

# [Final FY2023 Omnibus Bill Includes Advance Appropriations for the Indian Health Service and Several Other Priorities](#)

Category: Policy Blog

written by NCUIH | January 9, 2023

**The bill includes \$6.96 billion for IHS and \$90.42 million for urban Indian health.**

On December 29, 2022, the *Consolidated Appropriations Act, 2023* ([H.R. 2617](#)) for fiscal year (FY) 2023, also known as the ‘omnibus,’ was signed into law by President Biden. This follows a third continuing resolution for FY2023 through December 30. The bill passed in the Senate with a 68-29 vote followed by a House passage of a 221-205-1 vote. The 4,155-page omnibus bill **authorizes \$6.96 billion for the Indian Health Service (IHS)** for FY 2023, a \$360 million increase above the FY 2022 enacted level; **advance appropriations for IHS totaling \$5.13 billion** for FY 2024; and **\$90.42 million for urban Indian health** for FY 2023. In addition, the final package includes increased funding to expand behavioral health services and programs eligible to urban Indian organizations (UIOs).

The National Council of Urban Indian Health (NCUIH) has long advocated for larger investments in American Indian and Alaska Native (AI/AN) health care and has called on Congress to strengthen its commitment to Indian Country with increased funding in the FY 2023 appropriations. Unfortunately, despite robust NCUIH advocacy, the bill does not include an extension of 100% Federal Medical Assistance Percentage (FMAP) for UIOs or an Urban Confer policy with the Department of Health and Human Services (HHS). NCUIH will continue to advocate for these priorities in future legislation.

The Tribal Budget Formulation Workgroup (TBFWG), a national workgroup that identifies annual Tribal funding priorities, requested full funding for IHS at \$49.9 billion and \$949.9 million for urban Indian health. While the bill provides a key Indian Country request for advance appropriations for IHS, unfortunately, the final amount still falls short of fully funding IHS so that the agency can properly provide health care services for all AI/ANs.

To read NCUIH’s joint press release with the National Indian Health Board (NIHB) and the National Congress of American Indians (NCAI) on the inclusion of IHS advance appropriations in the omnibus, click [here](#).

## Bill Text:

- [Full legislative text of the Consolidated Appropriations Act, 2023](#)
- [Explanatory Statement \(Report\) for FY2023 Interior \(Division G\)](#)
- [Explanatory Statement \(Report\) for FY2023 LHHS Part 1 \(Division H\)](#)

## Overview of IHS and Urban Indian Health Requests

Line Item	FY22 Enacted	FY23 TBFWG Request	FY23 President’s Budget	FY23 House Passed	FY23 Senate Proposed	FY23 Omnibus
Urban Indian Health	\$73.43 million	\$949.9 million	\$112.5 million	\$200 million	\$80.4 million	\$90.4 million

Indian Health Service	\$6.6 billion	\$49.8 billion	\$9.3 billion - Mandatory funding*	\$8.1 billion	\$7.38 billion	\$6.9 billion
Advanced Appropriations	-----	-----	-----	-----	\$5.6 billion	\$5.1 billion
Hospitals and Clinics	\$2.3 billion	\$8.66 billion	\$3.4 billion	\$2.8 billion	\$2.8 billion	\$2.5 billion
TECs	\$24.4 million	\$24.4 million	\$24.8 million	\$34.4 million	\$34.4 million	\$34.4 million
EHRs	\$145 million	\$451 million	\$284.5 million	\$284.5 million	\$217.5 million	\$217.5 million
CHRs	\$63.6 million	\$1.4 billion	\$68.8 million	\$65.2 million	\$67 million	\$65.2 million
Direct Operations	\$95 million	\$98.4 million	\$115.4 million	\$135.4 million	\$103.8 million	\$103.8 million
Mental Health	\$121.9 million	\$3.9 billion	\$199.1 million	\$130 million	\$127.1 million	\$127.1 million
BIA MMIW	\$24.9 million	-----	-----	\$25.1 million	\$25.1 million	\$25.1 million

### Key Provisions for IHS, Tribal Organizations, and UIOs

- \$6.9 billion for IHS for FY 2023
- \$90.4 million for urban Indian health for FY 2023
- \$5.1 billion for **Advance Appropriations for FY 202**
- \$24 million for the Good Health and Wellness in Indian Country Program
- \$15.6 million to make payments under the National Health Service Corps Loan Repayment program
- \$80 million authorized to be appropriated through FY2023-FY2027 for Native Behavioral Health Access Grants
- Reauthorizes and establishes scheduled funding increases for the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) and doubles the **Tribal set-aside from 3% to 6% for the Tribal Home Visiting Program**
- Fully funds Contract Support Costs and Payments for Tribal Leases

### Analysis

#### Urban Indian Health

- \$90,419,000 for urban Indian health for FY 2023

#### Indian Health Service

- \$5,129,458,000 in advance appropriations for IHS for FY 2024
- \$6,958,223,000 in agency funding for IHS in FY 2023
  - Indian Health Services - \$4,890,282,000
- Hospitals and Health Clinics - \$2,503,025,000
- Tribal Epidemiology Centers (TECs) - \$34,400,000
- Electronic Health Records (EHRs) - \$217,564,000
- Community Health Representative (CHRs) - \$65,212,000
- Mental health - \$127,171,000
- Direct Operations - \$103,805,000
- Indian Health Care Improvement Fund - \$74,138,000
- Indefinite appropriation to fully fund Contract Support Costs at \$969,000,000 for FY 2023

- Indefinite appropriation to fully fund payments for 105(l) leases at \$111,000,000 for FY 2023
- Funds Indian Health Facilities at \$958,553,000

## **Health and Human Services (HHS)**

### ***Health Resources and Services Administration (HRSA)***

- Native Hawaiian Health Care
  - \$27,000,000
- National Health Service Corps (NHSC)
  - \$15,600,000 to Indian Health Service facilities, Tribally Operated Health Programs, and Urban Indian Health Programs to make payments under the NHSC loan repayment program.
- Center of Excellence for Eating Disorders - Screening and Referrals
  - \$1,000,000 through FY 2027
    - Funding for training and technical assistance to primary and behavioral health providers and non-clinical community support workers to identify treatment and provide ongoing support to individuals with eating disorders

### ***Centers for Disease Control and Prevention (CDC)***

- Good Health and Wellness in Indian Country (GHWIC)
  - \$24,000,000
- Minority HIV/AIDS Prevention and Treatment Program
- \$5,000,000 Tribal set-aside under the Minority HIV/AIDS Prevention and Treatment Program

### ***Important Behavioral and Mental Health Provisions (Restoring Hope For Mental Health And Wellbeing)***

- Medication-Assisted Treatment for Prescription Drug and Opioid Addiction
  - \$14,500,000
- Peer-Supported Mental Health Services
  - \$13,000,000 for each of fiscal years 2023 through 2027
    - A new grant program with direct UIO eligibility
- Infant and Early Childhood Mental Health Promotion, Intervention and Treatment
  - \$50,000,000 for fiscal years 2023 through 2027
- Behavioral Health and Substance Use Disorder Resources for Native Americans
  - \$80,000,000
  - Ensures HHS consult with Indian Tribes and Tribal organizations, **confer with UIOs**, and engage with Native Hawaiian health organization regarding the administration of funding
- Mental and Behavioral Health Education and Training Grants
  - \$31,700,000 for each fiscal year 2023-2027
    - The training demonstration has I/T/U eligible entities
- State Opioid Response (SOR) Grants
  - \$55,000,000
  - UIOs not eligible
- Tribal Behavioral Health grant (formally known as Native Connections)
- Reauthorized for fiscal years 2023 through 2027

### **Bureau of Indian Affairs (BIA)**

- Missing and Murdered Indigenous Women (MMIW)

- \$24,898,000 for Law Enforcement Special Initiatives, of which an additional \$5,000,000 is to continue addressing the MMIW effort
- Mental Health and Suicide Prevention Outreach to Minority Veterans and American Indian and Alaska Native Veterans
  - that each VA medical center has a **full-time minority veteran coordinator who must receive training in the delivery of culturally appropriate mental health and suicide prevention services** to AI/AN veterans
- Tribal Home Visiting Program and Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)
  - Reauthorizes and establishes scheduled funding increases for the MIECHV and doubles the set-aside from 3% to 6% for the Tribal Home Visiting Program
  - **\$500,000,000** starting grant base in FY23, scheduled **funding increases of \$50,000,000** through FY 2027
- Native Boarding School Initiative
  - \$19,409,000 is for Assistant Secretary support, which maintains funding to implement the PROGRESS Act, the Diversity and Inclusion program for BIA and OST, **and the Native boarding school initiative**
- Violence Against Women Act (VAWA) - \$25,000,000
  - \$500,000 is for a national clearinghouse that provides training and technical assistance on issues relating to sexual assault of AI/AN women
  - \$11,000,000 is to assist tribal exercising special Tribal criminal jurisdiction
  - \$3,000,000 is for an initiative to support cross-designation of Tribal prosecutors as Tribal Special Assistant United States Attorneys

Topic	Section	Funding	Language
<b>Urban Indian Health</b>	Urban Indian Health	\$90,419,000	<a href="#">Pg. 69</a> “The agreement includes \$90,419,000 for the Urban Indian health program, which includes the reallocation of former NIAAA funds.”

<b>Indian Health Service (IHS)</b>	Advanced Appropriations	\$5,129,458,000	<a href="#">Pg.67</a> “The agreement provides advance appropriations for the Indian Services and Indian Health Facilities accounts totaling \$5,129,458,000 for fiscal year 2024.”
	IHS Funding	\$6,958,233,000	<a href="#">Pg.67:</a> “The bill provides a total of \$6,958,233,000 for the Indian Health Service (IHS )”
	Indian Health Services	\$4,890,282,000	<a href="#">Pg.67:</a> “The bill provides a total of \$6,958,233,000 for the Indian Health Service (IHS ), of which \$4,890,282,000 is for the Services account”
	Hospitals and Clinics	\$2,503,025,000	<a href="#">Pg.68</a> “The agreement provides \$2,503,025,000 for Hospitals and Health Clinics, which includes an additional \$10,000,000 for Tribal epidemiology centers, \$2,000,000 for village built clinics, and an additional \$1,000,000 to improve maternal health. This amount also includes requested reallocation of prior year staffing funds for the Phoenix Indian Medical Center, Cherokee Nation, and United Keetoowah Band. The agreement maintains funding at fiscal year 2022 enacted levels for the Alzheimer’s program and Produce Prescription Pilot program. The agreement also continues funding at the fiscal year 2022 enacted levels for the domestic violence prevention program, accreditation emergencies as discussed in the House report, health information technology, healthy lifestyles in youth project, and the National Indian Health Board cooperative agreement.”
	TECs	\$34,433,361	<a href="#">Pg. 68</a> “The agreement provides \$2,503,025,000 for Hospitals and Health Clinics, which includes an additional \$10,000,000 for Tribal epidemiology centers, \$2,000,000 for village built clinics, and an additional \$1,000,000 to improve maternal health.”
	EHRs	\$217,564,000	<a href="#">Pg. 69</a> “The agreement provides \$217,564,000 for Electronic Health Records (EHR), which includes an increase for uses as requested.”
	CHRs	\$65,212,000	<a href="#">Pg. 274:</a> See Chart for Language
	Mental Health	\$127,171,000	<a href="#">Pg. 69</a> “The bill provides \$127,171,000 for Mental Health, which continues funding at fiscal year 2022 enacted levels for the behavioral health integration initiative, for suicide prevention, and for the Tele-behavioral Health Center of Excellence and includes the requested reallocation of staffing funds”
	Direct Operations	\$103,805,000	<a href="#">Pg. 70</a> “The bill provides \$103,805,000 for direct operations, which includes an increase of \$5,000,000 for quality and oversight, for uses as requested, and an increase of \$1,000,000 for management and operations.”
	Indian Health Care Improvement Fund	\$74,138,000	<a href="#">Pg. 274:</a> See Chart for Language
	Contract Support Costs	\$969,000,000	<a href="#">Pg. 70:</a> “The bill continues language from fiscal year 2022 providing an indefinite appropriation to fully fund contract support costs, which are estimated to be \$969,000,000 in fiscal year 2023.”
	105(l) leases	\$111,000,000	<a href="#">Pg. 74:</a> “The bill continues language from fiscal year 2022 providing an indefinite appropriation to fully fund payments for Tribal leases, which are estimated to be \$111,000,000 in fiscal year 2023.”
	Indian Health Facilities	\$958,553,000	<a href="#">Pg. 70</a> “The bill provides \$958,553,000 for Indian Health Facilities.
Costs for accreditation emergencies and supplementing activities funded under the heading “Indian Health Facilities”	\$58,000,000	<a href="#">Pg.878:</a> “That of the funds provided, \$58,000,000 shall be for costs related to or resulting from accreditation emergencies, including supplementing activities funded under the heading “Indian Health Facilities,” of which up to \$4,000,000 may be used to supplement amounts otherwise available for Purchased/ Referred Care”	

<b>Health and Human Services (HHS)</b>	HRSA— Hawaiian Health Care Program	\$27,000,000	<a href="#">Pg.10</a> The agreement includes no less than \$27,000,000 for the Native Hawaiian Health Care Program, of which not less than \$10,000,000 shall be provided to Papa Ola Lokahi for administrative purposes authorized under 42 U.S.C. 11706, including to expand research and surveillance related to the health status of Native Hawaiians and strengthen the capacity of the Native Hawaiian Health Care Systems.”
	HRSA— NHSC Loan Repayment Program	\$15,600,000	<a href="#">Pg. 991:</a> “That, within the amount made available in the previous provision, \$15,600,000 shall remain available until expended for the purposes of making payments under the NHSC Loan Repayment Program under section 338B of the PHS Act to individuals participating in such program who provide primary health services in Indian Health Service facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs (as those terms are defined by the Secretary), notwithstanding the assignment priorities and limitations under section 333(b) of such Act”
	CDC— Good Health and Wellness in Indian Country	\$24,000,000	<a href="#">Pg. 33:</a> See Chart for Language
	CDC— Minority HIV/AIDS Prevention and Treatment Program	\$5,000,000	<a href="#">Pg.130</a> Tribal Set-aside.-The agreement includes an increase of \$2,000,000 for a Tribal set-aside within the Minority HIV/AIDS Prevention and Treatment program.
<b>Important Behavioral and Mental Health Provisions (Restoring Hope For Mental Health And Wellbeing)</b>	Medication-Assisted Treatment for Prescription Drug and Opioid Addiction	\$14,500,000	<a href="#">Pg. 104</a> “The agreement directs SAMHSA to ensure that these grants include as an allowable use the support of medication-assisted treatment and other clinically appropriate services to achieve and maintain abstinence from all opioids, including programs that offer low-barrier or same day treatment options. Within the amount provided, the agreement includes \$14,500,000 for grants to Indian Tribes and Tribal Organizations.”
	Peer-Supported Mental Health Services	\$13,000,000 for FY23-FY27	<a href="#">Pg. 3067</a> “There is authorized to be appropriated to carry out this section \$13,000,000 for each of fiscal years 2023 through 2027.”
	Infant and Early Childhood Mental Health Promotion, Intervention and Treatment	\$50,000,000 for FY23-FY27	<a href="#">Pg. 3177</a> “in subsection (g) (as redesignated by paragraph (1)), by striking “\$20,000,000 for the period of fiscal years 2018 through 2022” and inserting “\$50,000,000 for the period of fiscal years 2023 through 2027”.
	Behavioral Health and Substance Use Disorder Resources for Native Americans	\$80,000,000 for FY23-FY27	<a href="#">Pg. 3072</a> “There are authorized to be appropriated to carry out this section, \$80,000,000 for each of fiscal years 2023 through 2027.”
	Mental and Behavioral Health Education and Training Grants	\$31,700,000 for FY23-FY27	<a href="#">Pg. 3171</a> “\$10,000,000 for each of fiscal years 2018 through 2022” and \$31,700,000 for each of fiscal years 2023 through 2027”
	State Opioid Response (SOR) Grants	\$55,000,000	<a href="#">Pg. 1016:</a> “That of such amount \$55,000,000 shall be made available to Indian Tribes or tribal organizations”
	Tribal Behavioral Health grant (formally known as Native Connections)	Reauthorized	<a href="#">Pg. 3044:</a> “PRIORITY MENTAL HEALTH NEEDS OF REGIONAL AND NATIONAL SIGNIFICANCE.—Section 520A of the Public Health Service Act (42 U.S.C. 290bb-32) is amended [...] (2) in subsection (f), by striking “\$394,550,000 for each of fiscal years 2018 through 2022” and inserting “\$599,036,000 for each of fiscal years 2023 through 2027”.”

Bureau of Indian Affairs (BIA) and Bureau of Indian Education at the Department of the Interior (DOI)	for Law Enforcement Special Initiatives - MMIW Effort	\$25,094,000	<a href="#">Pg.37</a> “The agreement includes \$25,094,000 for Law Enforcement Special Initiatives, which continues funding at enacted levels for the MMIW Tribal Public Safety initiative, Tiwahe recidivism initiative, equipment to collect and preserve evidence at crime scenes, and victim witness specialists.”
	Native Boarding School Initiative	\$19,409,000	<a href="#">Pg.37</a> “The bill includes \$263,766,000 for Executive Direction and Administrative Services, of which: \$19,409,000 is for Assistant Secretary support, which maintains funding to implement the PROGRESS Act, the Diversity and Inclusion program for BIA and OST, and the Native boarding school initiative.”
	Mental Health and Suicide Prevention Outreach to Minority Veterans and American Indian and Alaska Native Veterans	N/A	<a href="#">Pg.2652</a> “Not later than 180 days after the date of the enactment of this Act, the Secretary, in consultation December 19, 2022 with the Director of the Office of Mental Health and Suicide Prevention, shall ensure that the suicide prevention coordinator and minority veteran coordinator of each medical center of the Department have developed and disseminated to the director of the medical center a written plan for conducting mental health and suicide prevention outreach to all tribes and urban Indian health organizations within the catchment area of the medical center.”
	Tribal Home Visiting Program and Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)	<b>\$500,000,000</b> starting grant base in FY23, scheduled <b>funding increases of \$50,000,000</b> through FY 2027. Doubles the set-aside from 3% to 6% for the Tribal Home Visiting Program	<a href="#">Page 3883:</a> “(B) in subparagraph (A)— (i) by striking “3” and inserting “6”; (ii) by inserting “and administering” before “grants”;
Violence Against Women Act (VAWA)	National clearinghouse that provides training and technical assistance on issues relating to sexual assault of AI/AN women	\$500,000	<a href="#">Pg. 178</a> “\$500,000 is for a national clearinghouse that provides training and technical assistance on issues relating to sexual assault of American Indian and Alaska Native women.”
	Assist tribal exercising special Tribal criminal jurisdiction	\$11,000,0000	<a href="#">Pg. 178</a> “\$11,000,000 is for programs to assist Tribal Governments in exercising special Tribal criminal jurisdiction, as authorized by section 204 of the Indian Civil Rights Act.”
	Initiative to support cross-designation of Tribal prosecutors as Tribal Special Assistant United States Attorneys	\$3,000,0000	<a href="#">Pg. 179</a> “\$3,000,000 is for an initiative to support cross-designation of tribal prosecutors as Tribal Special Assistant United States Attorneys.”

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