

How Congress Funds Federal Diabetes Programs

Authorizations, Appropriations and Continuing Resolutions

Authorization vs. Appropriations

Congress **makes our nation's laws** as needed through *authorization bills*, but they are required to **fund the government** each year through *appropriations bills*.

- The authorization process sets **policies** to guide the various federal government departments and agencies.
 - Authorizations are typically made for specific programs within agencies – for example, the **Special Diabetes Program** is a program that is administered by the National Institutes of Diabetes and Digestive and Kidney Diseases (NIDDK), in collaboration with other National Institutes of Health (NIH) Centers.
 - Authorizations can vary in length.
 - You can read more about the process [here](#).
- *Authorization* gives agencies permission to spend money on specific programs and projects, or prohibits them from doing so.
- However, authorization doesn't actually provide any funding – that's where the appropriations bills come in.
- Annual *appropriations* bills provide actual funding for federal agency activities.

The appropriations process

- The *appropriations committees* are charged with the details: How will the money for the coming fiscal year actually be spent?
- The committees are divided into 12 subcommittees in the House and Senate – each *subcommittee* has specific departments and agencies under their jurisdiction.
- The appropriations *subcommittees* hold hearings on specific aspects of the president's budget request.
 - These hearings are important opportunities for members to publicly speak about their priorities and hear from agency officials directly about their needs.
- Ideally, each bill is written, considered, and approved by the relevant subcommittee and full committee, and then brought to the House or Senate for consideration. Both the House and Senate go through the same process.
- The House and Senate then must reconcile their different bills.
 - They must convene a "conference" of representatives and senators to hammer out the differences and come up with what's called a *conference report*.
 - An identical conference report must pass both the House and Senate before being signed into law by the president.

- The goal is to have the appropriations bill signed into law before the start of each new fiscal year on October 1.

Healthcare appropriations relevant to DPAC

The **Departments of Labor, Health and Human Services, and Education, and Related Agencies (LHHS) appropriations bill** funds a network of public health, medical research and educational initiatives, including:

- The **National Institutes of Health (NIH)** focuses primarily on basic biomedical research.
 - Within the NIH, DPAC has a special focus on funding for the **National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)**.
- The **Centers for Disease Control and Prevention (CDC)** focuses on outbreak tracking, setting national health guidelines, monitoring public health data, and funding community programs.
 - Within the CDC, DPAC focuses on funding for the **Division of Diabetes Translation (DDT)** and the **National Diabetes Prevention Program (NDPP)**.

Authorization examples DPAC supports:

The **Special Diabetes Program (SDP)** was established (or authorized) by the U.S. Congress in 1997 and has enabled the creation of unique, innovative, and collaborative [research and clinical trials](#) focused on the research, prevention, treatment, and cure of type 1 diabetes. Since then, it has been reauthorized by Congress 15 times (roughly every few years). It is due to be reauthorized by Congress this year (2026).

The **National Diabetes Prevention Program (NDPP)** was established (or authorized) by Congress within the CDC in 2010 as a public-private initiative to address prediabetes and type 2 diabetes. The CDC built a framework for an evidence-based lifestyle change program focused on healthy eating and physical activity. The CDC certifies local organizations to run this program and works with insurers to get it covered by private insurance plans, Medicaid, and Medicare. H.R.10086, the Diabetes Prevention Program Reauthorization Act of 2026, will reauthorize the NDPP for another five years.

Appropriations funding examples DPAC supports:

This year, DPAC is influencing the House FY 2027 Labor-HHS-Education appropriations bill by pushing back against the expansion of Medicare's Competitive Bidding Program (CBP).

- In late 2025, the Centers for Medicare & Medicaid Services (CMS) decided to include continuous glucose monitors (CGMs) and insulin pumps in the Medicare CBP for 2028. Patient advocates fear that this will restrict device choice and cause dangerous disruptions in care.
- In 2026, DPAC communicated with the **House Appropriations Committee** and successfully [advocated](#) for the inclusion of **language** in the FY 2027 Labor-HHS-Education appropriations bill that would direct CMS to examine the impact of the CBP on patient access to diabetes technologies.
- This would require CMS to report to Congress on potential patient disruptions due to CBP.

DPAC also consistently influences the appropriations bill to secure funding for the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK).

- The [NIDDK](#) is the primary engine for federal diabetes and kidney disease research.
- In recent years, the president's budget has requested a massive restructuring of the National Institutes of Health (NIH), including a plan to dismantle the NIDDK.
- DPAC, alongside organizations like the American Diabetes Association (ADA) and the American Society of Nephrology (ASN), successfully lobbied appropriators to reject this reorganization, preserve the independent structure of the NIDDK, and include a funding increase to \$2.33 billion for FY 2026.

Continuing resolution

- When appropriations bills aren't finalized before the end of the fiscal year, a common tool that Congress employs is a **continuing resolution (CR)**.
- A CR is a legislative measure to avert a government shutdown – which is what occurs when [full-year spending bills](#) have not been passed.
- The CR extends funding at current levels for a specific period of time, ideally to give Congress time to finish its work.
- During this time, lawmakers work to resolve differences in appropriations bills.
- Congress can sometimes attach non-appropriations issues within the resolution.
- CRs have become a regular tool for Congress, which consistently struggles to complete the annual appropriations process on time. Congress has [enacted](#) at least one CR in all but three of the past 47 fiscal years.

What can we do during a CR?

Advocacy during a CR is critical because a CR does not represent a pause in the legislative process; rather, it can be an intense period of transition, possibility, and vulnerability for federal programs. In other words, a CR represents additional time to reinforce priorities and voice concerns. It also represents a time where federal agencies *cannot* move forward.

- During a CR, federal funding is flat. Because of inflation, things get more expensive every year. If a program gets the exact same amount of money as last year, it cannot do as much.
- **Programs get locked in place.** Under a CR, agencies like the NIH or CDC are legally banned from starting new projects. If scientists are right on the edge of a breakthrough, or if a new health emergency pops up, they cannot spend money to fix it during this time.
- **Decisions are being made behind closed doors.** If you wait until the CR ends to start asking for help, it will be too late.