National Indian Health Board

February 21, 2018

Congress Renews Health Programs Important to Tribes as Part of Budget Deal

On February 9, 2018, Congress passed a budget agreement that funded the government until March 23, 2018, and reauthorized several public health programs. Many of the programs either benefit Tribal members directly or provide funding to support Tribal public health programs. Reauthorization for these programs varied in length and amount. Below is a summary of renewed programs important to Tribes.

The Special Diabetes Program for Indians (SDPI) was renewed through September 30, 2019. The program will be funded at $150 million per year, the same amount it has received since 2004. SDPI currently funds 301 Tribal diabetes programs through a competitive grant process. The program has existed since 1997 and has helped lessen diabetes's negative health impacts in Tribal communities. It has been cited as the most successful public health program in Indian Country.

The budget agreement included $6 billion to combat the **Opioid Epidemic** over the next 2 years. It remains for the Appropriations Committees in the House and Senate to determine how this money will be spent. There is no guarantee that any of these funds will go directly to Tribes, but the National Indian Health Board has made outreach to the Appropriations Committees to urge direct Tribal funding and a set aside. Therefore, in the coming weeks NIHB will be leading a push for the Appropriations Committees to include a Tribal set aside as it allocates money to federal agencies and the states. Because the federal trust responsibility is a relationship between the Tribes and federal government, it is not appropriate that the current funding dynamic allocates funds from the federal government to the states and then to the Tribes. NIHB has advocated for the passage of S. 2270, which would allow Tribes to receive opioid funding in the CURES Act directly and increase the amount of funding available to Tribes and States from $500 million per year to $525 million.

Other programs will also receive funding for the next two years. **Community Health Centers**, which serve rural and underserved populations, including Tribal communities, will receive $3.8 billion in Fiscal Year (FY) 2018, and $4 billion in FY 2019. These centers offer comprehensive primary care health services and were expanded under Presidents Bush and Obama. In 2015, the 1,375 centers served 24.3 million people. Many Community Health Centers serve reservation communities and AI/ANs living in urban areas.

The National Health Service Corps will receive $310 million yearly for the next two years, including the Student to Service Loan Repayment program, which has helped IHS recruit providers by offering student loan relief for students wanting to practice in Indian Country. Additionally, the **Teaching Health Center Graduate Medicare Education Program** will receive $126.5 million for each FY 2018 and 2019. This program provides residencies to medical students in Medically Underserved Areas and includes Tribal grantees. Data has shown that residents are more likely to work in underserved areas in private practice if they complete their residency in one. **Family-to-Family Health Information**

Centers, which provides healthcare services to assist families with children with special health needs, were renewed for two years as well. This program is only open to state grantees, but Tribal facilities can receive funding from the state under current law. Congress also renewed the **Sexual Risk Avoidance Education Program** for two years. Tribes and Tribal organizations are eligible to receive this grant directly to supplement educational programs to reduce youth homelessness, adolescent pregnancy and domestic violence.

The Children's Health Insurance Program (CHIP) provides health coverage for nine million American children and their families who do not qualify for Medicaid. CHIP had been renewed for 6 years as part of a prior Continuing Resolution, but this budget agreement included an additional 4 years of funding for a total of 10 years of CHIP funding. This long term reauthorization provides security to the tens of thousands of American Indian/Alaska Native (AI/AN) beneficiaries receiving coverage from the program.

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program will receive funding for an additional five years. This program has provided funding for more than 2 dozen Tribal programs since 2012, offering home visitations to assist with maternal, infant, and young child behavioral health needs. The program includes a 3% Tribal set aside from its $350 million yearly allocation.

Also receiving five-year extensions are the **Home Health** and **Rural Ambulance** add-on payments, which fund home-based and ambulatory services in remote communities. The agreement also includes increased funding for hospitals with a low volume of discharges and a five-year reauthorization of the **Medicare-Dependent Hospital Program**, which provides supplemental funding for small rural hospitals, including Tribal facilities.

The budget agreement included legislative text from the **Family First Prevention Services Act**, which would permit states and Tribes (if they so desire) to use federal funds on family-services programs to prevent children from being placed in foster care, encourage the placement of children in family settings, allow states and Tribes to expand services to former foster children, and promote the use of electronic systems for interstate adoptions. The agreement also included text from the Social Impact Partnerships to Pay for Results Act for states, Tribes, and local governments to propose "social impact partnership projects" that would produce social benefits. Total funding is $100 million and there is no Tribal set aside.

If you have any questions regarding this budget agreement, please contact Caitrin Shuy, NIHB Director of Congressional Relations, at cshuy@nihb.org.