

Congress Extends Government Funding Through September

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Maintains Advance Appropriations for Indian Health Service and Extends Funding for the Special Diabetes Program for Indians

FOR IMMEDIATE RELEASE

WASHINGTON, D.C. (March 14, 2025) – The House and Senate passed a Continuing Resolution (CR) to extend government funding set to expire on March 14, 2025, until September 30, 2025. The CR maintains advance appropriations for the Indian Health Service (IHS) and extends the Special Diabetes Program for Indians (SDPI), Medicare Telehealth Flexibilities, Community Health Center Funding, and the National Health Service Corps (NHSC) funding. A more detailed analysis of the Continuing Resolution is below.

Key Provisions

Indian Health Service:

- Maintains advance appropriations for FY26 for the Indian Health Service (IHS).
- Provides \$38,709,000 anomaly for the IHS Services line item.
 - Includes \$38,709,000 IHS Services anomaly as advance appropriations to “become available on October 1, 2025, and remain available through September 30, 2027.”
- Provides \$3,920,000 anomaly for the IHS Facilities line item.
 - Includes \$38,709,000 IHS Services anomaly as advance appropriations to “become available on October 1, 2025, and remain available until expended.”
- Rescinds \$17,023,000 earmarked for Sanitation Facilities Construction projects.

Special Diabetes Programs for Indians (SDPI)

- Extends SDPI at “\$79,832,215 for the period beginning on April 1, 2025, and ending on September 30, 2025, to remain available until expended.”
 - This brings the total FY25 funding for SDPI to \$159,422,727.00.

Community Health Centers (CHC)

- Extends CHC at “\$2,135,835,616 for the period beginning on April 1, 2025, and ending on September 30, 2025.”

Telehealth

- Extend flexibilities allowing for greater Medicare coverage of virtual health services until Sept. 30. The provisions, which stem from the Covid-19 pandemic, are set to expire March 31.
- This provision allows federally qualified health centers (FQHCs), rural health clinics, and Medicare to pay for mental health telehealth services, without any in-person requirements.

Without continuation of this provision, physicians would be required to provide an in-person service within the six months prior to beginning telehealth services.

Health Resources and Services Administration (HRSA)

- Rescinds \$890,788,000 in earmarked funds provided in FY24 for construction and renovation of health-care facilities and for training grants through HRSA.
- Rescinds \$72,090,000 in earmarked funds provided in FY24 for substance abuse and mental health projects.

About NCUIH

The National Council of Urban Indian Health (NCUIH) is a national representative for the 41 Urban Indian Organizations contracting with the Indian Health Service under the *Indian Health Care Improvement Act*. NCUIH is devoted to the support and development of high quality and accessible health and public health services for American Indian and Alaska Native people living in urban areas.

NCUIH respects and supports Tribal sovereignty and the unique government-to-government relationship between our Tribal Nations and the United States. NCUIH works to support those federal laws, policies, and procedures that respect and uplift Tribal sovereignty and the government-to-government relationship. NCUIH does not support any federal law, policy, or procedure that infringes upon or in any way diminishes Tribal sovereignty or the government-to-government relationship.

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