Senate Appropriations Committee Releases Labor Health and Human Services Spending Bill: Indian Country Analysis

Category: Policy Blog
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On November 16, 2026, the Senate Appropriations Committee released its Fiscal Year (FY) 2027 appropriations bill for Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS). The bill provides $209.9 billion in base discretionary funding, including $112.1 billion in discretionary funding for the Department of Health and Human Services (HHS). Like the House bill, the Senate bill does not create the Administration for a Healthy America (AHA) proposed in the President's budget. It funds the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Centers for Disease Control and Prevention (CDC) as separate agencies.

The bill provides 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, and the Minority HIV/AIDS Fund – Tribal Set Aside. However, the bill lowers the National Health Service Corps (NHSC) set-aside for providers serving Indian Health Service, Tribal, and urban Indian health programs from 15 percent to 13 percent.

- Senate Labor-HHS Appropriations bill
- Explanatory Statement
- Bill Summary

Background

The National Council of Urban Indian Health (NCUIH) submitted written testimony to the Senate in May 2026 highlighting funding priorities for key Indian health programs. The testimony encouraged $10 million for the Improving Native American Cancer Outcomes program, $30 million for the Good Health and Wellness in Indian Country program, and protection of Tribal set-asides.

On June 4, 2026, NCUIH also sent a letter to Senate Labor-HHS Appropriations Subcommittee Chair Shelley Moore Capito and Ranking Member Tammy Baldwin urging the subcommittee to maintain all enacted Tribal set-asides at or above FY 2026 levels, adopt the Tribal set-asides included in the FY 2026 House mark that were not included in the final enacted bill, and add Tribal set-asides to health programs where American Indian and Alaska Native (AI/AN) populations face a disproportionate burden.

On June 9, 2026, the House Appropriations Full Committee passed its FY 2027 Labor-HHS bill. The House bill provides $15 million for the Improving Native American Cancer Outcomes program and $30 million for Good Health and Wellness in Indian Country, but reduces the Minority HIV/AIDS Fund to $20 million (maintaining the $6 million Tribal set-aside) and the Ryan White HIV/AIDS Program to $2.35 billion.

Next Steps

The bill is not expected to become law in its current form; House and Senate negotiators must agree on final FY 2027 text.

The federal government is currently operating under the Continuing Appropriations and Extensions Act, 2027 (H.R. 6500), signed into law on September 2, 2026, which maintains FY 2026 funding levels through December 11, 2026. If Congress does not reach a final agreement by that date, it will need to pass another Continuing Resolution to avoid a lapse in funding. If a shutdown does occur, UIOs and parts of IHS will be protected by advance appropriations

Bill Highlights

Line Item	FY 2026 Enacted	FY 2027 President's Budget Request	FY 2027 House Proposed	FY 2027 Senate Proposed
Health Resources and Services Administration	$9.22 billion	Fold into Administration for a Healthy America (AHA)	$8.35 billion	$9.37 billion
Substance Abuse and Mental Health Services Administration	$7.44 billion	Fold into AHA	$7.29 billion	$7.46 billion
National Institute of Health	$48.49 billion	$42.97 billion	$48.82 billion	$48.99 billion
Centers for Disease Control	$9.2 billion	Fold into AHA (partially)	$8.16 billion	$9.26 billion
Good Health and Wellness in Indian Country	$27 million	——————–	$30 million	$27 million
Improving Native American Cancer Outcomes	$9 million	——————–	$15 million	$9 million
Ryan White HIV/AIDS Program	$2.57 billion	$2.50 billion	$2.35 billion	$2.57 billion
Ending the HIV Epidemic	$165 million	——-	——	$165 million
Minority HIV/AIDS Fund	$56 million	Eliminated	$20 million	$56 million
Minority HIV/AIDS Fund – Tribal Set Aside	No less than $6 million	————	$6 million	$6 million
Tribal Behavioral Health Grants	$25.67 million	Eliminated. Created a new behavioral health program under AHA	$30 million	$25.67 million

Additional Key Provisions:

Department-Wide

Trust and Treaty Responsibilities

Explanatory Statement pg. 4: The Committee reminds departments and agencies funded by the act of their obligation to uphold federal trust and treaty responsibilities to Tribes, including early and robust government-to-government consultation. Within 60 days of enactment, each department is directed to brief the Committee on efforts to ensure that funding opportunities for Tribes and policies with Tribal implications are implemented with a focus on Tribal sovereignty.

Health Resources and Services Administration (HRSA)

National Health Service Corps: $133 million (13% I/T/U set-aside)

Explanatory Statement pg. 39; Bill Text pg. 54: The bill provides $133 million for the NHSC, a $3 million increase over FY 2026. Bill language reserves not less than 13 percent of NHSC funding for loan repayment awards to individuals who provide primary health services in Indian Health Service facilities, Tribally-operated 638 health programs, and Urban Indian Health Programs. This is lower than the 15 percent set-aside in the FY 2026 enacted bill.

Maternal and Child Health Services Block Grant

Explanatory Statement pg. 49: The Committee encourages HRSA to ensure the services offered through the MCH Services Block Grant are provided at Indian Health Service facilities, Tribally operated health programs, and Urban Indian Health programs.

Federal Office of Rural Health Policy: $455.5 million

Explanatory Statement pg. 60: The Committee provides $455,517,000 for Rural Health programs, a $37.6 million increase over FY 2026, including $147 million for the Rural Communities Opioid Response Program (pg. 61).

Native Hawaiian Health Care Program: $27 million

Explanatory Statement pg. 35: The Committee includes $27 million for the Native Hawaiian Health Care Program, including $10 million for Papa Ola Lokahi, equal to the FY 2026 enacted level.

Peer Support Specialists: $15 million

Explanatory Statement pg. 43: Within the Behavioral Health Workforce Education and Training program ($114 million), the Committee includes $15 million for training, internships, and certification for mental health and substance use peer support specialists.

Screening and Treatment for Maternal Mental Health and Substance Use Disorders

Explanatory Statement pg. 55: The Committee directs HRSA to expand the program to at least three additional States or Tribes, and requires HRSA’s annual public report to include steps taken to provide grants to Indian Tribes and Tribal organizations.

Centers for Disease Control and Prevention

Good Health and Wellness in Indian Country: $27 million

Explanatory Statement pg. 82: The Committee provides $27 million, equal to the FY 2026 enacted level.

Maternal Mortality Review Committees

Explanatory Statement pg. 88: The Committee encourages CDC to conduct outreach to Tribal and Native Hawaiian communities to raise awareness about the program and representation of Native American perspectives on State and local Maternal Mortality Review Committees.

National Diabetes Prevention Program

Explanatory Statement pg. 87: The Committee includes a $4 million increase for the National Diabetes Prevention Program and encourages CDC to work with local partners providing produce prescription programming and to integrate Food is Medicine approaches.

National Institutes of Health (NIH)

Improving Native American Cancer Outcomes: $9 million

Explanatory Statement pg. 146: The Committee includes $9 million, equal to the FY 2026 enacted level, and directs the National Institute on Minority Health and Health Disparities (NIMHD) to work with the National Cancer Institute (NCI) to locate the initiative at an NCI-designated cancer center demonstrating partnerships with Indian Tribes, Tribal organizations, and urban Indian organizations.

National Institute on Minority Health and Health Disparities: $538.4 million

Explanatory Statement pg. 145: The Committee provides $538,395,000, equal to the FY 2026 enacted level.

Substance Abuse and Mental Health Services Administration (SAMHSA)

State Opioid Response Grants: $1.61 billion (4.25% Tribal set-aside)

Explanatory Statement pg. 196; Bill Text pg. 81: The Committee provides $1.61 billion, a $15 million increase over FY 2026. Bill language provides not less than 4.25 percent for grants to Indian Tribes or Tribal organizations, equal to the FY 2026 percentage.

Medication-Assisted Treatment Tribal Set-Aside: $15.5 million

Explanatory Statement pg. 193: Of the $114 million for medication-assisted treatment, $15.5 million is for grants to Indian Tribes, Tribal organizations, or consortia, equal to the FY 2026 enacted level.

Tribal Behavioral Health Grants: $25.67 million

Explanatory Statement pg. 199: The Committee provides $25,665,000 within substance use prevention, equal to the FY 2026 enacted level, and directs the Assistant Secretary to engage with Tribes on ways to maximize participation in the program. The Committee also provides $26,250,000 for Tribal Behavioral Grants within mental health programs (pg. 181).

Zero Suicide: $23.8 million (AI/AN set-aside: $4.4 million)

Explanatory Statement pg. 186: The Committee notes that AI/AN people have the highest rates of suicide of any racial or ethnic group and includes $4.4 million for AI/AN within Zero Suicide, equal to the FY 2026 enacted level. The Committee also provides $4,931,000 for American Indian and Alaska Native Suicide Prevention (pg. 181).

Project AWARE

Explanatory Statement pg. 187: The Committee urges SAMHSA to consider the needs of Tribes and Tribal organizations within funds made available for Project AWARE.

Mental Health Block Grant: $996.5 million

Explanatory Statement pg. 188: The Committee provides a $5 million increase and encourages SAMHSA to consider the needs of Indian Tribes and Tribal organizations within the MHBG.

988 Suicide & Crisis Lifeline: $549.6 million

Explanatory Statement pg. 181: The Committee provides $549,618,000, a $15 million increase over FY 2026, and continues to request quarterly briefings on the 988 Lifeline spend plan.

National Center of Excellence for Eating Disorders: $2 million

Explanatory Statement pg. 183: The Committee provides $2 million for the National Center of Excellence for Eating Disorders.

Office of the Secretary – General Departmental Management

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

Explanatory Statement pg. 278: The Committee provides $56 million, equal to the FY 2026 enacted level, and includes $6 million for the Tribal set-aside within the fund.

Center for Indigenous Innovation and Health: $6 million

Explanatory Statement pg. 277: The Committee continues $6 million for the Center for Indigenous Innovation and Health.

Administration for Children and Families (ACF)

Indian Child Welfare Act Compliance

Explanatory Statement pg. 238: The Committee continues $3 million for State-Tribal partnership grants, encourages ACF to develop guidance for States to better serve Indian children, and directs the Children’s Bureau and Tribal Engagement Team to brief the Committee within 90 days of enactment on ICWA implementation.

Native American Programs: $63.5 million

Explanatory Statement pg. 241: The Committee provides $63.5 million, including $16 million for Native American language preservation, and continues support for the StrongHearts Native Helpline.

Administration for Community Living (ACL)

Native American Caregiver Support Program: $14 million

Explanatory Statement pg. 245: The Committee provides $14 million, equal to the FY 2026 enacted level, for grants to Tribes supporting AI/AN and Native Hawaiian families caring for older relatives.

Grants to Native Americans: $40.3 million

Explanatory Statement pg. 246: The Committee provides $40,264,000 for nutrition and supportive services, and encourages ACL to convene with stakeholders on potential barriers to Tribes accessing programs under Titles VI and III of the Older Americans Act.