



Legislative Action Alert

Senate Releases All Twelve Appropriations Bills for Fiscal Year 2021

Proposes Funding Indian Health Service at \$6.21 billion

November 10, 2020

Senate Introduces all Twelve Appropriations Bills for FY 2021, Including Interior Package that Funds Indian Health Service

Earlier today, Tuesday, November 10, 2020, the Senate Appropriations Committee released all twelve appropriations bills for Fiscal Year (FY) 2021. Release of the spending bills follows months of gridlock on FY 2021 appropriations, forcing Congress to [pass a continuing resolution \(CR\)](#) keeping the federal government open through December 11, 2020.

Background

Given the extremely tight timeline for action on appropriations, the Senate is unlikely to hold any committee markups of the spending bills. Instead, Senate and House appropriators are likely to immediately kick off negotiations to resolve differences between the two chambers' respective spending bills for FY 2021. Both House and Senate leadership - including Speaker Nancy Pelosi (D-CA) and Senator Majority Leader Mitch McConnell (R-KY) - have signaled that they are aiming for an omnibus appropriations package to avert both a government shutdown and the need for another CR. If passed, the omnibus package would fund the entire federal government through September 30, 2021.

Relatedly, for months Congress has failed to pass another stimulus package to provide national relief due to the COVID-19 pandemic, despite months of back and forth discussions between Speaker Pelosi and the Trump Administration and the ever skyrocketing number of COVID-19 case infections, deaths, and hospitalizations. While both parties remain far apart on various provisions and the overall amount of a stimulus package, there is growing desire for Congress to reach an agreement that would combine stimulus funding with an omnibus appropriations package by the December 11 deadline.

NIHB continues to strongly push for direct funding to Tribal governments for COVID-19 relief and vaccine distribution, long-term reauthorization of the Special Diabetes Program for Indians (SDPI), and maximum flexibility for

Tribes to expend COVID-19 funds as needed within their communities.

Senate Interior-Environment Appropriations Bill

The Interior, Environment, and Related Agencies Appropriations bill has jurisdiction over funding for the Indian Health Service (IHS) and the Bureau of Indian Affairs (BIA). The Senate package proposes roughly **\$6.21 billion** for IHS for FY 2021, an **increase of roughly \$163 million** overall above FY 2020 enacted levels.

The Senate mark for IHS falls roughly \$281 million below the House-passed Interior Appropriations bill - a significant gap that will have to be reconciled as appropriators begin conference negotiations. [As NIHB previously reported](#), the House package proposed funding IHS at \$6.49 billion overall for FY 2021. The House package also included a separate and additional \$1.5 billion in emergency appropriations to construct and renovate IHS and Tribal health facilities. However, the Senate Interior appropriations package does not include the emergency infrastructure appropriations outlined for IHS in the House bill.

The Senate package also outlines an indefinite appropriation for 105(l) lease contact agreements, which would treat 105(l) leases similar to Contract Support Costs (CSCs). The Senate mark for the indefinite appropriation for 105(l) leases is equal to the House mark at \$101 million - which is also equal to the request in the President's Budget.

Importantly, the Senate language authorizing the indefinite appropriation for 105(l) lease agreements does not outline any limitations or other restrictions on use of 105(l) lease funds. On the other hand, the House-passed Interior bill *does* include restrictive language that would only permit use of lease agreement funds for applications submitted 120 days before the end of the fiscal year, and for projects that don't "*exceed the square footage necessary*" to operate programs.

Tribes and NIHB immediately raised strong concerns with the House 105(l) lease language and how it would infringe on Tribal sovereignty. As the House and Senate move to negotiations to reconcile differences between their respective bills, NIHB will be pushing to retain the Senate language on 105(l) lease agreements in the final bill. The Senate appropriations bill also includes a requirement that both the Department of Interior and Department of Health and Human Services consult with Tribes and Tribal organizations "*...on how to implement a consistent and transparent process for the payment of such leases.*"

While the Senate package would increase funding for IHS overall by roughly \$163 million, just under 62% of that increase is for the indefinite appropriation for 105(l) leases alone. In addition, the overall spending cap for the entire Interior Appropriations package is at \$35.805 billion - only slightly higher than the Interior spending cap from FY 2020. This meant that as Congress prioritized the creation of a separate account for 105(l) leases, there was less money to cover increases for other line items. Specifically, the Senate bill **proposes a roughly \$78 million decrease to the Hospitals & Health Clinics line item**. As noted in the explanatory statement accompanying the Senate appropriations bill, "*The decrease in funding is a direct result of the establishment of a separate appropriation account for Tribal leases.*"

The Hospitals & Health Clinics line item is the only one slated for a reduction in the Senate mark for IHS. However, NIHB is extremely concerned about this reduction and is working with appropriations staff to try and reinstate that crucial funding.

Within the Hospitals & Health Clinics line item, the Senate package earmarks **\$2 million for dental health therapy education programs**, and **\$5 million for a new maternal health initiative** - equal to the request in the President's budget. The Senate Interior package proposes **increasing the Mental Health line item and the Alcohol & Substance Abuse line items** by roughly \$2.8 million and \$3.42 million, respectively, above their FY 2020 enacted levels.

The Senate mark also maintains \$5 million for nationalization of the Community Health Aide Program (CHAP), which is equal to the FY 2020 enacted level. Relatedly, the Senate mark **rejects the proposal from the President's Budget to consolidate funding for CHAP, Health Education, and Community Health Representatives (CHRs)**, instead opting to keep these funding line items separate, as the Tribes prefer.

To read the full text of the Senate Interior bill, [click here](#)
To read the explanatory statement for the Senate bill, [click here](#)

FY 2021 House Funding for IHS	FY 2021 Senate Funding for IHS
Overall.....\$6.49 billion	Overall..... \$6.21 billion
Hospitals/Clinics.....\$2.33 billion	Hospitals/Clinics.....\$2.246 billion
EHRs.....\$61 million	EHRs.....\$8 million
PRC.....\$1.01 billion	PRC.....\$977 million
CHRs.....\$63.1 million	CHRs.....\$62.88 million
Facilities Account.....\$934 million	Facilities Account.....\$927 million

Funding for Important Tribal Programs Outside IHS

NIHB continues to strongly advocate for important Indian health programs funded under the Labor-HHS budget by agencies such as the Centers for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA). Generally the majority of Tribally-specific programs remain level funded at their FY 2020 enacted levels. These include the **\$15 million set-aside in National Health Service Corps placements within IHS, Tribal and urban Indian facilities.**

Centers for Disease Control and Prevention

Under CDC, the Senate mark **maintains funding for the Good Health and Wellness in Indian Country program at \$21 million for FY 2021.** However, unlike the House bill, the Senate LHHS mark for CDC does not include a separate \$150 million in Tribal funds for public health infrastructure and program development. Given the significant challenges and gaps in Tribal public health infrastructure nationwide, NIHB is very disappointed that the Senate bill omits this crucial Tribal set-aside and is working to ensure these funds are included in the final negotiated package.

The Senate bill also outlines concerns with the Tribal Advisory Committee, noting in the explanatory statement that *"The Committee understands that*

CDC is beginning to gather information and work with the TAC. The Committee continues to direct the Director, in consultation with the TAC, to develop written guidelines for each CDC center, institute, and office on best practices around delivery of Tribal technical assistance and consideration of unique Tribal public health needs in the work of each respective center, institute, and office's initiatives. The Director shall report on the status of development of these written guidelines in the fiscal year 2022 CJ."

Substance Abuse and Mental Health Services Administration

The Senate mark for SAMHSA largely maintains Tribal funds at FY 2020 enacted levels. For instance, the **Tribal Behavioral Health Grants are maintained at \$40 million overall** (\$20 million for mental health and \$20 million for substance abuse). Similarly, Congress retains the **\$50 million Tribal set-aside in opioid response grants, and the \$10 million Tribal set-aside for medication-assisted treatment (MAT)**. As noted in the explanatory statement, *"SAMHSA has administered Tribal Behavioral Health Grants for mental health and substance abuse 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 urges the Assistant Secretary for SAMHSA to engage with Tribes on ways to maximize participation in this program."*

Similarly, the American Indian/Alaska Native (AI/AN) **set-aside in Zero Suicide grants are maintained at \$2.2 million**, and the **AI/AN Suicide Prevention Initiative is retained at \$2.9 million**.

Office of the Secretary

While no Tribally-specific funds are outlined in the total amount for the Office of the Secretary - which administers the Minority AIDS Initiative - report language accompanying the bill states that *"The Committee recommends that the Secretary examine current public health initiatives within the Department that address public health crises such as viral hepatitis, HIV/AIDS, and opioids that impact Indian Country."*

Administration for Children and Families

Within the Administration for Children and Families (ACF), the Senate mark proposes funding the **Native American Caregiver Support Program at \$10.3 million**, and the **Aging Grants to Indian Tribes and Native Hawaiian Organizations at \$34.7 million**.

For copy of bill text, [click here](#)

For copy of the Committee Report, [click here](#)

For any questions regarding FY 2021 appropriations, contact NIHB Director of Congressional Relations, Shervin Aazami, at saazami@nihb.org

