What is the evaluation tap?
Established in 1970, the Public Health Service (PHS) Evaluation Set-Aside, or "evaluation tap" is a unique budget transfer for agencies and offices authorized by the PHS Act and funded through the Labor-HHS-Education appropriations bill. Section 241 of the Public Health Service Act (42 U.S.C. § 238j) authorizes the Secretary of the Department of Health and Human Services (HHS) to use or "tap" a portion of eligible appropriations of its public health agencies—namely the National Institutes of Health (NIH), the Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC), and the Substance Abuse and Mental Health Services Administration (SAMHSA)—to assess the effectiveness of federal health programs, and to identify ways to improve them. Funds are also used to support cross-cutting activities that benefit the Public Health Service writ large, and build the infrastructure for evaluation of health programs, such as data collection and analysis.

As a result of the evaluation tap, the budget authority appropriated to public health agencies annually overstates the amount of money actually available for those agencies to spend.

How much is the tap?
The PHS Act originally established the set-aside for evaluation, analysis, and data collection as no more than 1 percent of program appropriations. Beginning in 2004, Congress specified a higher maximum amount of funds to be set aside through the annual Labor-HHS-Education appropriations bill. In 2005, Congress raised the tap to 2.4 percent of eligible portions of agency budgets, and again to 2.5 percent in 2011—the level it is today. The administration's budget requests of late have proposed increasing the evaluation tap to as high as 3 percent, but Congress has rejected such proposals.

In fiscal year 2014, evaluation tap funding totaled $1.06 billion.

Who controls the tap?
Both Congress and the administration bear responsibility for the evaluation tap. In the annual appropriations act, Congress specifies many of the programs and agencies that are funded through the tap, and HHS identifies the amount of set-aside funds to be “tapped” from NIH, HRSA, CDC, and SAMHSA and determines the amount of funding to be made available to each recipient agency or program. Keep in mind, some portion of the funds contributed by the agencies is returned to them to support selected programs.

Without the evaluation tap or Congress appropriating budget authority, many critical health functions would cease to exist
This mechanism is used to support—in full or in part—more than a dozen critical public health and health research functions. In the absence of the evaluation tap or Congress appropriating budget authority, many critical health functions would cease to exist:

- The Agency for Healthcare Research and Quality (AHRQ) supports data collection and research activities that evaluate the health care system. Such evidence informs efforts to make health care safer, higher quality and more accessible, equitable, and affordable. AHRQ also works to ensure the evidence is understood and used by patients, doctors, hospitals, and payers. AHRQ's appropriated budget is fully funded by the evaluation tap.
The Administration for Children and Families (ACF) supports research and evaluation to design programs that are more effective, cost less, and respond better to customer needs. Recent projects have focused on career pathways and approaches to improving program enrollment, engagement, and completion. **ACF’s research budget is fully funded by the evaluation tap.**

HRSA’s Ryan White AIDS Drug Assistance Program funds “special projects of national significance” to help expand capacity of grantees to deliver better care through data systems and implement innovative home health models. **Ryan White’s special projects are fully funded by the evaluation tap.**

CDC’s National Immunization Survey is an essential tool for monitoring immunization coverage rates and identifying and reaching populations at the greatest risk for vaccine-preventable diseases. The data collected through this survey drive CDC’s $560 million immunization program. **The National Immunization Survey is fully funded by evaluation tap.**

CDC’s National Center for Health Statistics (NCHS) provides critical data on all aspects of our health—chronic disease prevalence, health disparities, emergency room use, teen pregnancy, infant mortality, causes of death, and rates of insurance to name a few. **More than half of NCHS’s budget is supported through the evaluation tap.**

CDC’s National Institute of Occupational Safety and Health (NIOSH) helps protect the nation’s 155 million workers and provides the only dedicated source of federal funding for research needed to prevent injuries and illness that cost the United States $250 billion a year. **One-third of NIOSH’s appropriated budget is funded through the evaluation tap.**

SAMHSA’s health surveillance budget supports critical behavioral health data systems, surveys, and surveillance activities that serve as the nation’s primary source of information on substance abuse and mental disorders, including treatment admissions data. **Sixty-four percent of SAMHSA’s health surveillance budget is funded through the evaluation tap.**

Office of the National Coordinator for Health Information Technology (ONC) leads efforts to improve health by overseeing the modernization of the health care system through adoption, meaningful use, and optimization of health IT. **Three-quarters of ONC’s budget is supported through the evaluation tap.**

**So what does this mean for you?**

Lawmakers and advocates can debate the value of the tap as a funding mechanism, but the value of the public health and research functions it supports is clear. Without the tap—or an explicit appropriation—the valuable work it supports would be halted.

Please oppose efforts to eliminate the evaluation tap—in part or in full—unless a viable alternative funding mechanism is put in place to continue these important functions.

**Endnotes**

1. Most of the funds appropriated for CDC, HRSA, NIH, and SAMHSA are subject to the PHS evaluation tap. Exceptions, by HHS convention, include funds appropriated for certain block grants (Prevention, Substance Abuse, and Mental Health), for program management activities, and for Buildings and Facilities, as well as some programs authorized outside the PHS Act, such as the Maternal and Child Health Block Grant in HRSA. For further details, see Use of Public Health Service Evaluation Set-Aside Authority for FY 2005, available at http://aspe.hhs.gov/rcc/SetAsideReport/FY2005.pdf

The Friends of AHRQ and the Friends of NCHS are voluntary coalitions of organizations that support the Agency for Healthcare Research and Quality (AHRQ) and the National Center for Health Statistics (NCHS), respectively. The Friends advocate on behalf of these agencies to Congress, and are housed at AcademyHealth. For more information, please contact advocacy@academyhealth.org.