To overcome congressional opposition, the Agency for Health Care Policy and Research has had to refine its role.

The AHCPR After The Battles

The Agency for Health Care Policy and Research (AHCPR) serves the public well in fostering and undertaking health services research. However, to justify its continued funding, the AHCPR must maintain an agenda that meets the nation’s health policy and research needs that cannot or will not be replicated by the private sector. Furthermore, the agency must continually demonstrate added value to health policy making and medical decision making that is uniquely attributable to its role as a public agency. John Eisenberg’s paper, “Health Services Research in a Market-Oriented Health Care System,” illustrates the AHCPR’s contribution to virtually all aspects of these areas. Eisenberg successfully catalogues the achievements of the agency and federal taxpayers’ investment in health services research, but the paper should have focused more on why the AHCPR is particularly well suited to meet its purpose.

The AHCPR’s beginnings. The agency was established in 1989 in response to congressional interest in focusing and expanding federal involvement in outcomes research and practice guidelines and the health services research community’s desire to raise its profile. It was anticipated at the time that increased federal funding would come to the field with the creation of its own agency. During its early years the agency was the darling of the Republicans and Democrats who were most involved in health care. The agency received increased funding and was actively involved in the hurly-burly of health care reform in 1993 and 1994.

Funding woes. The budget and appropriations process in the first session of the 104th Congress brought trouble to the agency. The House Budget Committee, in looking for federal programs to cut or reduce, questioned the agency’s role. The committee’s report on the budget resolution for fiscal year 1996 reflected this concern: “The agency is supposed to support research and information dissemination on health care services and technology, medical effectiveness, and patient outcomes, but performed an advocacy role in the health care debate the past 2 years while its funding increased from $125 million in 1992 to $163 million in 1994.” This was a harbinger of serious confrontation in the appropriations process, allowing those who were opposed to the agency to attempt to eliminate its funding.

Congressional opposition to AHCPR funding was based not only on the impression that the agency was inappropriately used for political ends during the Clinton administration’s 1993–1994 health care reform effort but also on complaints by some providers about the AHCPR’s medical practice guidelines. These providers viewed themselves as losers in the guidelines process and, at a minimum, wanted to torpedo the guidelines.

These concerns were perplexing to agency advocates who primarily viewed the role of the agency in scientific terms and saw in its formation the culmination of years of effort to advance the stature of health services research. The views of the agency’s antagonists, however, reflected a disconnect between Congress and the agency and raised serious questions about the politicization of the AHCPR. Even supportive members of Con-
gress were not immune to these concerns. The opposition questioned the need for the agency and was not convinced that whatever worthwhile functions the AHCPR performed could not be performed elsewhere in government or by the private sector. The advantages of having a primary agency for health services research did not make particular sense to them.

**Overcoming opposition.** The opposition was allayed, to an extent, both by an education effort and by a reorientation of the agency’s role in medical guidelines development. The agency’s senior staff and health services researchers spent much time discussing the role and contributions of the agency with members of Congress and key congressional staff. Advocates went to great pains to assure concerned members of Congress and their staffs that the agency had provided analyses of initiatives for every administration, not simply the current one.

This education effort clearly contributed to turning the tide. In addition, the agency was able to sidestep future conflicts with specific medical specialties and other providers by redirecting medical guideline activities to the development of methodologies, promotion of guidelines use, and synthesis of the literature on treatments rather than actually establishing medical guidelines. The agency has assumed a more appropriate role as a convener, bringing together groups such as the American Medical Association and the American Association of Health Plans in a partnership to make sure that all guidelines—no matter who developed them—are readily accessible to physicians and other health care providers. Finally, the message also began to resonate on Capitol Hill that certain research, such as the agency’s medical expenditure survey, would not be conducted on an ongoing basis outside of the federal government, and that the agency’s long-term commitment and experience with this research made it uniquely suited to continue the work. It further became understood that this surveying and data collection were critical to understanding health care delivery and financing in this country and to the development of health and budget policy by Congress and any administration.

Ultimately, these efforts enabled the agency’s key congressional supporters—Chairman John Porter (R-IL) of the House Appropriations Subcommittee on Labor, Health and Human Services, and Education and Chairman Bill Thomas (R-CA) of the House Ways and Means Subcommittee on Health—as well as the appropriators in the Senate, to save the agency. Not only was the agency funding preserved for FY 1996, but it appears to be in a good position to be sustained into the future. In the most recent appropriations process for FY 1998, the AHCPR’s appropriation had no visible congressional opposition. Looking to the future, however, the agency must not become complacent with this immediate success.

**Looking ahead.** Opposition to the AHCPR in Congress came primarily from the members themselves. Very few of those responsible for framing the underlying authority for the AHCPR remain in Congress. Therefore, the agency must try to foster relationships with newer members of Congress.

An indicator that the agency has turned the corner was a provision of the recently enacted reform of the U.S. Food and Drug Administration (FDA) that extended AHCPR authority. In the FDA reform bill, Congress gave demonstration authority to the AHCPR for outcomes research regarding new uses or combinations of drugs, biologics, and therapeutics as well as ways to improve the effectiveness of existing uses. By expanding the purview of the agency and recognizing its expertise in the area of outcomes research, Congress has shown that it values the work of the AHCPR. This is evidence that the agency has successfully moved beyond the questions raised in the 104th Congress and that it can look forward to a brighter future.