

# [Senate Appropriations Committee Advances Labor Health and Human Services Spending Bill, Protects Key Indian Country Programs](#)

Category: Policy Blog

written by Emily Larsen | August 12, 2024

On August 1, 2024, the Senate Appropriations Full Committee passed the Fiscal Year (FY) 2025 appropriations bill for Labor, Health, and Human Services (LHHS). The bill appropriates \$122.8 billion for Health and Human Services (HHS), which is \$7.3 billion above the FY24 levels and \$1 billion above the President's request. These increases reflect the Committee's dedication to protecting healthcare funding and prioritizing funding for Indian Country. The National Council of Urban Indian Health (NCUIH) applauds and thanks the Senate Appropriations Committee for including urban Indian organizations (UIOs) in the report language for the Improving Native American Cancer Outcomes program.

## Next Steps

Senate Leadership will now work with House Leadership to develop the final LHHS appropriations spending bill. As a final appropriations bill is produced, NCUIH will continue to advocate to protect funding for Indian Country and maintain maximum funding levels.

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

## Funding Increased and Maintained for Key Indian Country Programs

Key provisions of the bill include:

- \$8 million for the Improving Native American Cancer Outcomes program, an increase of \$2 million from FY24
- \$24 million for the Good Health and Wellness in Indian Country program, a maintained level from FY24
- \$23.67 million for Tribal Behavioral Health Grants (Native Connections), a maintained level from FY24
- \$14.5 million for grants for Tribes and Tribal Organizations for Medication-Assisted Treatment for Prescription Drug and Opioid Addiction

## Protects Funding for HIV/AIDS Prevention and Treatment

The Senate Appropriations Committee protected funding for HIV/AIDS prevention and treatment, including \$2.57 billion for the Ryan White HIV/AIDS Program, \$157.25 million for Ending the HIV Epidemic, and \$60 million for the Minority HIV/AIDS Fund. The Committee emphasized their support for the [Ryan White HIV/AIDS program](#), "which provides a wide range of community-based services, including primary and home healthcare, case management, substance use disorder

treatment, mental health, and nutritional services”. The Senate bill funds critical HIV/AIDS prevention and treatment programs, many of which were cut in the [House version](#) of the bill that was passed in July 2024. NCUIH will continue to advocate to protect HIV/AIDS funding and increase Tribal set-asides, as the appropriations process continues.

## Increased Funding to Address Opioid and Fentanyl Crisis

The Senate Appropriations Committee significantly increased funding for programs addressing the growing opioid and fentanyl crisis. Senate Appropriations Chair Murray (D-WA) [highlighted](#) “As communities work to tackle the devastating opioid and mental health crises, this bill provides significant new funding to support their efforts”. In particular, the bill includes \$14.5 million for Tribes and Tribal Organizations for Medication-Assisted Treatment for Prescription Drug and Opioid Addiction programs.

## 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. NCUIH successfully advocated to include UIOs in the Native American Cancer Outcomes program and will continue to push this effort as the bill moves to conference. 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
<b>Health Resources and Services Administration</b>	\$8.9 billion	\$8.26 billion	\$8.94 billion
<b>Substance Abuse and Mental Health Services Administration</b>	\$7.4 billion	\$8.13 billion	\$7.55 billion
<b>National Institute of Health</b>	\$48.6 billion	\$50.77 billion	\$48.81 billion
<b>Centers for Disease Control</b>	\$9.2 billion	\$11.64 billion	\$9.39 billion
<b>Good Health and Wellness in Indian Country</b>	\$24 million	-----	\$24 million
<b>Improving Native American Cancer Outcomes</b>	\$6 million	-----	\$8 million
<b>Ryan White HIV/AIDS Program</b>	\$2.57 billion	\$2.58 billion	\$2.57 billion
<b>Ending the HIV Epidemic</b>	\$165 million	\$175 million	\$157.25 million
<b>Minority HIV/AIDS Fund</b>	\$60 million	\$60 million	\$60 million
<b>Minority HIV/AIDS Fund - Tribal Set Aside</b>	\$5 million	-----	-----

<b>Tribal Behavioral Health Grants (Native Connections)</b>	\$23.67 million	\$23.67 million	\$23.67 million
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## Health Resources and Services Administration

### Health Resources and Services Administration: \$8.94 billion

- No report language.

### Ryan White HIV/AIDS Program: \$2.57 billion

- Bill report pg. 55: The Committee recommendation includes \$2,571,041,000 for the HIV/AIDS Bureau. The mission of the Bureau is to address the unmet care and treatment needs of persons living with HIV/AIDS. The Bureau administers the Ryan White Care Act (Public Law 111-87), which provides a wide range of community-based services, including primary and home healthcare, case management, substance use disorder treatment, mental health, and nutritional services.

### Federal Office of Rural Health Policy: \$385.9 million

- Bill report pg. 57: The Committee recommendation for Rural Health programs is \$385,907,000, an increase of \$21,300,000 above the fiscal year 2024 enacted level.

### Native Hawaiian Health Care Program: \$27 million

- Bill report pg. 41: The Committee includes no less than \$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 to coordinate and support healthcare service provision to Native Hawaiians and strengthen the capacity of the Native Hawaiian Health Care Systems to provide comprehensive health education and promotion, disease prevention services, traditional healing practices, and primary health services to Native Hawaiians.

### National Health Service Corps: \$128.6 million

- Bill report pg. 42: The Committee provides \$128,600,000 for the National Health Service Corps [Corps]. The Committee recognizes the success of the Corps program in building healthy communities in areas with limited access to care. The program has shown increases in retention of healthcare professionals located in underserved areas.

### National Center of Excellence for Eating Disorders: \$1 million

- Bill report pg. 45: Within the total for PCTE, the Committee continues to support up to \$1,000,000 in coordination with SAMHSA's Center of Excellence for Eating Disorders, to provide trainings for primary care health professionals to screen, intervene, and refer patients to treatment for the severe mental illness of eating disorders, as authorized under section 13006 of the 21st Century Cures Act (Public Law 114-255).

## Centers for Disease Control and Prevention

#### **Good Health and Wellness in Indian Country: \$24 million**

- Bill report pg 75: The Committee's recommended level includes \$24,000,000 for Good Health and Wellness in Indian Country.

### **Office of the Secretary - General Departmental Management**

#### **Minority HIV/AIDS Fund: \$60 million**

- Bill report pg. 237: The Committee includes \$60,000,000 for the Secretary's Minority HIV/AIDS Fund to strengthen and expand services provided by minority-serving community-based organizations [CBOs] for HIV education and awareness campaigns, testing, prevention, linkage to care, and engagement in care to racial and ethnic minority individuals at risk for or living with HIV in order to address the decline in HIV testing and the challenges with linkage to and retention in care and treatment that occurred during the COVID-19 pandemic. Funding may be prioritized for minority-serving CBOs in the South, which has the highest burden of HIV of any region nationwide.

### **Substance Abuse and Mental Health Services Administration**

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

- Bill report pg: 157: The Committee recommends \$7,554,306,000 for the Substance Abuse and Mental Health Services Administration [SAMHSA]. The recommendation includes \$133,667,000 in transfers available under section 241 of the PHS Act (Public Law 78-410 as amended) and \$12,000,000 in transfers from the PPH Fund.

#### **Substance Abuse Prevention Services: \$246.88 million**

- Bill report pg: 172: The Committee recommends \$246,879,000 for the Center for Substance Abuse Prevention [CSAP], the sole Federal organization with responsibility for improving accessibility and quality of substance use prevention services.

#### **Tribal Behavioral Grants (Native Connections): \$23.67 million**

- Bill report pg. 173: SAMHSA has administered Tribal Behavioral Health Grants for mental health and substance use prevention and treatment for Tribes and Tribal organizations since fiscal year 2014. In light of the continued growth of this program, as well as the urgent need among Tribal populations, the Committee continues to urge the Assistant Secretary for SAMHSA to engage with Tribes on ways to maximize participation in this program.

#### **Zero Suicide: \$30.2 million - \$3.4 million AI/AN Set-Aside**

- Bill report pg: 162: The Committee includes \$30,200,000 for suicide prevention programs. Of the total, \$26,200,000 is for the implementation of the Zero Suicide model, which is a comprehensive, multi-setting approach to suicide prevention within health systems.
  - American Indian and Alaska Native Set Aside - Additionally, suicide is often more prevalent in highly rural areas and among the American Indian and Alaskan Native populations. According to the CDC, American Indian/Alaska Natives [AI/AN] have the highest rates of suicide of any racial or ethnic group in the United States. In order to combat the rise in suicide rates among this population, the Committee recommends \$3,400,000 for AI/AN within Zero Suicide.

#### **Mental Health Services Block Grant: \$1.04 billion**

- Bill report pg. 164: The Committee recommends \$1,042,571,000 for the Mental Health Block Grant [MHBG]. The recommendation includes \$21,039,000 in transfers available under section 241 of the PHS Act (Public Law 78-410 as amended). In addition to the funding made available in this bill, the Bipartisan Safer Communities Act included \$250,000,000 over 4 fiscal years, with \$62,500,000 made available each fiscal year through September 30, 2025, to support the MHBG.

#### **988 Suicide & Crisis Lifeline: \$539.62 million**

- Bill report pg. 159: —Suicide is a leading cause of death in the United States, claiming over 49,000 lives in 2022. The Committee provides \$539,618,000 for the 988 Lifeline and Behavioral Health Crisis Services. This amount includes funding to continue to strengthen the 988 Lifeline and enable the program to continue to respond in a timely manner to an increasing number of contacts. The 988 Lifeline coordinates a network of independently operated crisis centers across the United States by providing suicide prevention and crisis intervention services for individuals seeking help. The Committee requests a briefing within 90 days of enactment on the 988 Lifeline spend plan and related activities.

#### **Substance Use Prevention, Treatment, and Recovery Services Block Grant: \$2.49 billion**

- Bill report pg. 174: The Committee acknowledges the important role of the Community Mental Health Services and Substance Use Prevention, Treatment, and Recovery Services Block Grants in supporting States' efforts to provide resources for expanded mental health and substance use disorder treatment and prevention services. The Committee reiterates the request for a report as included in Public Law 118-47 regarding the lack of transparency and information that is provided to Congress and the public about how States are distributing those funds and what programs or services they are going toward.

#### **State Opioid Response Grants: \$1.6 billion**

- Bill report pg. 170: The Committee provides \$1,600,000,000 for grants to States to address the opioid crisis. Bill language provides not less than 4 percent for grants to Indian Tribes or Tribal organizations. The Committee supports the 15 percent set-aside for States with the highest age-adjusted mortality rate related to substance use disorders, as authorized in Public Law 117-328. The Assistant Secretary is encouraged to apply a weighted formula within the set-aside based on state ordinal ranking. Activities funded with this grant may include treatment, prevention, and recovery support services. The Committee continues to direct SAMHSA to conduct a yearly evaluation of the program to be transmitted to the Committees on Appropriations of the House of Representatives and Senate no later than 180 days after enactment of this act. SAMHSA is directed to make such evaluation publicly available on SAMHSA's website. The Committee further directs SAMHSA to continue funding technical assistance within the administrative portion of the appropriated amounts for the SOR grants, to provide locally based technical assistance teams as has been done through the Opioid Response Network. The Committee recognizes the importance and essential work currently being done by the Opioid Response Network in delivering technical assistance to State and Territory SOR grantees, sub-recipients and others addressing opioid use disorder and stimulant use disorder in their communities.

#### **National Institute on Minority Health and Health Disparities**

#### **Improving Native American Cancer Outcomes: \$8 million**

- Bill report pg. 129: The Committee notes that Native Americans experience overall cancer incidence and mortality rates that are strikingly higher than non-Native populations. The Committee includes \$8,000,000, an increase of \$2,000,000, for the 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, Tribal organizations, and urban Indian 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: \$7 million**

- Bill report pg. 130: The Committee includes \$7,000,000, an increase of \$3,000,000, for a Native Hawaiian/Pacific Islander Health Research Office. This office should focus on both addressing Native Hawaiian and Pacific Islander [NHPI] health disparities as well as supporting the pathway and research of NHPI investigators. The office should develop partnerships with academic institutions with a proven track record of working closely with NHPI communities and NHPI-serving organizations and 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: \$14.5 million**

- Bill report pg. 168: The Committee includes \$114,000,000 for medication-assisted treatment, of which \$14,500,000 is for grants to Indian Tribes, Tribal organizations, or consortia. These grants should target States with the highest age adjusted rates of admissions, including those that have demonstrated a dramatic age-adjusted increase in admissions for the treatment of opioid use disorders. The Committee continues to direct the Center for Substance Abuse Treatment 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.

#### **Peer-Support Services: \$14 million**

- Bill report pg. 46: Within BHWET, the Committee includes \$14,000,000 to fund training, internships, and certification for mental health and substance use peer support specialists to create an advanced peer workforce prepared to work in clinical settings.

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

- Bill report pg. 161: The Committee provides \$15,000,000 for grants to entities such as State agencies, Tribal communities, universities, or medical centers that are in different stages of developing infant and early childhood mental health services. These entities should have the capacity to lead partners in systems-level change, as well as building or enhancing the basic components of such early childhood services, including an appropriately trained workforce. Additionally, the Committee recognizes the importance of early intervention strategies to prevent the onset of mental disorders, particularly among children. Recent research has shown that half of those who will develop mental health disorders show symptoms by age 14.

The Committee encourages SAMHSA to work with States to support services and activities related to infants and toddlers, such as expanding the infant and early childhood mental health workforce; increasing knowledge of infant and early childhood mental health among professionals most connected with young children to promote positive early mental health and early identification; strengthening systems and networks for referral; and improving access to quality services for children and families who are in need of support.