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

Category: Policy Blog
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On July 31, 2025, the Senate Appropriations Full Committee passed the Fiscal Year (FY) 2026 appropriations bill for Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS). The bill includes $116.6 billion for the Department of Health and Human Services (HHS), which is $446 million above FY 2025 levels and $22 billion above the President's request. The committee notably did not fund the administration for a Healthy America (AHA), President Trump's proposed new agency that would consolidate programming across SAMHSA, HRSA, and other agencies as part of its HHS reorganization.

The committee also provided level funding for key Indian country provisions including the Improving Native American Cancer Outcomes program, Good Health and Wellness in Indian Country program, Tribal Behavioral Health Grants (Native Connections), and the Minority HIV/AIDS Fund – Tribal Set Aside.

## Background

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.

## Next Steps

Senate Leadership will now work with House Leadership to develop the final LHHS appropriations spending bill. The House has not yet released their Labor-HHS appropriations bill, which is expected to be released in September. As a final appropriations bill is produced, NCUIH will continue to advocate to protect funding for Indian Country and maintain maximum funding levels.

- Senate Labor-HHS Appropriations bill
- Bill Report
- Bill Summary

## Bill Highlights

| Line Item | FY 2025 Enacted | FY 2026 President's Budget Request | FY 2026 Committee Passed |
|---|---|---|---|
| **Health Resources and Services Administration** | $8.9 billion | Fold into Administration for a Healthy America (AHA) | $8.86 billion |

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| **Substance Abuse and Mental Health Services Administration** | $7.4 billion | Fold into AHA | $7.4 billion |
| **National Institute of Health** | $48.6 billion | $27.5 billion | $48.7 billion |
| **Centers for Disease Control** | $9.2 billion | Fold into AHA | $9.15 billion |
| **Good Health and Wellness in Indian Country** | $24 million | ———————– | $24 million |
| **Improving Native American Cancer Outcomes** | $6 million | ———————– | $6 million |
| **Ryan White HIV/AIDS Program** | $2.57 billion | $2.50 billion | $2.57 billion |
| **Ending the HIV Epidemic** | $165 million | $165 million | $165 million |
| **Minority HIV/AIDS Fund** | $60 million | Eliminated | $60 million |
| **Minority HIV/AIDS Fund – Tribal Set Aside** | $5 million | ————— | $5 million |
| **Tribal Behavioral Health Grants (Native Connections)** | $23.67 million | Eliminated. Created a new behavioral health program under AHA | $23.67 million |

# Additional Key Provisions:

### Health Resources and Services Administration

#### Federal Office of Rural Health Policy: $374 million

Bill report pg. 62: The Committee provides $373,907,000 for Rural Health programs.

- This represents an increase of $9 million above the FY 2025 enacted level.

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

Bill report pg. 42: 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. 43: 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.

### Centers for Disease Control and Prevention

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

Bill report pg. 82: 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: $56 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. The Committee includes $5,000,000 in funding for the Tribal set aside within the MHAF. The Committee includes $5,000,000 in funding for the Tribal set aside within the MHAF.

- The $56 million appropriated for this provision represents a $4 million decrease from the FY 2025 enacted level.

### Substance Abuse and Mental Health Services Administration

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

Bill report pg. 46: 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

#### Substance Abuse Prevention Services: $236.88 million

Bill report pg: 188: The Committee recommends $236,879,000 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. 189: 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: $26.2 million

Bill report pg. 177: The Committee includes $38,200,000 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: $3.4 million

Bill Report pg. 178: 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: $1.01 billion

Bill report pg. 179: The Committee provides $1,007,571,000 for the Mental Health Block Grant. This appropriation includes $21,039,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

- The Committee recognizes that AI/AN populations in the United States have higher rates of illicit drug use, opioid misuse, and misuse of prescription drugs compared to other racial groups. The Committee encourages SAMHSA to consider the needs of Indian Tribes and tribal organizations within the MHBG.

#### 988 Suicide & Crisis Lifeline: $534.62 million

Bill report pg. 174: —Suicide is a leading cause of death in the United States, claiming over 49,000 lives in 2023. The Committee provides $534,618,000 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, and quarterly briefings thereafter, on the 988 Lifeline spend plan and related activities.

#### Substance Use Prevention, Treatment, and Recovery Services Block Grant: $2.03 billion

Bill report pg. 190: 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 for what programs or services they are being used.

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

Bill report pg. 186: The Committee provides $1,595,000,000 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 no later than 180 days after enactment of this act.

SAMHSA is directed to make such evaluation publicly available on SAMHSA's Web site. 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: $6 million

Bill report pg. 142: The Committee notes that Native Americans experience overall cancer incidence and mortality rates that are strikingly higher than non-Native populations. The Committee includes $6,000,000, 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: $4 million

Bill report pg. 142 : The Committee recognizes the Federal trust responsibility to Native Hawaiians and the unique health challenges facing the Native Hawaiian and Pacific Islander community. The Committee also acknowledges that there is limited health research on this community, relative to other populations, particularly that disaggregates between different subpopulations. The Committee includes $4,000,000, for the Native Hawaiian/Pacific Islander Health Research Office. The Committee encourages collaboration across Institutes and with the community, including research institutions with expertise and researcher representation from the NHPI community.

## Important Behavioral and Mental Health Provisions

#### Medication-Assisted Treatment for Prescription Drug and Opioid Addiction Tribal Set Aside: $14.5 million

Bill report pg. 184: The Committee includes $111,000,000 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 Specialists: $14 million

Bill report pg. 47: 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.

### Administration for Community Living

#### Native American Caregiver Support Program: $24 million

Bill report pg. 225: American Caregiver Support program. This program provides grants to Tribes for the support of American Indian, Alaskan Native, and Native Hawaiian families caring for older relatives with chronic illness or disability, as well as for grandparents caring for grandchildren.