

House Advances FY 2026 Interior Bill with Increases for IHS and Advance Appropriations for FY 2027

Category: Policy Blog

written by Jeremy Grabiner | July 22, 2025

On July 22, 2025, the House Appropriations Full Committee passed the Fiscal Year (FY) 2025 appropriations bill for Interior, Environment, and Related Agencies, which was previously approved by the House Subcommittee on July 15, 2025. At the Subcommittee Hearing, Chairman Cole (R-OK-04), affirmed the Committee's continued recognition and commitment to protecting the Indian Health Service (IHS) stating the bill "advances the federal commitment to honor our trust and treaty responsibilities to American Indians and Alaska Natives through Indian Affairs and the Indian Health Service. I'm proud that the legislation prioritizes funding across Tribal accounts—ensuring the delivery of critical services in Indian Country."

The bill provides \$8.41 billion for IHS, including \$6.05 billion in advance appropriations for FY 2027, despite the President's budget not requesting advance appropriations. The Committee's total funding for IHS is approximately \$500 million higher than the President's IHS budget authority request. The bill authorizes \$105.99 million for urban Indian health - an increase of \$15 million over the FY25 enacted amount. The report states that "the Committee recognizes the Federal trust responsibility to provide health care services to American Indian and Alaska Native citizens and acknowledges that approximately seventy-one percent live in urban areas."

Other key provisions include:

- \$8 million for generators at IHS/Tribal Health Programs/Urban Indian Organizations (UIOs).
- \$7 million, a \$4 million increase, for the Produce Prescription Pilot Program for Tribes and UIOs to increase access to produce and other traditional foods.
- \$44.43 million, a \$10 million increase, for Tribal Epidemiology Centers (TECs).

Background

The National Council of Urban Indian Health (NCUIH) is a longstanding advocate for full funding for IHS and urban Indian health and supports the recommendations of the [Tribal Budget Formation Workgroup](#). On February 27, 2025, NCUIH board president-elect and Oklahoma City Indian Clinic CEO Robyn Sunday-Allen (Cherokee) [testified](#) before the House Appropriations Subcommittee on Interior, Environment, and Related Agencies, urging full funding for urban Indian health and the Indian Health System.

NCUIH is also grateful for the support of Representatives working to support the health of Indian Country. On May 15, 2025, 60 Congressional leaders joined Representative Leger Fernandez in a bipartisan [letter](#) to Chairman Simpson and Ranking Member Pingree of the House Interior Appropriations Committee requesting support for Urban Indian Health, maintaining advance appropriations for IHS, and protecting IHS from sequestration. The letter emphasized that the federal government has a trust responsibility to provide federal health services to maintain and improve the health of American Indian and Alaska Native people.

Next Steps

The House will now need to schedule a floor vote on the Interior, Environment, and Related Agencies spending bill. The legislation is not expected to become law in its current form. House leadership will need to work with Senate Leadership to negotiate a final bill text for passage in both chambers. The Senate Appropriations Committee is scheduled to mark up the Senate Interior bill on July 24.

FY25 funding is set to end on September 30, 2025. If Congress cannot come to a funding agreement by that deadline, they will need to pass a Continuing Resolution to keep the funding levels at the FY25 level until they can reach an agreement. Should political disagreements lead to a government shutdown, UIOs and parts of IHS will be protected by Advance Appropriations.

- [House Interior Appropriations bill](#)
- [Bill Report with Urban Indian Line Item](#)
- [Bill Summary](#)

Bill Highlights

Line Item	FY 25 Enacted	FY 26 Tribal Request	FY 26 President's Budget	FY 26 House Proposed
Urban Indian Health	\$90.42 million	\$770.5 million	\$90.4 million	\$ 105.99 million
Indian Health Service	\$6.96 billion	\$63 billion	\$8.1 billion	\$8.41 billion
Advance Appropriations	\$5.19 billion		Did not include	\$6.05 billion
Hospital and Clinics	\$2.5 billion	\$13.8 billion	\$2.65 billion	\$2.85 billion
Tribal Epidemiology Centers	\$34.4 million		\$34.4 million	\$ 44.43 million
Mental Health	\$127.1 million	\$4.76 billion	\$131 million	\$144.95 million

Additional Key Provisions:

Produce Prescription Pilot Program: \$7 million

Bill Report, Pg. 83: The recommendation includes \$7,000,000 for IHS to expand, in coordination with Tribes and **Urban Indian Organizations (UIOs)**, the Produce Prescription Pilot to implement a produce prescription model to increase access to produce and other traditional foods among its service population. The Committee encourages IHS to provide a briefing to the Committee not later than 90 days following the enactment of this Act on the distribution of funds and implementation efforts.

- This is a proposed \$4 million increase.

Contract Support Costs - \$ 1,819 billion and Tribal 105(l) leases - \$366 million

Bill Report, Pg. 85: The Committee recommends an indefinite appropriation estimated to be \$1,819,000,000 for contract support costs incurred by the agency as required by law. The bill continues language making available such sums as are necessary to meet the Federal Government's full legal obligation and prohibiting the transfer of funds to any other account for any other purpose. In addition, the bill includes language specifying carryover funds may be applied to subsequent

years' contract support costs.

Bill Report, Pg. 86: The Committee recommends an indefinite appropriation estimated to be \$366,000,000 for Payments for Tribal Leases incurred by the agency as required by law. The bill includes language making available such sums as necessary to meet the Federal Government's full legal obligation and prohibits the transfer of funds to any other account for any other purpose.

Purchased and Referred Care - \$1.05 billion

Bill Report, Pg. 84: The recommendation includes \$1,054,066,000 for Purchase and Referred Care (PRC). The Committee is aware that some IHS areas are considered Purchased and Referred Care Dependent and Tribes in PRC-dependent areas must rely solely on PRC for emergency, hospital, and special health care services. The Committee recognizes the importance of these funds for PRC-dependent areas and directs IHS to provide a report not later than 90 days following the enactment of this Act on the funding distribution methodology and how PRC dependent areas, including those in California, are receiving the necessary PRC funds needed to purchase lifesaving care for Tribal members.

Indian Health Professions: \$95,252,000

Bill Report, Pg. 85: The recommendation includes \$95,252,000 for Indian Health Professions programs. The Committee continues to support Indian Health Professions programs and expects IHS to allocate the funding provided across all programs, including the Scholarship Program, Loan Repayment Program, Indians Into Medicine Program (INMED), American Indians into Nursing (RAIN) Program, and the American Indians into Psychology Programs.

Sanitation Facilities Construction: \$130,968,000

Bill Report, Pg. 86: The recommendation includes \$130,968,000 for Sanitation Facilities Construction.

Health Care Facilities Construction: \$188,702,000

Bill Report, Pg. 86: The recommendation includes \$188,702,000 for Health Care Facilities Construction. The recommendation includes \$14,000,000 for Staff Quarters for staff housing across the IHS health care delivery system to support the recruitment and retention of quality healthcare professionals across Indian country.

Equipment - Generators: \$8 million

Bill Report, Pg. 86: To increase the resilience of these facilities, the recommendation includes \$8,000,000 to purchase generators, including for IHS, Tribal Health Programs, and Urban Indian Organizations located in areas impacted by de-energization events.

Dental Health: \$287 million

Bill Report, Pg. 83: The recommendation includes \$287,085,000 for Dental Health services.

- Also includes \$8,000,000 to expand Dental Support Centers to all 12 service areas and \$6,500,000 to install an electronic Dental Records System.

Alzheimer's Disease: \$6 million

Bill Report, Pg. 83: The recommendation includes \$6,000,000 to continue Alzheimer's and related

dementia activities. These funds will enable awardees to continue to implement locally developed models of culturally appropriate screening, diagnostics, and management of people living with Alzheimer's and other related dementia. This funding also supports the Dementia ECHO program, designed to support clinicians and caregivers to strengthen their knowledge and care around dementia for Tribal patients.

Maternal Health: \$3 million

Bill Report, Pg. 83: The recommendation also includes \$3,000,000 for Improving Maternal Health. The Committee also recognizes the importance of in vitro diagnostics tools for the detection of diseases, infections, and other medical conditions. These tools provide valuable information to aid providers in accurate diagnostics, treatment planning, and monitoring of patient health. The Committee encourages the use of in vitro diagnostics in IHS health clinics and medical facilities.

Alcohol and Substance Abuse: \$286 million

Bill Report, Pg. 84: The recommendation includes \$286,389,000 for Alcohol and Substance Abuse programs.

Bureau of Indian Affairs, Missing and Murdered Indigenous Women Initiative: \$31 million

Bill Report, Pg. 43: The recommendation includes \$31,000,000 for the Missing and Murdered Indigenous Women Initiative to address the crisis of missing and murdered indigenous women, including for criminal investigators, software platforms, and evidence recovery equipment. The Committee directs BIA to work with Tribal and Federal law enforcement agencies to facilitate sharing law enforcement and public records data and other technological tools to assist those agencies in finding missing individuals.

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