

## **Update: House Appropriations Committee Advances FY 2022 Interior Bill; Large Increase for Indian Health Service**

*July 7, 2021*

On July 1, 2021, the House Appropriations Committee advanced their Fiscal Year (FY) 2022 Interior, Environment and Related Agencies (Interior) appropriations bill by a vote of 32-24. Overall, the Interior bill will receive a 20.2% increase in its allocation over FY 2021, which is the second largest increase among the 12 annual appropriations bills in FY 2022.

Both Democrats and Republicans on the Committee praised the bill for the increases to programs serving Indian Country but disagreed over additional environmental spending and policy riders contained in the bill.

The legislation contains **\$8.1 billion for the Indian Health Service (IHS)**, an increase of \$1.9 billion above FY 2021 enacted. President Biden had requested \$8.5 billion for IHS in FY 2022, but the bill largely follows the request of the Biden Administration. The bill contains \$5.8 billion for Indian Health Services and \$1.3 billion for Indian Health Facilities.

- You can view the bill text [here](#). (IHS starts on page 120)
- You can view the Committee's summary [here](#).
- The Committee report is available [here](#). (IHS sections are pages 121-131 and 225-227)

The following highlights some of the key line items in the bill:

### **Indian Health Services:**

- *Hospitals and Health Clinics*. This line funds “essential, personal health services for American Indians and Alaska Natives (AI/ANs)” (IHS Congressional Justification (CJ) - 69). For FY 2022, the House Appropriations Committee is recommending \$2.7 billion, which is \$17 million over the President's request and \$482.8 million over the FY 2021 enacted level.
- *Electronic Health Records System*. The bill would fully fund the IHS Electronic Health Records (EHR) System request in the President's budget at \$284.5 million. This is an increase of \$250 million over FY 2021. According to the request, the funding would address the following: Resource Patient Management System (RPMS) stabilization; interoperability; immunization information systems; initial build of EHR environment; targeting identified gaps at local facilities to include both equipment and resource costs; and initial site transition planning. At this time, IHS anticipates the first site going live with a new EHR in late FY 2022 (IHS CJ - 110-111). The accompanying Committee report also contains language that requires IHS to notify the Appropriations Committee 90 days

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prior to obligating or expending funds “to select or implement a new IT infrastructure” (Committee Report, p. 126).

The NIHB ask for specific language ensuring Tribes have access to these funds was not included. In follow up with Committee staff, NIHB learned there is no obstacle to Tribes receiving these funds through IHS. Further clarification is being sought and advocacy with the Senate Appropriations Committee is needed.

- Dental Health. Funding for dental health in the House bill is \$287.3 million, and equal to the President’s request. According to the Committee report, the increase includes \$1.5 million to expand Dental Support Centers (DSC) to all 12 Service Areas “with the flexibility to regionalize DSC operations...” (Committee Report, p. 127).
- Mental Health and Alcohol & Substance Abuse. The House bill includes \$124.6 million for Mental Health, which is equal to the President’s request, and an increase of \$9.5 million over FY 2021. Alcohol and Substance Abuse would receive \$268.5 million, which is a \$17 million increase over the FY 2021 enacted level and \$1 million above the request. This level would include an additional \$5 million for opioid grants and continues funding for several other programs at FY 2021 levels.
- Purchased/ Referred Care and Indian Health Care Improvement Fund. The House Committee recommends that Purchased/ Referred Care would be funded at the President’s request of \$1.2 billion, or \$216 million above the FY 2021 enacted level. The Indian Health Care Improvement Fund (IHCIF) would also be funded at the President’s request level of \$317.3 million which is \$245 million above FY 2021 enacted.
- Preventative Health. Health Education, Community health representatives and Immunization (Alaska) would all receive increases in FY 2022, as recommended in the budget request. Public health nursing would receive \$2 million over the President’s request for a total of \$104.7 million in FY 2022. In total, preventative health would receive an increase of \$15.8 million over FY 2021 enacted.
- Urban Indian Health. Notably, the House Appropriations Committee is recommending a total of \$200.5 million for Urban Indian Health, an increase of \$137.8 million from FY 2021 enacted and \$100.5 million over the President’s request.
- Indian Health Professions. Programs funded under Indian Health Professions such as the IHS scholarship program and loan repayment program (LRP), are important for recruitment and retention of personnel in the Indian health system. In FY 2022, the Committee provides \$92.8 million for this program, or an increase of \$25.5 million over FY 2021. This is equal to the President’s request. The Committee report also contains

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language that directs “IHS to review its processes and timeliness in reviewing and approving applications and submit a report ... to the Committee on how IHS can streamline the scholarship and loan repayment application process and expedite its review processes” (Committee report, page 129).

- Direct operations, Self-Governance, and Tribal management grant program. The Committee funds Direct Operations, Self-Governance, and Tribal Management grant program at the level of the President’s request.

## **Contract Support Costs and 105(l) leases**

- Contract Support Costs and 105(l) leases are fully funded as an “indefinite discretionary” appropriation, as they were in FY 2021. The President’s request recommended moving these items to a mandatory appropriation starting in FY 2023.

## **Indian Health Facilities**

The Committee’s bill contains \$216 million less for Indian Health Facilities than recommended by the President for FY 2022, but still is a \$367 million increase over FY 2021 enacted.

- **Maintenance and Improvement** would receive an increase of \$54 million over FY 2021; **Sanitation Facilities Construction (SFC)** would receive an additional \$34.9 million; and **Healthcare Facilities Construction (HCFC)** would receive an increase of \$154.6 million. The amounts for SFC and HCFC are \$120 million and \$111.9 million less than the President’s request, respectively.
- The bill also includes language allowing IHCIF funds to be used for facilities activities.

## **Other items of note from the Committee report are as follows:**

Advance Appropriations. For many years, Tribal Nations have requested IHS funding to be placed on an advance appropriations schedule, meaning that Congress would appropriate funds to IHS one year in advance of the start of the fiscal year. For the first time, the Administration supported advance appropriations for IHS in its FY 2022 budget request to Congress. However, the accompanying Committee report includes language regarding IHS advance appropriations noting that more work needs to be done on behalf of the agency to support this request. They also mention that IHS is not on the “list” of programs in the Budget Resolution that are allowed advance appropriations. Given this language, it will be critical for Tribal Nations and their advocates to weigh in with Members of the Senate as well as the House to gain additional support for IHS Advance Appropriations for FY 2023.

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NIHB understands that IHS is continuing on-going work with House and Senate budget committees to provide information and technical assistance necessary for lawmakers to secure advance appropriations for IHS. NIHB continues work with Office of Management and Budget (OMB) and the Congress to advocate for this Tribal priority.

*Produce Prescription Pilot Program.* The Committee report designates \$3 million for IHS to create, in coordination with Tribes and Urban Indian Organizations, a program to “allow medical providers to ‘prescribe’ fresh fruits and vegetables to individuals or households who are at-risk due to health status or income...” (Committee report, p. 126).

*Ending Hepatitis C, HIV/AIDS and STDs.* The bill provides an increase of \$22 million (equal to the President’s request) “to identify, treat, prevent, and eliminate Hepatitis C, HIV/AIDS, and sexually transmitted diseases” (Committee Report p. 125). Total funding for this initiative would be \$27 million.

Additional funding levels:

- Community Health Aide Program (CHAP): \$25 million (+\$20 million, equal to the President’s request)
- Tribal Epidemiology Centers: \$24 million (+\$14 million over FY 2021, \$13.6 million above the President’s request)
- Alzheimer’s Disease: \$5.5 million (+\$500,000)
- Accreditation Emergencies: \$58 million (equal to FY 2021).

The Interior bill is expected to be considered in the full House of Representatives during the last two weeks in July. The Senate has not yet released any of its FY 2022 Appropriations bills.

If you have any questions about the information contained in this update please Erin Morris, NIHB Congressional Relations Manager at [emorris@nihb.org](mailto:emorris@nihb.org)