

Tribal Budget Formulation Workgroup Releases FY24 IHS Funding Recommendations with \$974 Million for Urban Indian Health

Category: Policy Blog

written by Mary Jomia | October 19, 2022

Other priorities include permanent 100% FMAP to services provided at urban Indian organizations (UIOs) and UIO inclusion in the nationalization of the Community Health Aide Program.

On September 7, 2022, the Tribal Budget Formulation Workgroup (TBFWG) released its Fiscal Year (FY) 2024 budget recommendations for the Indian Health Service, entitled [*Advancing Health Equity Through the Federal Trust Responsibility: Full Mandatory Funding for the Indian Health Service and Strengthening Nation-to-Nation Relationships*](#). The FY 2024 National Tribal Budget Recommendation for the Indian Health Service (IHS) is full *mandatory* funding at \$51.42 billion, a 675.45% increase above the FY 2022 enacted amount of \$6.6 billion, and **full funding for urban Indian health at \$973.59**, a 1226% increase above the FY 2022 enacted amount of \$73.4 million. This stark increase compared to the current enacted amount demonstrates how far we have to go to reach the level of need for Indian health.

In addition, the recommendations include advance appropriations for IHS in all budget requests at no less than \$9.1 billion for IHS until mandatory funding is enacted; permanent reauthorization of the Special Diabetes Program for Indians (SDPI) with increased funding to \$250 million per year; and dedicated funding be provided to implement the new authorities and provisions of the Indian Health Care Improvement Act (IHCIA).

- [**FY2024 Tribal Budget Formulation Workgroup Recommendations**](#)

The TBFWG stated:

“UIOs receive direct funding primarily from one line item — urban Indian health — and do not receive direct funds from other distinct IHS line items, including the Hospital and Health Clinics, Mental Health, Alcohol and Substance Abuse, Indian Health Care Improvement Fund, Health Education, Indian Health Professions, or any of the line items under the IHS Facilities account. Due to historically low funding levels for urban Indian health, UIOs are chronically underfunded. Full funding of UIOs will directly benefit urban AI/ANs that rely on UIOs to access care.”

Other TBFWG priorities for Urban Indian Health were:

- Increased funds for UIO facilities
- UIOs eligibility for cost-saving measures available to the other components of the IHS/Tribal/Urban system, including, among others, Community Health Aide Program (CHAP), and permanent 100% Federal Medical Reimbursement Percentage (FMAP) for services

provided at UIOs.

- Retain eligibility for IHS UIOs to participate in grant programs
- No funding from Urban Indian Health line item withheld or reprogrammed from UIOs

Status of FY 2023 Appropriations

A Continuing Resolution was recently enacted on September 30 to avoid a government shutdown while Congress continues negotiations on the final FY 2023 appropriations bill, extending current funding levels for all normal government programs until December 16, 2022. UIOs must continue to operate on less than the FY 2022 funding levels for FY 2023 despite rising costs of healthcare. On July 28, 2022, former Acting Director of IHS, Liz Fowler, stated in her [testimony](#) before the House Natural Resources Subcommittee for Indigenous Peoples, “While the IHS has received an exception apportionment to provide the full-year recurring base amounts to Tribal Health Programs operating their own programs through ISDEAA Title I contracts and Title V compacts since FY 2020, this option is not available during government shutdowns, and it is not available at all to IHS-operated health programs, or Urban Indian Organizations. As a result, Direct Service tribes, and American Indians and Alaska Natives served by Urban Indian Organizations are disproportionately affected by disruptions in federal appropriations.”

For FY 2023, which has not been funded yet, the [House](#) passed \$8.1 billion for IHS and \$200 million for urban Indian health and the [Senate](#) proposed \$7.38 billion for IHS and \$80.4 million for urban Indian health. While the House failed to include advance appropriations for IHS, the Senate provides \$5.577 billion of advance appropriations for IHS for FY 2024.

About the IHS Budget Process and the Tribal Budget Formulation Workgroup:

The annual budget request of the IHS is the result of the budget formulation and consultation process that involves IHS, Tribal, and urban Indian health program representatives and providers from the local to the national level.

[The TBFWG consists of two Tribal representatives from each of the 12 IHS Areas. Additional representatives from Indian organizations, participate in the workgroup at the discretion of the Director of IHS.](#) The workgroup provides input and guidance to the IHS Headquarters budget formulation team throughout the remainder of the budget formulation cycle for that fiscal year. The workgroup prepares the final set of tribal budget recommendations with an accompanying testimony on the results of the national budget work session and presents to the IHS Director as well as to the Department of Health and Human Services (HHS) senior officials at the annual HHS Tribal Consultation meeting.