

Congress Passes Labor Health and Human Services Spending Bill, Includes \$200 million for Special Diabetes Program for Indians

Category: Policy Blog

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On February 3, 2026, Congress passed a three-bill appropriations minibus for fiscal year (FY) 2026, which included the 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 \$100 million below the FY 2025 levels and \$22 billion above the President's request. The bill also includes \$200 million for the Special Diabetes Program for Indians (SDPI), which represents a \$41 million increase, the largest increase for the program in 22 years.

Other Key provisions include:

- \$9 million, \$3 million increase, for the Improving Native American Cancer Outcomes program
- \$27 million, \$3 million increase, for the Good Health and Wellness in Indian Country program
- \$25.67 million, \$2 million increase, for the Tribal Behavioral Health Grants (Native Connections)
- No less than \$6 million for 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

The bill will now head to the President to sign.

- [Minibus Appropriations Bill](#)
- [Labor-H Bill Report](#)
- [Bill Summary](#)

Bill Highlights

Line Item	FY 2025 Enacted	FY 2026 President's Budget Request	FY 2026 Senate Committee Passed	FY 2026 House Committee Passed	Final FY 2026 Appropriations
Health Resources and Services Administration	\$8.9 billion	Fold into Administration for a Healthy America (AHA)	\$8.86 billion	\$7.4 billion	\$8.95 billion

Substance Abuse and Mental Health Services Administration	\$7.4 billion	Fold into AHA	\$7.4 billion	\$7.1 billion	\$7.4 billion
National Institute of Health	\$48.6 billion	\$27.5 billion	\$48.7 billion	\$47.8 billion	\$48.7 billion
Centers for Disease Control	\$9.2 billion	Fold into AHA	\$9.15 billion	\$7.5 billion	\$9.2 billion
Good Health and Wellness in Indian Country	\$24 million	—	\$24 million	\$30 million	\$27 million
Improving Native American Cancer Outcomes	\$6 million	—	\$6 million	\$14 million	\$9 million
Ryan White HIV/AIDS Program	\$2.57 billion	\$2.50 billion	\$2.57 billion	\$2.04 billion	\$2.57 billion
Ending the HIV Epidemic	\$165 million	\$165 million	\$165 million	\$165 million	\$165 million
Minority HIV/AIDS Fund	\$60 million	Eliminated	\$60 million	\$20 million	\$56 million
Minority HIV/AIDS Fund - Tribal Set Aside	\$5 million	—	\$5 million	No less than \$6 million	No less than \$6 million
Tribal Behavioral Health Grants (Native Connections)	\$23.67 million	Eliminated. Created a new behavioral health program under AHA	\$23.67 million	\$30 million	\$25.67 million

Additional Key Provisions:

Medicare Telehealth Flexibilities: Extended through December 31, 2027.

Health Resources and Services Administration

Federal Office of Rural Health Policy: \$417 million

Native Hawaiian Health Care Program: \$27 million

National Health Service Corps: \$130 million (15% Tribal set-aside)

- Tribal Set-Aside—The Committee includes a set-aside of 15 percent within the total funding 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.

Centers for Disease Control and Prevention

Good Health and Wellness in Indian Country: \$27 million - \$3 million increase

Public Health Infrastructure: \$360 million (\$10.8 million Tribal set-aside)

- The agreement includes a new requirement that three percent of total PHI funding be designated specifically for Tribes and Tribal organizations. The agreement further directs that no less than 70 percent of total PHI funding be awarded to State, local, and Territorial

public health departments.

Office of the Secretary - General Departmental Management

Minority HIV/AIDS Fund: \$56 million (\$6 million Tribal set-aside)

- The agreement includes a Tribal set-aside of no less than \$6,000,000 within the Minority HIV/AIDS Prevention and Treatment program.

Substance Abuse and Mental Health Services Administration

Eating Disorders: \$2 million

Substance Abuse Prevention Services: \$205 million

Tribal Behavioral Grants (Native Connections): \$25.67 million

Zero Suicide: \$23.8million

American Indian and Alaska Native Set Aside: \$4.4 million

Minority AIDS Appropriations: \$9.2 million

Mental Health Awareness Training: \$28 million

Strategic Prevention Framework: \$137.5 million

Mental Health Services Block Grant: \$991.5 million

988 Suicide & Crisis Lifeline: \$534.6 million

Substance Use Prevention, Treatment, and Recovery Services Block Grant: \$1.9 billion

State Opioid Response Grants: \$1.6 billion

- Within the amount provided, the bill includes a set-aside for Indian Tribes and Tribal organizations of not less than 4.25 percent.

National Institute on Minority Health and Health Disparities

Improving Native American Cancer Outcomes: \$9 million - \$3 million increase

Native Hawaiian/Pacific Islander Health Research Office: \$5 million - \$1 million increase

Important Behavioral and Mental Health Provisions

Medication-Assisted Treatment for Prescription Drug and Opioid Addiction: \$114 million

- Tribal Set Aside: \$15.5 million

Peer-Support Specialists: \$15 million

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

Administration for Community Living

Native American Caregiver Support Program: \$14 million