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Chapter 3

POLICY FORMULATION: AGENDA SETTING

CHAPTER OUTLINE

• Overview of the Policy Formulation Phase
• Agenda Setting
• Interest Group Involvement in Agenda Setting
• The Influential Role of Chief Executives in Agenda Setting
• The Nature of the Health Policy Agenda
• Summary

REVIEW QUESTIONS

1. Discuss the formulation phase of policymaking in general terms.

The formulation phase of health policymaking is made up of two distinct and sequential parts: agenda setting and legislation development (see the shaded portion of Exhibit 3.1 in the book). Each part involves a complex set of activities in which policymakers and those who would influence their decisions and actions engage.

The formulation phase of policymaking results in policy in the form of new public laws or amendments to existing laws. The public laws or amendments pertaining to health are initiated by the interactions of diverse health-related problems, possible solutions, and dynamic political circumstances that relate to the problems and to their potential solutions. Before the policymaking process can progress, some mechanism must initiate the emergence of certain problem/solution combinations and their subsequent movement through the development
process.

At any given time, there are many problems or issues related to health. Many of them have possible solutions that are apparent to policymakers. Often these problems have alternative solutions, each of which has its supporters and detractors. Diverse political interests overlay the actual problems and potential solutions. *Agenda setting*, a crucial initial step in the policymaking process, describes the process by which particular problems emerge and advance to the next stage.

Once a problem that might be addressed through public policy rises to a prominent place on the political agenda—through the confluence of the problem’s identification, the existence of possible policy solutions, and the political circumstances surrounding the problem and its potential solutions—it can, but does not necessarily, proceed to the next point in the policy formulation phase, development of legislation. Kingdon (1995) describes the point at which problems, potential solutions to them, and political circumstances converge to stimulate legislation development as a *window of opportunity* (see Exhibit 3.1 in the book).

At this second step in policy formulation, policymakers propose specific legislation. One can think of these proposals as hypothetical or unproven solutions to the problems they are intended to address. The proposals then go through carefully prescribed steps that can, but do not always, lead to policies in the form of new public laws or, more often, amendments to previously enacted laws.

Only a small fraction of the problems that might be addressed through public policy ever emerge from agenda setting with sufficient impetus to advance them to this point. And even when they do, only some of the attempts to enact legislation are successful. The path of legislation—that is, of policy in the form of public laws—can be long and arduous (Hacker 1997). The details of this path that pertain to agenda setting are described in this chapter, and
those that pertain to the development of legislation are discussed in Chapter 4.

2. Discuss agenda setting as the confluence of three streams of activities. Include the concept of a window of opportunity for legislation development in your answer.

Kingdon (1995) describes agenda setting in public policymaking as a function of the confluence of three streams of activity: problems, possible solutions to the problems, and political circumstances. (Some people prefer the term “issue” to refer to something that might trigger policymaking [e.g., Gormley and Boccuti 2001]. We use “problem” to be consistent with Kingdon’s terminology.) According to Kingdon (1995, 166), when problems, possible solutions, and political circumstances flow together in a favorable alignment, a “policy window” or “window of opportunity” opens. When this happens, a problem/potential solution combination that might lead to a new public law or an amendment to an existing one emerges from the set of competing problem/possible solution combinations and moves forward in the policymaking process (see Exhibit 3.2 in the book).

Current health policies in the form of public laws, such as those pertaining to environmental protection, licensure of health-related practitioners and organizations, funding for AIDS research or women’s health, and regulation of pharmaceuticals, exist because problems or issues emerged from agenda setting and triggered changes in policy. However, the mere existence of these problems was not sufficient to trigger the development of legislation intended to address them.

The existence of health-related problems, even very serious ones such as inadequate health insurance coverage for millions of people or the continuing widespread use of tobacco products, does not always lead to policies intended to solve or ameliorate them. There also must be potential solutions to the problems and the political will to enact specific legislation to
implement those solutions. Agenda setting is best understood in the context of its three key variables: problems, possible solutions, and political circumstances.

3. Describe the nature of problems that drive policy formulation.

The breadth of problems that could initiate agenda setting is reflected in the range of possible health policies. Chapter 1 discussed how health is affected by several determinants: the physical environments in which people live and work; their behaviors and biology; social factors; and the type, quality, and timing of health services they receive.

Beyond these determinants, as shown in Exhibit 3.1 in the book, the preferences of individuals, organizations, and interest groups and the biological, cultural, demographic, ecological, economic, ethical, legal, psychological, social, and technological aspects of American life affect policymaking throughout the process. These inputs join with the consequences of the policies produced through the ongoing policymaking cycle (see the feedback loop in Exhibit 3.1) to continuously supply agenda setters with a massive pool of contenders for a place on that agenda. From among the contenders, certain problems find a place on the agenda, while others do not.

Problems That Drive Policy Formulation

The problems that eventually lead to the development of legislation are generally those that policymakers broadly identify as important and urgent. Problems that do not meet these criteria languish at the bottom of the list or never find a place on the agenda at all. Price (1978) argues that whether a problem receives aggressive congressional intervention in the form of policymaking depends on its public salience and the degree of group conflict surrounding it. He defines a publicly salient problem or issue as one with a high actual or potential level of public
interest. Conflictive problems or issues are those that stimulate intense disagreements among interest groups or those that pit the interests of groups against the larger public interest. Price contends that the incentives for legislators to intervene in problems or issues are greatest when salience is high and conflict is low. Conversely, incentives are least when salience is low and conflict is high. (Appendix 11 illustrates the difficulty of legislative intervention when the conflict surrounding a problem is high.)

Problems that lead to attempts at policy solutions find their place on the agenda along one of several paths. Some problems emerge because trends in certain variables eventually reach unacceptable levels—at least, levels unacceptable to some policymakers. Growth in the number of uninsured and cost escalation in the Medicare program are examples of trends that eventually reached levels at which policymakers felt compelled to address the underlying problems through legislation.

Another problem that emerged in this way and led to specific legislation was that a large number of people felt locked into their jobs because they feared that preexisting health conditions might prevent them from obtaining health insurance if they changed jobs. In response to this problem, the Health Insurance Portability and Accountability Act of 1996 (HIPAA; P.L. 104-191) significantly limits the use of preexisting-condition exclusions and enhances the portability of health insurance coverage when people change jobs. Other provisions in this law guarantee availability and renewability of health insurance coverage for certain employees and individuals and an increase in the tax deduction for health insurance purchased by the self-employed.

Problems also can be spotlighted by their widespread applicability (e.g., the high cost of prescription medications to millions of Americans) or by their sharply focused impact on a small but powerful group whose members are directly affected (e.g., the high cost of medical
Some problems gain their place on the agenda or strengthen their hold on a place because they are closely linked to other problems that already occupy secure places. Efforts by the legislative and executive branches of the federal government to address the nation’s budget deficit problem, at least in part through reduced expenditures on the Medicare program, are a recurring example of the link between one problem (cost increases in the Medicare program) and another (growth of the federal deficit). Linking these two problems significantly strengthened political prospects for the development of legislation intended to curtail Medicare program expenditures, as the Balanced Budget Act of 1997 (P.L. 105-33) demonstrated. This legislation called for reductions in the growth of Medicare expenditures of $385 billion from 1998 through 2007.

Problems also can emerge more or less simultaneously along several paths. Typically, problems that emerge this way become prominent on the policy agenda. For example, the problem of the high cost of health services for the private and public sectors has long received attention from policymakers. This problem emerged along a number of mutually reinforcing paths. In part, the cost problem has been prominent because the cost trend data disturbs many people. The data contributes to and reinforces a widespread acknowledgment of the problem of health costs in public poll after public poll and have attracted the attention of some of those who pay directly for health services through the provision of health insurance benefits, especially the politically powerful business community. Finally, the health cost problem, as it relates to public expenditures—for the Medicare and Medicaid programs especially—has also been linked at times to the need to control the federal budget.

The importance of these variables has been magnified greatly in the context of the global financial crisis engulfing the world beginning in 2008 (Shah 2009). The variables of
healthcare costs and the escalating federal budget form a combination of circumstances. The health cost problem reinforces each of these circumstances, which is why this problem remains perennially prominent in the minds of many policymakers. Add to this the financial crisis, and it seems clear that healthcare costs will receive renewed attention in the years ahead. The persistence of this problem since long before the current financial crisis began has more to do with the nature of potential solutions than with the identification of health costs as a problem.

4. Discuss the role of research in health policy agenda setting.

Health services research is “the multidisciplinary field of scientific investigation that studies how social factors, financing systems, organizational structures and processes, health technologies, and personal behaviors affect access to healthcare, the quality and cost of healthcare, and ultimately our health and well-being. Its research domains are individuals, families, organizations, institutions, communities, and populations” (AcademyHealth 2009). The Agency for Healthcare Research and Quality (AHRQ; www.ahrq.gov) defines health services research more simply as “scientific inquiry into the ways in which health services are delivered to various constituents” (AHRQ 2009). Health services researchers seek to understand how people obtain access to healthcare services, the costs of the services, and the results for patients of using this care. The main goals of this type of research include identifying the most effective ways to organize, manage, finance, and deliver high quality care and services and, more recently, how to reduce medical errors and improve patient safety (AHRQ 2009). Health services research, along with much biomedical research, contributes to problem identification and specification and the development of possible solutions. Thus, research can help establish the health policy agenda by clarifying problems and potential solutions. Well-conducted health services research provides policymakers with facts that might
affect their decisions.

Policymakers value the input of the research community sufficiently to fund much of its work through NIH, AHRQ, and other agencies. AHRQ, the health services research arm of DHHS, complements the biomedical research mission of its sister agency, NIH. AHRQ is the federal government’s focal point for research to enhance the quality, appropriateness, and effectiveness of health services and access to those services.

Research plays an important documentation role through the gathering, cataloging, and correlating of facts related to health problems and issues. For example, researchers have documented the dangers of tobacco smoke; the presence of HIV; the numbers of people living with AIDS, a variety of cancers, heart disease, and other disease; the effect of poverty on health; the number of people who lack health insurance coverage; the existence of health disparities among population segments; and the dangers imposed by exposure to various toxins in people’s physical environments. Quantification and documentation of health-related problems give the problems a better chance of finding a place on the policy agenda.

The second way research informs, and thus influences, the health policy agenda is through analyses to determine which policy solutions may work. The fundamental contribution of biomedical research to the development of medical and health technology in the United States is well established. This research has made possible the diagnosis and treatment of previously untreatable diseases. Health services research provides valuable information to policymakers as they propose, consider, and prioritize alternative solutions to problems.

Potential solutions that might lead to public policies—even if the policies themselves are formulated mainly on political grounds—must stand the test of plausibility. Research that supports a particular course of action or attests to its likelihood of success—or at least to the probability that the course of action will not embarrass them—can make a significant
contribution to policymaking by helping to shape the policy agenda.

What research cannot do for policymakers, however, is make decisions for them. Every difficult decision regarding the health policy agenda ultimately rests with policymakers.

5. **Contrast decision making in the public and private sectors as it relates to selecting from among alternative solutions to problems.**

Problems that require decisions and alternative possible solutions to them are two prerequisites for using the classical, rational model of decision making outlined in Exhibit 3.3 in the book. This model shares the basic pattern of the organizational decision-making process typically followed in the private and public sectors. However, differences between the two sectors in the use of this model typically arise with the introduction of the *criteria* used to evaluate alternative solutions.

Some of the criteria used to evaluate and compare alternative solutions in the private and public sectors are the same or similar. For example, the criteria set in both sectors usually includes consideration of whether a particular solution will actually solve the problem, whether it can be implemented within available resources and technologies, its costs and benefits relative to other possible solutions, and the results of an analysis of the alternatives.

In both sectors, high-level decisions have scientific or technical, political, and economic dimensions. The scientific or technical aspects can be more difficult to factor into decisions when the evidence is in dispute, as it often is (Atkins, Siegel, and Slutsky 2005; Steinberg and Luce 2005). The most pervasive difference between the criteria sets used in the two sectors, however, is in the roles political concerns and considerations play. Decisions made by public-sector policymakers must reflect greater political sensitivity to the public at large and to the preferences of relevant individuals, organizations, and interest groups. This helps explain the
importance of the third variable in agenda setting in the health policymaking process, political circumstances.

6. Discuss the involvement of interest groups in the political circumstances that affect agenda setting. Incorporate the specific ways they influence agenda setting in your response.

As we discussed in Chapter 2, interest groups are ubiquitous in the political marketplace. Perhaps nowhere in the policymaking process is the influence of interest groups more powerful than in the agenda-setting activities of the formulation phase (see Exhibit 3.1 in the book).

To fully appreciate the role of interest groups in setting the policy agenda, consider the role of individual Americans. In a representative form of government, such as that of the United States, individual members of society, unless they are among the elected representatives, usually do not vote directly on policies. They can, however, vote on policymakers. Thus, policymakers are interested in what individuals want, even when that is not easy to discern.

However, one of the great myths about democratic societies is that their members, when confronted with tough problems such as the high cost of healthcare for everyone, the lack of health insurance for many, or the existence of widespread disparities in health among segments of the society, ponder the problems carefully and express their preferences to their elected officials, who then factor these opinions into their decisions about how to address the problems through policy. Sometimes these steps take place, but even when the public expresses its opinions about an issue, the result is clouded by the fact that the American people are heterogeneous in their views. Opinions are mixed on health-related problems and their solutions. Public opinion polls can help sort out conflicting opinions, but polls are not always
straightforward undertakings. In addition, individuals’ opinions on many issues are subject to change.

Yankelovich (1992) points out that the public’s thinking on difficult problems that might be addressed through public policies evolves through predictable stages, beginning with awareness of the problem and ending with judgments about its solution. In between, people explore the problem and alternative solutions with varying degrees of success. The progress of individuals through these stages is related to their views on the problems and solutions.

The diversity among members of society and the fact that individual views on problems and potential solutions evolve over time explain in large part the greater influence of organizations and interest groups in shaping the policy agenda. Interest groups in particular can exert extraordinary power and influence in the political marketplace for health policies, as we discussed in Chapter 2.

Whether made up of individuals or organizations, interest groups are often able to present a unified position to policymakers on their preferences regarding a particular problem or its solution. A unified position is far easier for policymakers to assess and respond to than the diverse opinions and preferences of many individuals acting alone. Although individuals tend to be keenly interested in their own health and the health of those they care about, their interests in specific health policies tend to be diffuse. This stands in contrast to the highly concentrated interests of those who earn their livelihood in the health domain or who stand to gain other benefits there. This phenomenon is not unique to health. In general, the interests of those who earn their livelihood in any industry or economic sector are more concentrated than the interests of those who merely use its outputs.

One result of the concentration of interests is the formation of organized interest groups that seek to influence the formulation, implementation, and modification of policies to some
advantage for the group’s members. Because all interest groups seek policies that favor their members, their own agendas, behaviors, and preferences regarding the larger public policy agenda are often predictable.

Feldstein (2006) argues, for example, that all interest groups representing health services providers seek through legislation to increase the demand for members’ services, limit competitors, permit members to charge the highest possible prices for their services, and lower their members’ operating costs as much as possible. Likewise, an interest group representing health services consumers logically seeks policies that minimize the costs of the services to its members, ease their access to the services, increase the availability of the services, and so on. Essentially, this is human nature at work.

As we noted earlier, interest groups frequently play powerful roles in setting the nation’s health policy agenda, as they subsequently do in the development of legislation and the implementation and modification of health policies. These groups sometimes proactively seek to stimulate new policies that serve the interests of their members. Alternatively, they sometimes reactively seek to block policy changes that they believe do not serve their members’ best interests.

Opportunities to join interest groups are widely available. As we discussed in Chapter 2, individual physicians can join and have some of their interests represented by the AMA. Nurses can join the American Nurses Association (ANA; www.ana.org). Not only can hospitals join the AHA, but teaching hospitals can join the Association of American Medical Colleges’ (AAMC; www.aamc.org) Council of Teaching Hospitals and Health Systems; children’s hospitals can join the National Association of Children’s Hospitals and Related Institutions (NACHRI; www.childrenshospitals.net); and investor-owned hospitals can join the Federation of American Hospital Systems (FAHS; www.fahs.com). Health insurers can join...
America’s Health Insurance Plans (AHIP; www.ahip.org).

Even subsets of the general population can join a group that seeks to serve their health-related interests. For example, the AARP is a powerful interest group representing the interests of many of the nation’s older citizens. Other consumer-oriented interest groups include the Alliance for Retired Americans (www.retiredamericans.org); Families U.S.A. (www.familiesusa.org), which describes itself as the “voice of healthcare consumers”; and the Consortium for Citizens with Disabilities (www.c-c-d.org).

As influential participants in U.S. public policymaking, interest groups are integral to the process. And they are especially ubiquitous in the health domain. But how do they exert their influence? Interest groups rely heavily on four tactics: lobbying, electioneering, litigation, and, especially recently, shaping public opinion so that it might in turn influence the policymaking process to the groups’ advantage (Edwards, Wattenberg, and Lineberry 2009). (Each of these tactics is described in detail in the book. You may require varying levels of discussion about the tactics in the class; alternatively, a question can be posed that requires a discussion of the four tactics.)

7. **Discuss the role of chief executives in agenda setting at the federal level.**

The chief executive—the president, governor, or mayor—also influences the policy agenda, including the agenda for policy in the health domain. Popular chief executives can do this easily (Aberbach and Peterson 2006). Kingdon (1995) attributes the influence of presidents (and his point also applies to other chief executives) to certain institutional resources inherent in the executive office. Speaking specifically about presidents and their roles at the federal level, Blumenthal and Morone (2008, 95) state that “presidents energize healthcare policy—they set the political agenda, propose solutions, and organize programs. Bold health policies
almost always require presidential leadership.”

Political advantages available to chief executives include the ability to present a unified administration position on issues—which contrasts with the legislative branch, where opinions and views tend to be heterogeneous—and the ability to command public attention. Properly managed, the latter ability can stimulate substantial public pressure on legislators. Chief executives can even rival powerful interest groups in their ability to shape public opinion around the public policy agenda.

Lammers (1997) emphasizes the ability of chief executives to perform “issue-raising activities” as crucial to their influence on agenda setting. He notes that the development of legislation is “generally preceded by a variety of actions that first create a widespread sense that a problem exists that needs to be addressed” (Lammers 1997, 112). Chief executives can emphasize problems and preferred solutions in a number of ways, including press conferences, speeches, and addresses. This may be an especially potent tactic in such highly visible contexts as a president’s state of the union address or a governor’s state of the state address.

Candidates for the presidency are often specific in their campaigns on various health policy issues, sometimes even to the point of endorsing specific legislative proposals (Fishel 1985). Examples include the emphasis presidents Kennedy and Johnson gave to enactment of the Medicare program in their campaigns and President Clinton’s highly visible commitment to fundamental health reform as a central theme of his 1992 campaign. President Bush made enactment of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 a priority as he entered the campaign for his second term in 2004. In his 2008 campaign, President Obama made health reform one of the highest priorities for his anticipated administration.

Another issue-raising mechanism some chief executives favor is the appointment of
special commissions or task forces (Linowes 1998). President Clinton used this tactic in the
1993 appointment of the President’s Task Force on Health Care Reform (Johnson and Broder
1996), as did President Bush in the creation of the President’s Commission to Strengthen

Chief executives occupy a position that permits them to influence each phase of the
policymaking process. In addition to their issue-raising role in agenda setting, they are well
positioned to focus the legislative branch on the development of legislation and to prod
legislators to continue their work on favored issues even when other demands compete for their
time and attention. In addition, chief executives are central to the implementation of policies by
virtue of their position atop the executive (or implementing) branch of government, as we
discuss in Chapter 6, and they play a crucial role in modifying previously established policies,
as we discuss in Chapter 7.

8. Discuss the nature of the health policy agenda that results from agenda setting at the
federal level.

The confluence of problems and potential solutions and the political circumstances that
surround them invariably shapes the health policy agenda. This agenda, however, is
extraordinarily dynamic, literally changing from day to day. In addition, the nation’s health
policy agenda coexists with policy agendas in other domains, such as defense, welfare,
education, and homeland security. The situation is further complicated by the fact that in a
pluralistic society where difficult problems exist and clear-cut solutions are rare, every problem
and potential solution has different “sides,” each with its supporters and detractors. The
number, ratio, and intensity of these supporters and detractors are determined by the effect on
them of the problem and its solution. One consequence of this phenomenon is severe crowding
and confounding of the health policy agenda. It is impossible to describe this agenda in its full form at any point in time; it is enormous and in constant flux.

As policymakers seek to accommodate the needs and preferences of different interests in particular problem/potential solution combinations, the inevitable result is a large and diverse set of policies that are riddled with incompatibilities and inconsistencies. The subset of U.S. policies on the production and consumption of tobacco products—a mix that simultaneously facilitates and discourages tobacco use—provides a good example of the coexistence of public policies at cross-purposes.

Another example can be seen in the health policy agenda, and in the eventual pattern of public policies, related to medical technology. Policymakers have sought to spread the benefits of new medical technology and at the same time to protect the public from unsafe technologies and slow the growth in overall health costs through controlling the explosive growth of new technologies. The result is a large group of technology-related policies that seek to foster (e.g., NIH, National Science Foundation, other biomedical funding, tax credits for biomedical research in the private sector), to inhibit (e.g., state-run certificate-of-need programs that restrain the diffusion of technology), and to control (e.g., Food and Drug Administration regulation and product liability laws) the development and use of medical technology in the United States.

Its complexity and inconsistency aside, the most important aspect of the health policy agenda is that when a problem is widely acknowledged, when possible solutions have been identified and refined, and when political circumstances are favorable, a window of opportunity opens, albeit sometimes only briefly. Through this window, problem/potential solution combinations move forward to a new stage: development of legislation (see Exhibit 3.1 in the book). As we describe in Chapter 4, through the development of legislation, policymakers seek
to convert some of their ideas, hopes, and hypotheses about addressing problems into concrete policies in the form of new public laws or amendments to existing ones.

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Exhibit 3.1 A Model of the Health Policymaking Process in the United States: Agenda Setting in the Policy Formulation Phase

Preferences of individuals, organizations, and interest groups, along with biological, cultural, demographic, ecological, economic, ethical, legal, psychological, social, and technological inputs

Policy Formulation Phase
- Agenda Setting
  - Problems
  - Possible Solutions
  - Political Circumstances
- Development of Legislation
- Window of Opportunity*

Policy Implementation Phase
- Bridged by Formal Enactment of Legislation
- Rulemaking
- Operation

Policy Modification Phase
- Feedback from individuals, organizations, and interest groups experiencing the consequences of policies, combined with the assessments of the performance and impact of policies by those who formulate and implement them, influences future policy formulation and implementation.

*The window of opportunity opens when there is a favorable confluence of problems, possible solutions, and political circumstances.
Exhibit 3.2 Agenda Setting as the Confluence of Problems, Possible Solutions, and Political Circumstances
Exhibit 3.3 The Rational Model of Decision Making
## Exhibit 3.4 Money Raised in the 2008 Election Cycle

<table>
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<tr>
<th>Party</th>
<th>No. of Candidates</th>
<th>Total Raised</th>
<th>Total Spent</th>
<th>Total Cash on Hand</th>
<th>Total from PACs</th>
<th>Total from Individuals</th>
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