

President Biden Continues to Demonstrate Strong Commitment to Urban Indians, Proposes a 27% Increase for Urban Indian Health for FY 2024

Category: Policy Blog

written by Jeremy Grabiner | April 3, 2023

The FY 2024 budget request includes \$115 million for urban Indian health, a 27% increase over the FY 2023 enacted amount, mandatory funding through FY 2033, and an IHS exemption from sequestration.

On March 17, 2023, the Indian Health Service (IHS) published their Fiscal Year (FY) 2024 Congressional Justification with the full details of the President’s Budget, **which includes \$115 million for urban Indian health - a 27% increase above the FY 2023 enacted amount of \$90.42 million.** The President’s proposal included a total \$144.3 billion in discretionary funding for the Department of Health and Human Services (HHS) and \$9.7 billion in total funding for IHS—which maintains the \$5.1 billion in advance appropriations enacted in the FY 2023 omnibus and includes \$1.6 billion in proposed mandatory funding for Contract Support Costs, Section 105(l) Leases, and the Special Diabetes Program for Indians.

The budget proposes full mandatory funding for IHS from FY 2025 to FY 2033 to the amount of \$288 billion over ten-years, as well as exempting IHS from sequestration. This mandatory formula would culminate in \$44 billion for IHS in FY 2033, to account for inflation, staffing increases, long-COVID treatment, and construction costs. This move from discretionary to mandatory funding is essential as noted in the IHS Congressional Justification, “While the progress achieved through the enactment of advance appropriations will have a lasting impact on Indian Country, funding growth beyond what can be accomplished through discretionary spending is needed to fulfill the federal government’s commitments to Indian Country.”

- [President’s FY 2024 Budget](#)
- [IHS FY 2024 Congressional Justification](#)
- [NCUIH Analysis of President’s FY 2024 Budget](#)

Line Item	FY22 Enacted	FY23 Enacted	FY24 Tribal Request	FY24 President’s Budget
Urban Indian Health	\$73.43 million	\$90.42 million	\$973.6 million	\$115 million
Indian Health Service	\$6.6 billion	\$6.9 billion	\$51.4 billion	\$9.7 billion
Advance Appropriations	-----	\$5.13 billion	-----	-----
Hospitals and Clinics	\$2.3 billion	\$2.5 billion	\$12.2 billion	\$3.5 billion
Tribal Epidemiology Centers	\$24.4 million	\$34.4 million	-----	\$34.4 million
Electronic Health Record System	\$145 million	\$217.5 million	\$491.9 million	\$913.1 million
Community Health Representatives	\$63.6 million	\$65.2 million	\$1.2 billion	\$74.5 million
Mental Health	\$121.9 million	\$127.1 million	\$3.4 billion	\$163.9 million

Cancer Moonshot Initiative	-----	-----	\$108 million
HIV & Hepatitis	-----	-----	\$47 million

The National Council of Urban Indian Health (NCUIH) [requested](#) full funding for urban Indian health for FY 2024 at \$973.59 million and at least \$51.42 billion for IHS in accordance with the Tribal Budget Formulation Workgroup (TBFWG) recommendations. The marked increase for FY 2024 is due to Tribal leaders’ budget recommendations to address health disparities that have historically been ignored. The Congressional Justification states the importance of addressing these disparities, “The COVID-19 experience in Indian Country illustrates the urgent need for large-scale investments to improve the overall health status of AI/ANs and ensure that the disproportionate impacts experienced during the pandemic are never repeated.”

Overview of Budget

Key Provisions for IHS, Tribal Organizations, and Urban Indian Organizations (UIOs)

- \$9.7 billion for IHS for FY 2024
- \$115 million for urban Indian health for FY 2024
- \$5.1 billion in Advance Appropriations for FY 2024
- \$1.2 billion in mandatory funding for Contract Support Costs
- \$153 million in mandatory funding for Section 105(l) Leases
- \$250 million in mandatory funding for Special Diabetes Program for Indians (SDPI)

Other Budget Highlights

- Addressing Targeted Public Health Challenges
 - \$47 million for HIV and Hepatitis C.
 - UIOs eligible
 - \$3 million for improving maternal health.
 - UIOs eligible
 - \$9 million for addressing opioid use.
 - UIOs eligible
- Cancer Moonshot Initiative
 - \$108 million
 - Develops a coordinated public health and clinical cancer initiative to implement best practices and prevention strategies to address the incidence of cancer and mortality among AI/ANs.
 - UIOs eligible
- Division of Telehealth
 - \$10 million
 - Manages and oversees a comprehensive telehealth program at IHS that will expand telehealth services, develop governance structures, provide training to users, and integrate with clinical services.
- Division of Graduate Medical Education
 - \$4 million
 - Expands and supports Graduate Medical Education programs to create a pathway for future physicians to address longstanding vacancy issues at IHS.
- Indian Health Professions
 - \$13 million
 - Offers additional IHS Scholarship and Loan Repayment awards, bolstering

recruitment and retention efforts through these two high demand programs.

- UIOs eligible

Legislative Proposal

Once again, the legislative proposal to amend federal law to permit the U.S. Public Health Service Commissioned Officers to be detailed to UIOs was proposed. This amendment to the Public Health Service Act would provide IHS the discretionary authority to detail officers directly to an UIO to perform work related to the functions of HHS.

Currently, there are 1,614 officers of the U.S. Public Health Service assigned to IHS. There are only 5 of these officers who are assigned to States, who have duty stations at UIOs.

The permittance of officers to be detailed directly to UIOs addresses the staff shortage that hinders the capacity of UIOs to improve access to health care for urban Natives. The strengthening of the IHS workforce will contribute to better health outcomes and reduce disparities.

Background and Advocacy

On March 9, 2023, President Biden released his budget request for Fiscal Year 2024, pending the more detailed IHS budget request released on March 17, including the funding recommendation for urban Indian Health.

On March 9, 2023, NCUIH Chief Executive Officer, Francys Crevier (Algonquin), testified before and submitted public witness written testimony to the House Appropriations Subcommittee on Interior, Environment, and Related Agencies regarding FY 2024 funding for UIOs. NCUIH requested funding in accordance with the requests of the TFWG at funding levels of \$973.59 million for urban Indian health and \$51.42 billion for IHS, maintain advance appropriations until mandatory funding is achieved, and appropriate \$80 million the Native Behavioral Health Resources Program. On March 24, NCUIH sent a letter to House Appropriations leadership, Chair Kay Granger and Ranking Member Rosa DeLauro, reiterating these requests

- [NCUIH Appropriations Testimony](#)
- [Watch Full Appropriations Hearing](#)
- [NCUIH Press Release of FY 2024 Appropriations Hearing](#)
- [NCUIH Letter to the Appropriations Committee](#)

Next Steps

The Appropriations Committees will review the President's Budget for consideration as they craft their bills for FY 2024. NCUIH will continue to work with the Biden Administration and Congress to push for full funding of urban Indian health in FY 2024.