷ "Children's Health Act of 2000", Substances Abuse and Mental Health Administration, 2000, http://www.samhsa.gov/legislate/Sept01/childhealth_title32.htm

⁹⁴⁸ CRS Report Number: R41477, "Substances Abuse and Mental Health Administration : Agency Overview and Reauthorization Issues", Congressional Research Service, November 4th, 2010, <http://www.crs.gov/pages/Reports.aspx?PRODCODE=R41477&Source=search>

children and adolescents. The Centers for Disease Control and Prevention already conduct very elaborate youth suicide prevention efforts.⁹⁴⁹

- *Children and Violence (\$94.3 million annually)*⁹⁵⁰ SAMHSA's children and violence program requires SAMHSA to work with the Department of Justice and Department of Education to providing funding to local communities to assist children in dealing with violence. There is little need, however, for SAMHSA to run a separate program. The Department of Justice administers multiple programs related to children and violence, including the "Children and Youth Exposed to Violence Grant Program," which funds projects that seek to mitigate the effects of domestic violence, dating violence, sexual assault, and stalking on children and youth exposed to violence and reduce the risk of future victimization or perpetration of domestic violence, dating violence, sexual assault, and stalking.⁹⁵¹ The Department of Education funds the Safe Schools/Healthy Students program for similar purposes.⁹⁵²
- *Protection and Advocacy for Individuals with Mental Illness Act (\$36.4 million annually)*⁹⁵³ The Department of Justice houses an entire Bureau of Justice Assistance that administers a Mental Health Courts Program.⁹⁵⁴
- *Center of Excellence on Services for Individuals with Fetal Alcohol Spectrum Disorders (FASD) (\$9.8 million annually)*⁹⁵⁵ The FASD Center for Excellence was created in 2001 to research FASD prevention, treatment, and care. At NIH, the National Institute on Alcohol Abuse and Alcoholism receives \$462 million annually to provide much more intricate and dedicated research on this subject.⁹⁵⁶

There are also dozens of programs authorized in law under SAMHSA that do not receive funding and should be eliminated. In total, SAMHSA maintains over 30 programs not receiving appropriations in 2011.

SAVINGS:

⁹⁴⁹ "Preventing Suicide", Center for Disease Control and Prevention, September 2010,

http://www.cdc.gov/ncipc/dvp/Preventing_Suicide.pdf.

⁹⁵⁰ CRS Report Number: R41477, "Substances Abuse and Mental Health Administration : Agency Overview and Reauthorization Issues", Congressional Research Service, November 4th, 2010,

<http://www.crs.gov/pages/Reports.aspx?PRODCODE=R41477&Source=search>.

⁹⁵¹ United States Department of Justice Website, <http://www.ovw.usdoj.gov/ovwgrantprograms.htm#2>, June 2010

⁹⁵² United States Department of Education Website, <http://www2.ed.gov/programs/dvpsafeschools/index.html>, June 2010

⁹⁵³ CRS Report Number: R41477, "Substances Abuse and Mental Health Administration : Agency Overview and Reauthorization Issues", Congressional Research Service, November 4th, 2010,

<http://www.crs.gov/pages/Reports.aspx?PRODCODE=R41477&Source=search>.

⁹⁵⁴ Bureau of Justice Assistance Website, <http://www.ojp.usdoj.gov/BJA/grant/mentalhealth.html>, June 2010

⁹⁵⁵ CRS Report Number: R41477, "Substances Abuse and Mental Health Administration : Agency Overview and Reauthorization Issues", Congressional Research Service, November 4th, 2010,

<http://www.crs.gov/pages/Reports.aspx?PRODCODE=R41477&Source=search>.

⁹⁵⁶ National Institute on Alcohol Abuse and Alcoholism, "FY 2012 Justification Budget",

<http://www.niaaa.nih.gov/AboutNIAAA/CongressionalInformation/Budget/Pages/FY12CJ.aspx>

By consolidating SAMHSA activities into the four core programs and further consolidating the agency with the Centers for Disease Control and Prevention, taxpayers can realize savings of approximately \$4 billion over 10 years.

PROGRAMS ELIMINATED (31):

- Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (\$121.3 million annually)
- Children and Violence (\$94.3 million annually)
- Program Management; SEH Workers' Compensation Fund (\$79.2 million annually)
- PATH Grants to States (\$65 million)
- Grants to Address the Problems of Persons Who Experience Violence and Related Stress (Child Traumatic Stress Initiative (\$41 million annually)
- Grants for the Benefit of Homeless Individuals (\$42.75 million)
- Substance Abuse Treatment Services for Children and Adolescents (\$31 million annually)
- Protection and Advocacy for Individuals with Mental Illness Act (\$36.4 million annually)
- Youth Suicide Early Intervention and Prevention Strategies (State Grants) (\$29.7 million)
- Residential Treatment Programs for Pregnant and Postpartum Women (\$16 million annually)
- Center of Excellence on Services for Individuals with Fetal Alcohol Syndrome and Alcohol-Related Birth Defects and Treatment for Individuals with Such Conditions and their families (\$9.8 million annually)
- Grants for Jail Diversion Programs (\$6.7 million annually)
- Programs to Reduce Underage Drinking (\$7 million annually)
- Mental and Behavioral Health Services on Campus (\$5 million annually)
- Alcohol and Drug Prevention or Treatment Services for Indians and Native Alaskans (N/A)
- Grants for Ecstasy and Other Club Drugs Abuse Prevention (N/A)
- Early Intervention Services For Children and Adolescents (N/A)
- Methamphetamine and Amphetamine Treatment Initiative (N/A)
- Prevention, Treatment, and Rehabilitation Model Projects for High Risk Youth (N/A)
- Services for Children of Substance Abusers (N/A)
- Grants for Strengthening Families (N/A)
- Services for Individuals with Fetal Alcohol Syndrome (N/A)
- Prevention of Methamphetamine Abuse and Addiction (N/A)
- Youth Interagency Research, Training, and Technical Assistance Centers (N/A)
- Services for Youth Offenders (N/A)
- Suicide Prevention For Children and Adolescents (N/A)
- Centers for Emergency Mental Health Centers (N/A)
- Improving Outcomes for Children and Adolescents Through Services Integration Between Child Welfare and Mental Health Services (N/A)
- Grants for the Integrated Treatment of Serious Mental Illness and Co-Occurring Substance Abuse (N/A)
- Mental Health Training Grants (N/A)
- Data Infrastructure Development (N/A)

OTHER SAVINGS ASSOCIATED WITH AGENCY CONSOLIDATION

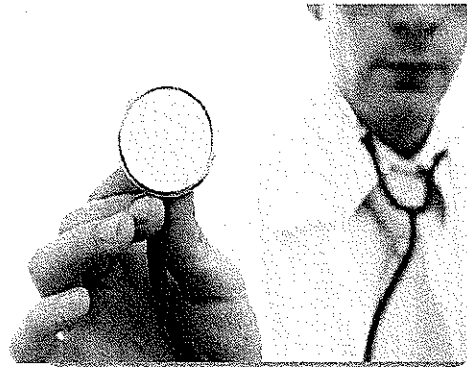
- Salary and Expenses (\$342 million annually)
- Decrease in Rental Payments (\$7 million annually)
- Reduction in Operation and Maintenance of Facilities (\$1.3 million annually)
- General Decrease in Contractual Services (\$100 million annually)

End Taxpayer Subsidies to The Institute of Medicine

The Institute of Medicine (IOM) is a non-governmental, nonprofit organization that says its purpose is to work “outside of government to provide unbiased and authoritative advice to decision makers and the public.”⁹⁵⁷ As the health division of the National Academy of Sciences, this sounds like a noble organizational mission. There’s only one problem: federal taxpayers are heavily subsidizing this organization that duplicates the work of other organizations, with little benefit to taxpayers.

According to records obtained by the Congressional Research Service, during the last ten years, the IOM benefitted from \$196 million dollars in federal funds just from the Department of Health and Human Services (HHS), or nearly two thirds of the National Academies’ entire \$307 million subsidization from federal taxpayers over a decade.⁹⁵⁸ While the mission of the IOM and the motivations of its employees may be laudable, with taxpayers heavily subsidizing their business model, one can hardly call them “an independent, nonprofit organization that works outside of government.”⁹⁵⁹

For all the money the federal government may be sending to IOM, taxpayers are not necessarily getting a good deal. Many of IOM’s projects and reports duplicate the capabilities of other organizations in and outside of government. For example, virtually all Departments within the federal government have employees who serve as policy analysts, budget crunchers, and issue experts that could be utilized in-house to produce reports or conduct research, at no extra cost to taxpayers. When issue expertise outside of government is truly needed, certainly our country has many other organizations that could provide insight and evaluation.



But it’s not just the staff functions that IOM duplicates when compared to other federal resources –it’s the tasks and assignments as well. A large number of IOM’s mandates from federal agencies include analyzing an issue, producing a report, or conducting a study that duplicates

⁹⁵⁷Institute of Medicine Website, “About IOM”, <http://www.iom.edu/About-IOM.aspx>, July 7th, 2011

⁹⁵⁸Data provided to Office of Senator Tom Coburn, M.D. by Congressional Research Service.

⁹⁵⁹Institute of Medicine Website, “About IOM”, <http://www.iom.edu/About-IOM.aspx>, July 7th, 2011.