BIDEN FY22 BUDGET REQUEST INCLUDES ADVANCE APPROPRIATIONS AND $2.2 BILLION INCREASE FOR IHS

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On April 12, 2021 President Biden released his discretionary budget request for Fiscal Year (FY) 2022, pending a more detailed version in the coming months, which will include the funding recommendations for urban Indian health. This request includes $131.7 billion for the Department of Health and Human Services (HHS), a 23.5% increase from the 2021 enacted level, and **$8.5 billion in discretionary funding for the Indian Health Service (IHS), a $2.2 billion increase from FY21**. The additional $2.2 billion requested for IHS will go towards promoting health equity for American Indians/Alaska Natives (AI/ANs) and include Urban Indian Organization (UIO) consultation to evaluate options, including mandatory funding, to provide adequate, stable, and predictable funding for IHS in the future. **The proposal also includes an advance appropriation for IHS in FY23 to ensure a more predictable funding stream.**

In a press release on the budget, IHS Acting Director Elizabeth Fowler stated, "The budget request for the IHS is developed in close partnership with tribes, tribal organizations, urban Indian organizations, and other key stakeholders to ensure it reflects the evolving health needs of American Indian and Alaska Native people and communities."

Background and Next Steps

NCUIH has long advocated for advance appropriations for IHS to begin closing the funding disparities that have long hindered AI/AN communities. NCUIH has also requested inclusion of UIOs for urban confer with a philosophy of "no policies about us without us".

The Appropriations Committees will review the President's Budget for consideration as they craft their bills for FY23. NCUIH has requested $200.5 million forFY23 for urban Indian health with at least $12.759 billion for the Indian Health Service in accordance with the Tribal Budget Formulation Workgroup (TBFWG) recommendations. NCUIH will continue to work with the Biden Administration and Congress to push for full funding of urban Indian health in FY22.

Overview of Budget Request

The budget request includes the following for health:

Department of Health and Human Services

- $131.7 billion for HHS, a $25 billion or 23.5% increase from the 2021 enacted level

Indian Health Service

- $8.5 billion in discretionary funding in 2022, an increase of $2.2 billion from 2021, $4.3 billion

less than requested by the TBFWG
- Includes an advance appropriation in 2023 (longstanding priority of NCUIH)

Centers for Disease Control and Prevention

- $8.7 billion in discretionary funding, an increase of $1.6 billion over the 2021 enacted level
    - Promotes Health Equity by Addressing Racial Disparities
        - $153 million for CDC's Social Determinants of Health program, an increase of $150 million over the 2021 enacted level, to support all States and Territories in improving health equity and data collection for racial and ethnic populations.
    - Advances the Goal of Ending the Opioid Crisis
        - $10.7 billion, an increase of $3.9 billion over the 2021 enacted level, to support research, prevention, treatment, and recovery support services, with targeted investments to support populations with unique needs, including Native Americans, older Americans, and rural populations.
    - Commits to End the HIV/AIDS Epidemic
        - $670 million, an increase of $267 million over the 2021 enacted level, to support the critical effort to end the HIV/AIDS epidemic in the United States. Investments in CDC, the Health Resources and Services Administration (HRSA), the Indian Health Service (IHS), and NIH aim to reduce new HIV cases aggressively while increasing access to treatment, expanding use of pre-exposure prophylaxis (also known as PrEP), and ensuring equitable access to services and supports.
    - Provides Funding to Reduce the Maternal Mortality Rate and End Race-Based Disparities in Maternal Mortality
        - $200 million to reduce maternal mortality and morbidity rates for Black and American Indian/Alaska Native women nationwide, bolster Maternal Mortality Review Committees, expand the Rural Maternity and Obstetrics Management Strategies program, help cities place early childhood development experts in pediatrician offices with a high percentage of Medicaid and Children's Health Insurance Program patients, implement implicit bias training for healthcare providers, and create State pregnancy medical home programs.
    - Addresses the Public Health Epidemic of Gun Violence in America
        - $100 million for CDC to start a new Community Based Violence Intervention initiative—in collaboration with Department of Justice—to implement evidence-based community violence interventions locally in communities of color, as Black men make up six percent of the population but over 50 percent of gun homicide victims, and American Indians/Alaska Natives and Latinos are also disproportionately impacted.

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