

House Committee Advances Health Spending Bill with Increases for Indian Country Programs

Category: Policy Blog

written by Emily Larsen | July 16, 2024

On July 10, 2024, the House Appropriations Full Committee passed the Fiscal Year (FY) 2025 appropriations bill for Labor, Health, and Human Services (LHHS), which was previously approved by the House LHHS subcommittee on June 27, 2024. The bill appropriates \$107 billion for Health and Human Services (HHS), which is \$8.5 billion below the FY24 levels and \$14 billion below the President's request. Despite the sizeable cut to the LHHS spending bill and reducing funding for nearly every account to below FY24 enacted levels, Indian Country priorities received increases. The cuts to the LHHS budget are partly due to the Appropriations Leadership reallocating funds from the LHHS bill to the Interior-Environment bill to meet the mandated increases as result of the recent [Supreme Court decision](#) on contract support costs (CSCs).

Next Steps

The bill will now be sent to the House floor for a vote. A vote is expected to be scheduled in the next two weeks. In addition, the Senate is working on their own Labor, Health and Human Services spending bill. NCUIH will continue to advocate to protect funding for Indian Country and maintain funding levels passed by the House of Representatives.

- [Bill Text](#)
- [Bill Report](#)
- [Bill Summary](#)

Funding Increases for Programs to Improve Cancer Outcomes, Health & Wellness, Behavioral Health, Substance Use, and Workforce in Indian Country

Key provisions of the bill include:

- \$15 million for the Improving Native American Cancer Outcomes program, an increase of \$9 million from FY24
- \$30 million for the Good Health and Wellness in Indian Country program, a \$6 million increase from FY24
- \$27.75 million for Tribal Behavioral Health Grants (Native Connections), a \$5 million increase from FY24
- \$16.5 million for grants for Tribes and Tribal Organizations for Medication-Assisted Treatment for Prescription Drug and Opioid Addiction
- Increases the Tribal set aside for Indian Health Service facilities, Tribally operated health programs, and Urban Indian Health Programs for the National Health Service Corps loan repayment program to 15%.

Funding Cuts for HIV/AIDS Programs

Unfortunately, the bill also includes severe cuts to HIV/AIDS funding. During the Full Appropriations Committee markup, Representative Barbara Lee (D-CA-12) stated “The bill would slash HIV/AIDS prevention research program by a shocking 21% and limit the amount of research the office of AIDS research is able to carry out. Eliminates the Ending the HIV Epidemic initiative, zeros out funding for the Ryan White project of national significance grants. Reduce minority AIDS funding at HHS and eliminate minority AIDS funding at SAMHSA.” While the bill reduces the Minority HIV/AIDS fund by \$15 million to \$45 million, it increases the Tribal set-aside by \$1 million, bringing the total to \$6 million. Many UIOs receive funding through these programs and would be greatly impacted by any loss in funding, and thus affecting health equity for urban Natives. NCUIH will continue to advocate for additional HIV/AIDS funding as the appropriations process continues.

Self-Governance at HHS

The Committee also directed the Department of Health and Human Services to extend self-governance to all programs at HHS that are critical to Tribes. The bill report states “For over forty years, Indian Tribes have proven that utilizing self-governance through the Indian Self-Determination and Education Assistance Act in Federal funding is a successful approach for improving program performance. For decades, Indian Tribes have requested the Department to expand this authority beyond the Indian Health Service to other critical HHS programs serving Tribes. Over twenty years, multiple reports and workgroups have produced evidence of the feasibility of the expansion of self-determination and self-governance within the Department. The Committee directs HHS to work with Tribal representatives to provide a plan for the expansion of self-governance at HHS including specific actions the Department can take to advance this process. Such plan is due within 180 days of enactment of this Act. In addition, the Department shall report to the Committee the amount of funding that is going to Indian Tribes for the 4 largest block grants administered by HHS within 90 days of enactment of this Act.”

NCUIH Advocacy to Increase Funding for Indian Country Programs

NCUIH worked closely with Appropriators to advocate for increased funding for Indian Country. In [written testimony](#), NCUIH advocated for \$10 million for the Improving Native American Cancer Outcomes program, \$30 million for the Good Health and Wellness in Indian Country program, and to protect funding for HIV/AIDS treatment and prevention. The Committee showed significant support for Indian Country through this appropriations process.

Bill Highlights:

Line Item	FY 2024 Enacted	FY 2025 President's Budget Request	FY 2025 Committee Passed
Health Resources and Services Administration	\$8.9 billion	\$8.26 billion	\$7.64 billion
Substance Abuse and Mental Health Services Administration	\$7.4 billion	\$8.13 billion	\$7.54 billion
National Institute of Health	\$48.6 billion	\$50.77 billion	\$48.58 billion
Centers for Disease Control	\$9.2 billion	\$11.64 billion	\$7.45 billion

Good Health and Wellness in Indian Country	\$24 million	-----	\$30 million
Improving Native American Cancer Outcomes	\$6 million	-----	\$15 million
Ryan White HIV/AIDS Program	\$2.57 billion	\$2.58 billion	\$2.38 billion
Ending the HIV Epidemic	\$165 million	\$175 million	\$0
Minority HIV/AIDS Fund	\$60 million	\$60 million	\$45 million
Minority HIV/AIDS Fund - Tribal Set Aside	\$5 million	-----	\$6 million
Tribal Behavioral Health Grants (Native Connections)	\$23.65 million	\$23.65 million	\$27.75 million

Health Resources and Services Administration

Health Resources and Services Administration: \$7.64 billion

- Bill report pg. 30: The Committee recommendation for HRSA includes \$7,373,110,000 in discretionary budget authority and \$266,727,000 in mandatory funding.

Ryan White HIV/AIDS Program: \$2.38 billion

- Bill report pg. 48: The Ryan White Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) program funds activities to address the care and treatment of persons living with HIV/AIDS who need assistance to obtain treatment. The program provides grants to States and eligible metropolitan areas to improve the quality, availability, and coordination of health care and support services to include access to HIV-related medications; grants to service providers for early intervention outpatient services; grants to organizations to provide care to HIV infected women, infants, children, and youth; and grants to organizations to support the education and training of health care providers.

Federal Office of Rural Health Policy: \$400.9 million

- Bill report pg. 50: The Federal Office of Rural Health Policy's (FORHP) programs provide funding to improve access, quality, and coordination of care in rural communities; for research on rural health issues; for technical assistance and recruitment of health care providers; for screening activities for individuals affected by the mining, transport, and processing of uranium; and for the outreach and treatment of coal miners and others with occupation-related respiratory and pulmonary impairments.

Native Hawaiian Health Care Program: \$27 million

- Bill report pg. 32: The Committee continues \$27,000,000 for the Native Hawaiian Health Care Program. Of the total amount appropriated for the Native Hawaiian Health Care Program, not less than \$10,000,000 shall be provided to Papa Ola Lokahi for administrative purposes authorized under 42 U.S.C. 11706, including expanded research and surveillance related to the health status of Native Hawaiians and strengthening the capacity of the Native Hawaiian Health Care Systems.

National Health Service Corps: \$130 million

- Bill report pg: 36 The Committee includes \$130,000,000, which is \$1,400,000 above the fiscal year 2024 enacted level and \$4,400,000 above the fiscal year 2025 budget request, for the National Health Service Corps (NHSC) to support competitive awards to health care providers dedicated to working in underserved communities in urban, rural, and Tribal areas.
 - *Tribal Set Aside.*—The Committee also includes a set aside of 15 percent within the discretionary total provided for NHSC to support awards to participating individuals that provide health services in Indian Health Service facilities, Tribally-operated health programs, and Urban Indian Health programs.

National Center of Excellence for Eating Disorders: \$5 million

- Bill report pg. 133: The Committee provides \$5,000,000 to improve the availability of health care providers to respond to the needs of individuals with eating disorders including the work of the National Center of Excellence for Eating Disorders to increase engagement with primary care providers, including pediatricians, to provide specialized advice and consultation related to the treatment of eating disorders. The Committee provides additional funding to support the development, in coordination with the departments of Defense and Veterans Affairs, of a Screening, Brief Intervention and Referral to Treatment model for service members, veterans, and their families.

Centers for Disease Control and Prevention

Good Health and Wellness in Indian Country: \$30 million

- \$30 million for Good Health and Wellness in Indian Country for FY 2025. The recommendation is \$15 million above FY24 enacted levels.

Office of the Secretary - General Departmental Management

Minority HIV/AIDS Fund: \$45 million - Tribal Set Aside: \$6 million

- Bill report pg. 196: The Committee includes \$45,000,000 for the Minority HIV/AIDS Fund (MHAF), which is \$15,000,000 below the fiscal year 2024 enacted level and the fiscal year 2025 budget request.
 - Bill report pg: 196: Tribal Set Aside.—The Committee notes that according to the CDC, HIV-positive status among Native Americans is increasing and nearly one-in-five HIV-positive Native Americans is unaware of their status. In addition, only three-in-five receive care and less than half are virally suppressed. To increase access to HIV/AIDS testing, prevention, and treatment, the Committee increases the Tribal set aside within the MHAF to \$6,000,000, which is \$1,000,000 above the fiscal year 2024 enacted level.

Substance Abuse and Mental Health Services Administration

Substance Abuse and Mental Health Services Administration: \$7.54 billion

- Bill report pg: 124: The Committee recommendation for the Substance Abuse and Mental Health Services Administration (SAMHSA) program level includes \$7,398,400,000 in discretionary budget authority, \$131,667,000 in PHS Evaluation Tap Funding, and \$12,000,000 in transfers from the Prevention and Public Health Fund (PPHF).

Substance Abuse Prevention Services: \$203.17 million

- No report language.

Mental Health Services Block Grant: \$1.02 billion

- Bill report pg. 127: The Committee provides \$1,022,571,000 for the Mental Health Services Block Grant (MHBG) which is \$15,000,000 above the fiscal year 2024 enacted program level and \$20,000,000 below the fiscal year 2025 budget request. The MHBG provides funds to States to support mental illness prevention, treatment, and rehabilitation services. Funds are allocated according to a statutory formula among the States that have submitted approved annual plans. The Committee continues the 10 percent set aside within the MHBG for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders and the 5 percent set aside for crises-based services. The Committee notes that, consistent with State plans, communities may choose to direct additional funding to crises stabilization programs.

988 Suicide & Crisis Lifeline: \$519.62 million

- Bill report pg. 128: The Committee provides \$519,618,000 for the 988 Suicide & Crisis Lifeline, which is the same as the fiscal year 2024 enacted program level, to support the national suicide hotline to continue to support State and local suicide prevention call centers as well as a national network of backup call centers and the national coordination of such centers.

Substance Use Prevention, Treatment, and Recovery Services Block Grant: \$2.51 billion

- Bill report pg. 134: The Committee includes \$2,508,079,000, which is a \$500,000,000 increase to the fiscal year 2024 enacted program level, for the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant. The SUPTRS Block Grant is a critical component of each State's publicly funded substance use disorder system designed to address all substance use disorders—including those related to alcohol. SUPTRS Block Grant funds may support initiatives related to alcohol in settings such as emergency rooms and primary care offices. In addition, States utilize SUPTRS Block Grant funds to support alcohol use disorder treatment services in outpatient, intensive outpatient, and residential programs. Further, the Committee is also aware that SUPTRS Block Grant funds may be allocated to support medications for the treatment of alcohol use disorders, an important tool that should be available to those in need. The Committee also understands SUPTRS Block Grant funds are utilized by States to support recovery community organizations to provide recovery support for those with alcohol use disorders.

State Opioid Response Grants: \$1.575 billion

- Bill report pg. 135: The Committee includes \$1,575,000,000, which is the same as the fiscal year 2024 enacted program level, for State Opioid Response (SOR) grants. The Committee supports efforts from SAMHSA through SOR grants to expand access to SUD treatments in rural and underserved communities, including through funding and technical assistance.
 - *Tribal Set Aside - 4%:* Within the amount provided, the Committee includes a set aside for Indian Tribes and Tribal organizations of 4 percent.

Tribal Behavioral Grants (Native Connections): \$27.75 million

- Bill report pg. 132: The Committee provides \$27,750,000, a \$5,000,000 increase from the

fiscal year 2024 enacted program level, to prevent and reduce suicidal behavior and substance use, reduce the impact of trauma, and promote mental health among AI/AN youth, through age 24.

Zero Suicide: \$27.2 million

- The Committee allocated \$27,200,000 to Zero Suicide program, a \$1 million include over FY24 enacted levels.
 - American Indian and Alaska Native Set Aside – The Committee allocated \$4,400,000 to the American Indian and Alaska Native Set Aside, a \$1 million increase over FY24 enacted levels.

National Institute on Minority Health and Health Disparities

Improving Native American Cancer Outcomes: \$15 million

- Bill report pg. 107: The Committee continues to be concerned that Native Americans experience overall cancer incidence and mortality rates that are strikingly higher than non-Native populations. The Committee includes \$15,000,000, which is an increase of \$9,000,000 above the fiscal year 2024 enacted level, to continue an initiative for Improving Native American Cancer Outcomes to support efforts including research, education, outreach, and clinical access related to cancer in Native American populations. The Committee further directs NIMHD to work with NCI to locate this initiative at an NCI-designated cancer center demonstrating partnerships with Indian Tribes and Tribal organizations to improve the screening, diagnosis, and treatment of cancers among Native Americans, particularly those living in rural communities.

Native Hawaiian/Pacific Islander Health Research Office: \$5 million

- Bill report pg. 108: —The Committee provides \$5,000,000, which is an increase of \$1,000,000 above the fiscal year 2024 enacted level, for the Native Hawaiian/ Pacific Islander Health Research Office (NHPIHRO) with a focus on both addressing Native Hawaiian and Pacific Islander (NHPI) health disparities, as well as supporting the pathway and research of NHPI investigators. The Committee encourages NHPIHRO to develop partnerships with academic institutions with a proven track record of working closely with NHPI communities and NHPI serving organizations located in states with significant NHPI populations to support the development of future researchers from these same communities.

Important Behavioral and Mental Health Provisions

Medication-Assisted Treatment for Prescription Drug and Opioid Addiction Tribal Set Aside: \$16.5 million

- \$16.5 million for grants for Tribes and Tribal Organizations for Medication-Assisted Treatment for Prescription Drug and Opioid Addiction

Peer-Support Services: \$15 million

- Bill report pg. 39: The Committee supports community based experiential training for students preparing to become peer support specialists and other types of behavioral health-related paraprofessionals. The Committee includes a \$1,000,000 increase for this activity.

Infant and Early Childhood Mental Health Program: \$15 million

- Bill report pg. 130: The Committee provides \$15,000,000, which is the same as the fiscal year 2024 enacted program level, for the Infant and Early Childhood Mental Health program, for grants to human service agencies and nonprofit organizations to provide age-appropriate mental health promotion and early intervention or treatment for children with or with significant risk of developing mental illness including through direct services, assessments, and trainings for clinicians and education providers.