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

Category: Policy Blog
written by Jeremy Grabiner | June 11, 2026

On June 9, 2026, the House Appropriations Full Committee passed the Fiscal Year (FY) 2027 appropriations bill for Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS). The bill includes $110.767 billion for the Department of Health and Human Services (HHS), which is $4.03 billion below FY 2026 enacted and $12.16 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 increased funding for key Indian Country provisions including the Improving Native American Cancer Outcomes program, Good Health and Wellness in Indian Country program, and Tribal Behavioral Grants (Native Connections).

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 protecting Tribal set asides.

Next Steps

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

- House Labor-HHS Appropriations bill
- Bill Report

Bill Highlights

Line Item	FY 2026 Enacted	FY 2026 President's Budget Request	FY 2027 Committee Passed
Health Resources and Services Administration	$9.2 billion	Fold into Administration for a Healthy America (AHA)	$8.35 billion

Substance Abuse and Mental Health Services Administration	$7.4 billion	Fold into AHA	$7.29 billion
National Institutes of Health	$48.72 billion	$42.97 billion	$48.82 billion
Centers for Disease Control	$9.2 billion	Fold into AHA (Partially)	$8.16 billion
Good Health and Wellness in Indian Country	$27 million	—	$30 million
Improving Native American Cancer Outcomes	$9 million	—	$15 million
Ryan White HIV/AIDS Program	$2.57 billion	$2.50 billion	$2.35 billion
Minority HIV/AIDS Fund	$56 million	Eliminated	$20 million
Minority HIV/AIDS Fund – Tribal Set Aside	No less than $6 million	—	$6 million
Tribal Behavioral Grants (Native Connections)	$26.25 million	Eliminated. Created a new behavioral health program under AHA	$30 million

Additional Key Provisions:

Health Resources and Services Administration

Innovation for Maternal Health: $20.3 million (10% Tribal set-aside)
Bill report pg. 52: The Committee includes $20,300,000 for the Innovation for Maternal Health program. The Innovation for Maternal Health program supports the establishment or continuation of a program to identify, develop, or disseminate best practices to improve maternal health care quality and outcomes, improve maternal and infant health, and eliminate preventable maternal mortality and severe maternal morbidity, among other activities. This funding supports capacity building, technical assistance, and continued implementation of the Alliance for Innovation on Maternal Health Program's patient safety bundles to all States, territories, and tribal organizations. Patient safety bundles are a set of targeted and evidence-informed best practices that, when implemented, improve patient outcomes and reduce maternal mortality and severe maternal morbidity.

- (NEW) Tribal Set-Aside: The Committee directs HRSA to reserve at least 10 percent of available funding for Tribes and Tribal organizations.

Federal Office of Rural Health Policy: $575.77 million

Native Hawaiian Health Care Program: $27 million
Bill report pg. 38: The Committee continues $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 expanded research and surveillance related to the health status of Native Hawaiians and strengthening the capacity of the Native Hawaiian Health Care Systems.

National Health Service Corps: $133.1 million (15% Tribal set-aside)
Bill report pg. 40: The Committee includes $133,100,000 for the National Health Service Corps (NHSC) to support competitive awards to health care providers dedicated to working in rural, Tribal, and underserved areas.

- Tribal Set-Aside.—Within the total provided for the NHSC, the Committee includes a set aside of not less than 15 percent 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: $30 million
Bill report pg. 73.

Office of the Secretary – General Departmental Management

Minority HIV/AIDS Fund: $20 million ($6 million Tribal set-aside)
Bill report pg. 252: The Committee includes $20,000,000 for the Secretary's Minority HIV/AIDS Fund (MHAF).

- Tribal Set-Aside.—The Committee notes that according to the CDC, HIV-positive status among Native Americans is increasing and nearly one-in-five HIV-positive Native Americans is unaware of their status. In addition, only three-in-five receive care and less than half are virally suppressed. To increase access to HIV/AIDS testing, prevention, and treatment, the Committee reserves not less than $6,000,000 as a Tribal set-aside within the total provided for MHAF.

Substance Abuse and Mental Health Services Administration

National Center of Excellence for Eating Disorders: $4 million
Bill report pg. 162: The Committee provides $4,000,000, an increase of $2,000,000 above the fiscal year 2026 enacted level, for the National Center of Excellence for Eating Disorders. Funding will support increased engagement with primary care providers, including pediatricians, to provide specialized advice and consultation on screening and treatment for eating disorders. The Committee supports work on pediatric training models for prevention, early intervention, treatment, and ongoing support protocols for youth with, or at-risk of developing, an eating disorder. The Committee directs SAMHSA to devote sufficient resources to a competitive grant process to support the National Center of Excellence, as authorized in section 1131 of Public Law 117–328. The Committee further directs SAMHSA to provide an update in the fiscal year 2028 congressional justification detailing actions taken to support the Center of Excellence in advancing education, training, and awareness of eating disorders.

Substance Abuse Prevention Services: $204 million

Tribal Behavioral Grants (Native Connections): $30 million
Bill report pg. 161: The Committee provides $30,000,000, an increase of $3,750,000 above the fiscal year 2026 enacted level, to prevent and reduce suicidal behavior and substance use, reduce the impact of trauma, and promote mental health among AI/AN youth, through age 24.

Zero Suicide: $23.8 million
Bill report pg. 159: The Committee includes $23,800,000 for the Zero Suicide program, which is the same as the fiscal year 2026 enacted level. Zero Suicide grants support suicide prevention efforts in

health systems, including screening adults for suicide risks, providing referral services, implementing evidence based practices to provide services to adults at-risk, and raising awareness of such risks.

American Indian and Alaska Native Set Aside:$4.4 million
Bill Report pg. 159: Within the amount provided, $4,400,000 is included for Zero Suicide grants to American Indian and Alaska Native health systems, which is the same as the fiscal year 2026 enacted level.

Mental Health Services Block Grant: $1.05 billion
Bill report pg. 154: The Committee provides $1,047,571,000 for the MHBG, an increase of $35,000,000 above the fiscal year 2026 enacted level. Of the funds provided, $21,039,000 shall be derived from evaluation set aside funds available under section 241 of the PHS Act.

988 Suicide & Crisis Lifeline: $544.62 million
Bill report pg. 159: The Committee provides $544,618,000 for the 988 Suicide & Crisis Lifeline, an increase of $10,000,000 above the fiscal year 2026 enacted level, to support the national suicide hotline to continue to support State and local suicide prevention call centers as well as a national network of backup call centers and the national coordination of such centers.

- 988 Tribal Capacity Building.—Tribal Nations continue to face unique challenges with fully adopting 988 services, including access to technology and crisis support services, intergovernmental coordination, and culturally responsive mental health services. The Committee instructs SAMHSA to complete the briefing directive included under this heading in the House Report 119–271.

Substance Use Prevention, Treatment, and Recovery Services Block Grant: $2.03 billion
Bill report pg. 163: The Committee includes $2,039,079,000 for the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant, which is a $26,000,000 increase above the fiscal year 2026 enacted level.

State Opioid Response Grants: $1.6 billion (4.5% Tribal set aside)
Bill report pg. 163: The Committee includes $1,600,000,000 for State Opioid Response (SOR) grants, an increase of $5,000,000 above the fiscal year 2026 enacted level. The Committee supports efforts from SAMHSA through SOR grants to expand access to substance use disorder treatments in rural and underserved communities, including through funding and technical assistance. Within the amount provided, the Committee includes a set-aside of not less than 4.5 percent for Indian Tribes and Tribal organizations.

National Institute on Minority Health and Health Disparities

Improving Native American Cancer Outcomes: $15 million
Bill report pg. 131: The Committee remains deeply concerned that Native Americans experience overall cancer incidence and mortality rates significantly higher than those of non-Native populations. The Committee includes $15,000,000, an increase of $6,000,000 from the fiscal year 2026 enacted level, to continue and expand support for existing grantees under the Initiative for Improving Native American Cancer Outcomes. This initiative supports research, education, outreach, and clinical access related to cancer in Native American communities. The Committee further directs NIMHD to continue to work with NCI to maintain support for current grantees.

Native Hawaiian/Pacific Islander Health Research Office: $7.5 million
Bill report pg. 132: The Committee provides $7,500,000, which is an increase of $2,500,000 above

the fiscal year 2026 enacted level, for the Native Hawaiian/ Pacific Islander Health Research Office (NHPIHRO) with a focus on both addressing Native Hawaiian and Pacific Islander (NHPI) health disparities, as well as supporting the pathway and research of NHPI investigators. The Committee encourages NHPIHRO to develop partnerships with academic institutions with a proven track record of working closely with NHPI communities and NHPI serving organizations 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: $20 million

Infant and Early Childhood Mental Health Program: $16 million
Bill report pg. 158: The Committee provides $16,000,000 for the Infant and Early Childhood Mental Health program, an increase of $1,000,000 above fiscal year 2026 enacted level, to support human service agencies and nonprofit organizations that provide age-appropriate mental health promotion and early intervention or treatment for children with significant risk of developing mental illness including through direct services, assessments, and trainings for clinicians and education providers. Increased funding is included to expand funding to additional communities, working to build the infrastructure and systems needed to deliver early childhood mental health services.

Administration for Community Living

Native American Caregiver Support Program: $16 million
Bill report pg. 211: The Committee provides $16,000,000 for the Native American Caregivers Support program. This program provides formula grants to Tribes for the support of American Indian, Alaskan Native, and Native Hawaiian families caring for older relatives with chronic illness or disabilities.

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