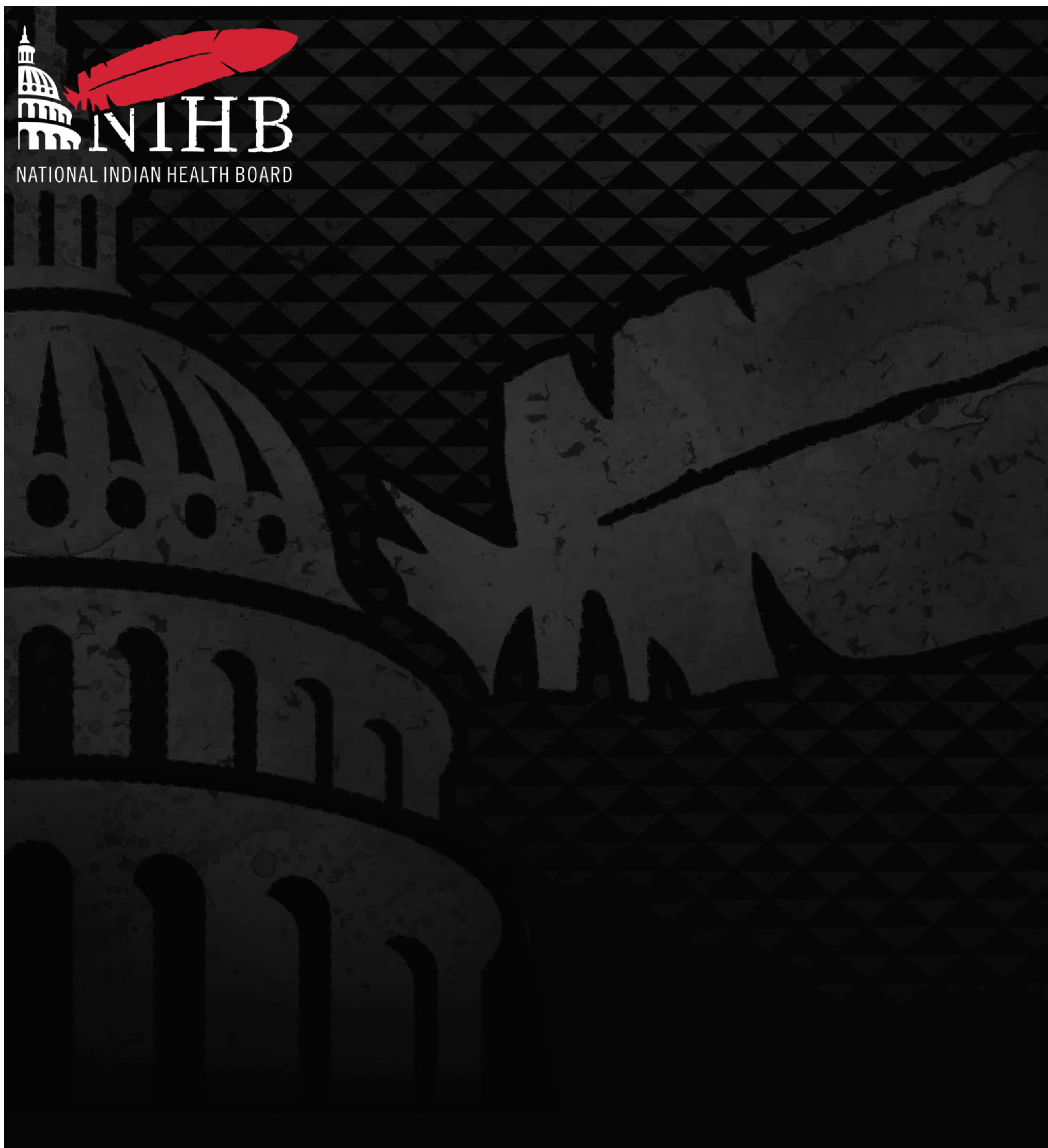

What Tribal Nations Need to Know About the President's FY 2027 Budget Proposal for HHS

April 16th, 2026

Background

On April 3, 2026, the President released his Fiscal Year (FY) 2027 Budget Request to Congress. The FY 2027 Budget Request for the Department of Health and Human Services (HHS) proposes a budget of $111.062 billion, 12.5% decrease of $15.849 billion from FY 2026 enacted levels. Like the President's Budget Request for FY 2026, the request for the upcoming fiscal year proposes major structural changes across HHS and the consolidation or elimination of many programs which could impact Tribal Nations and Tribal health systems. The National Indian Health Board (NIHB) has reviewed the proposed changes and offers the following summary of the key impacts on Tribal Nations and communities.

Indian Health Service (IHS)

FY 2027 IHS Congressional Justification

For the Indian Health Service (IHS), the Administration is requesting $9.094 billion, a 13% increase of $1.109 billion over the FY 2026 funding levels enacted by Congress. A large part of this increase comes from Contract Support Costs (CSCs) and 105(l) leases. The combined increase to IHS Services and Facilities is 5.8%, or $342.9 million. This increase reflects the Administration's stated commitment to improving the health outcomes of Indian Country, and ensuring adequate funding exists to improve and modernize health care delivery across the I/T/U system. See Appendix A for a full breakdown of the proposed IHS budget.

Services - $5.465 billion (8.1% increase)

In the proposed budget, IHS Services would be increased by $410.1 million over FY 2026, providing actual progress towards improving health care delivery across Indian Country. The Budget Request proposes increases to almost every services line item, with the exception of Urban Health and Indian Health Professions.

- Clinical Services - $4.951 billion (5.8% increase)

  The President's Budget Request for FY 2027 proposes an increase of $395.3 million for clinical services. This increase includes $247.4 million for current services, and $75.8 million for the staffing of newly constructed facilities, and $5.8 million for New Tribes – United Keetoowah Band of Cherokee Indians. This also includes and renews the President's FY 2026 Request for $6 million for New Tribes – Lumbee Tribe of North Carolina. The Request also includes $5 million for a new initiative of IHS-Operated Hospital Oversight. This proposal reflects the IHS' movement of all 20 IHS-operated hospitals under IHS' Chief Medical Officer.

  Every line item under Clinical Services received an increase of at least 3.8%. With the inflation rate for medical care services currently at 3.7%[1], the proposed increase of 5.8% to IHS Clinical Services would not only meet the rate of inflation for FY 2027, but would expand upon it, attempting to make up for previous fiscal years in which these accounts have not increased based on either inflation or population increases.

  Notably, the Budget Request also proposes a $96.4 million increase to Electronic Health Records (EHR), with $93 million of the increase marked for the EHR transition to PATH EHR. NIHB has long advocated for funding to get IHS fully through the EHR transition.

- Preventative Health - $221.1 million (7.3% increase)

  Similarly, Preventative Health received increases across the board. With increases of

8.3% for Public Health Nursing, 8.3% for Health Education, 5.2% for Community Health Representatives, and 5.1% for Immunization Alaska. Of these increases, $12.2 million is included for current services, and $2.6 million is included for staffing of newly constructed facilities.

- Other Services - $292.7 million (.1% decrease)
  The President's Budget Request for FY 2027 also included nearly flat funding for Other Services. Urban Health and Indian Health Professions are the only IHS Services line items to receive decreases, with Urban Health receiving a .4% decrease of $418,000 and Indian Health Professionals receiving a 3.3% decrease of $2.8 million.

IHS Facilities - $742 million (8.3% decrease)

The President's Budget Request for FY 2027 includes a substantial decrease in IHS Facilities funding. However, the bulk of the decrease comes from Sanitation Facilities Construction (SFC), which is proposed to be funded at $14 million, an 87% decrease from FY 2026. The Congressional Justification cites the $700 million in annual funding from the Bipartisan Infrastructure Law (BIL) for SFC, which combined would fund program activities.

When the BIL was enacted, it provided $3.5 billion for IHS SFC, to appropriate $700 million each year for FY 2022-2026. However, the BIL did not intend for this funding to supplant existing SFC funding but intended it to be combined with annual appropriations to make substantial progress in expanding access to safe water and wastewater disposal across Indian Country. Equipment would also receive a 2.5% decrease of $865,000.

For the other Facilities line items in the Budget Request for FY 2027, Maintenance and Improvement would receive a 1.7% increase of $2.8 million, Facilities and Environmental Health Support would receive a 6.1% increase of $19 million, and Health Care Facilities Construction (HCFC) would receive a 3.2% increase of $5.8 million. The HCFC increase would be combined with the $1 billion recently announced by HHS intended to address the IHS facilities backlog, which is a major priority for the Administration and for Tribal Health.

Advance Appropriations

One of the most critical provisions in this year's Budget Request to Congress is the inclusion of Advance Appropriations for IHS. First authorized by Congress in the FY 2023 Omnibus, Advance Appropriations[2] ensures that there are no lapses in funding which would jeopardize care in Indian Country. Following the longest government shutdown in history, the joint commitment of both the Administration and Congress has never been more essential.

President's Budget Request includes $5.654 billion in advance appropriations for FY 2028. Advance Appropriations are provided to every account except the Electronic Health Record System, the Indian Health Care Improvement Fund, Sanitation Facilities Construction, Health Care Facilities Construction, Contract Support Costs (CSCs), and Section 105(l) Leases.

CSCs and Section 105(l) Leases

Contract Support Costs (CSCs) and Section 105(l) Lease costs continue to grow annually as self-governance compacts and contracts continue to expand, and Tribes continue to utilize Section 105(l) Lease agreements for facility cost reimbursements. The costs associated with CSCs and 105(l) Leases are indefinite appropriations, meaning IHS must pay them, regardless of the amount of funding that has been provided. However, Congress continues to classify them under the discretionary budget, which is subject to funding caps. As these costs continue to grow, they continue to come up against the funding caps for HHS. For FY 2027, the President's Budget Request estimate, or "score," for CSCs is $1.958 billion, an increase of 7.7%. The score for Section 105(l) Leases is $929 million, an increase of 153.8%.

Special Diabetes Program for Indians (SDPI)

The Special Diabetes Program for Indians (SDPI) was reauthorized in the health extenders package attached to the Consolidated Appropriations Act of 2026 through December 31, 2026. The President's Budget includes $49 million for the SDPI for FY 2027, reflecting the $50 million Congress authorized for the remainder of Calendar Year 2026, following the end of FY 2026, less the $1 million sequestration IHS previously announced. For FY 2026, Congress authorized SDPI funding at $200 million. Unlike previous fiscal years, the President's Budget Request does not include a request for the entirety of FY 2027's funding for SDPI, as current law does not yet authorize mandatory funding beyond December 31, 2026.

Centers for Medicare and Medicaid Services (CMS)

FY 2027 CMS Congressional Justification

The Centers for Medicare and Medicaid Services (CMS) plays a critical role in fulfilling the federal government's trust and treaty obligations. Today, nearly 50% of American Indian and Alaska Native children are enrolled in Medicaid and Indian Health providers receive 30 to 60 percent of their funding from Medicaid billing. The vast majority of CMS, including Medicare, Medicaid, and the Child Health Insurance Program (CHIP), is funded through mandatory appropriations, while the President's Budget Request primarily focuses on discretionary appropriations. There are a few discretionary accounts under CMS that do impact Tribal health.

Tribal Outreach and Education – $3 million (3.1% decrease)

Within the discretionary CMS budget, Tribal-specific funding is limited. The FY 2027 budget includes a $3 million Outreach and Education Tribal set-aside. CMS Tribal outreach and education programming helps remove barriers that prevent AI/ANs from accessing CMS health care programs like Medicaid, Medicare, and CHIP. Enrollment in health care coverage through CMS programs helps reduce health disparities and improve the health status of AI/AN. The President's Budget Request includes a decrease of $97,000.

340B Drug Pricing Program

Similar to the FY 2026 proposal, the FY 2027 Budget Request proposed to move the administration of the 340B Drug Pricing Program to CDC. Currently, the program is administered by HRSA. For FY 2026, the 340B Drug Pricing Program budget request is $12.2 million for program administration, consistent with FY 2026 funding levels. While not a Tribal specific support, the 340B program provides participating IHS Tribal facilities, excluding hospitals, with discounted drugs from participating manufacturers. The 340B program remains a significant source of financial support for Tribal health.

Administration for a Healthy America (AHA)*

FY 2027 AHA Congressional Justification

In line with FY 2026, the FY 2027 Budget Request proposes the creation of the Administration for a Healthy America (AHA) and the consolidation and elimination of numerous programs across HHS. Under this proposal, the establishment of the AHA will consolidate programs from the Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Administration (SAMHSA), Office of the Assistant Secretary for Health (OASH), along with several other HHS programs, including some currently housed in the Centers for Disease Control (CDC). The FY 2027 Budget Request also proposed moving the Office of Minority Health (OMH) out of the Office of the Assistant Secretary for Health (OASH) to AHA, and would fund it at $45 million, a $29.8 million decrease.

Health Resources and Services Administration (HRSA)

- Maternal and Child Health

  The FY 2027 Budget Request outlines full funding for mandatory programs at the Health Resources and Services Administration (HRSA), as required by law. The budget request estimates $754.4 million for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, an increase of $141.5 million.

  Additionally, the Administration continues their support for Maternal health, requesting $767.3 million for the Maternal and Child Health Services Block Grant, a $51.5 million reduction. Alongside the FY 2026 Consolidated Appropriations Act, Congress encouraged HRSA to expand grants to Tribes and Tribal Organizations to address Maternal Mental Health and Substance Use Disorders. The AHA Congressional Justification states HRSA will work to expand support. Many line items within HRSA are proposed to be flat funded for FY 2027, including Maternal Mental Health and Substance Use Disorders at $12 million, Innovation for Maternal Health at $17.3 million, and Integrated Services for Pregnant and Postpartum Women at $10 million. However, the Budget Request also proposes the elimination of Healthy Start.

- Health Workforce

  Although the Budget request funds several maternal health line items, it also proposes several cuts to critical workforce programs in HRSA. The request proposes the elimination of the Advanced Nursing Education, which houses the Sexual Assault Examination Nurses (SANE) program, and Medical School Education. These programs are critical to providing additional support for expanding the Tribal health workforce and capacity as well as providing critical preventative and treatment services. Funding for the National Health Service Corps (NHSC) would be maintained

within the discretionary budget, at $130 million. The rest of the NHSC is mandatorily funded.

- HIV/AIDS
  Additionally, the Budget Request provides flat funding for the Ryan White HIV/AIDS Initiative, at $165 million, but would eliminate the Minority HIV/AIDS Fund, in line with the FY 2026 President's Budget Request.

Substance Abuse and Mental Health Services Administration (SAMHSA)

Similar to FY 2026, the President's Budget Request proposes to zero out several programs at SAMHSA. The President's Budget Request proposes eliminating the PRNS Tribal Behavioral Health Grant, which funds Circles of Care, which combats high suicide rates in Tribal communities by funding mental health support for young AI/ANs, and the Substance Use Prevention Services Tribal Behavioral Health Grant which funds Native Connections. Likewise, State Opioid Response Grants, and their set-aside, Tribal Opioid Response Grants, would be eliminated and consolidated into the new Behavioral Health Innovation Block Grant. Combined, these programs provide more than $50 million in behavioral health funding for Tribal communities. However, the Administration instead proposes $80 million for the Behavioral Health and Substance Use Disorder for Native Americans program, which was authorized by Congress in 2022, but has never been appropriated. Similarly, the Request proposes $19 million for the Rural Tribal Prevention Innovation Program, which has also never been appropriated.

For FY 2027, the President's Budget Request propose to reallocate funding from the GLS States Public Health Prevention Fund (PPHF) to the GLS State/Tribal Program, resulting in a $12 million increase over FY 2026, while the overall funding for GLS Youth Suicide Prevention is flat funded at $45.8 million. The Budget Request also proposes flat funding for the American Indian/Alaska Native Suicide Prevention Initiative and the ZERO Suicide program. Additionally, Project Advancing Wellness and Resiliency in Education (AWARE) is requested to be funded at $120.5 million, a $19.5 million reduction from FY 2026.

Centers for Disease Control and Prevention (CDC)

FY 2027 CDC Congressional Justification

While some programs were maintained, the President's Budget Request for FY 2027 proposes the elimination or movement of many critical programs.

For FY 2027, the President's Budget Request includes $260 million for Public Health Infrastructure funding, a $100 million decrease. Congress provides a 3% set-aside of this funding for Tribes. Unlike FY 2026, the President's Budget Request does not eliminate Strengthening Public Health Systems and Services in Indian Country, which is provided for within Public Health Infrastructure. However, it lists the funding for these cooperative agreements as To Be Determined. For FY 2026, CDC awarded $5.4 million in these funds.

In line with FY 2026, the President's Budget Request eliminates Racial and Ethnic Approaches to Community Health (REACH), which houses the Healthy Tribes program. The Healthy Tribes program includes Good Health and Wellness in Indian Country (GHWIC), Tribal Practices for Wellness in Indian Country (TPWIC), and Tribal Epidemiology Centers. It also eliminates Social Determinates of Health and Safe Motherhood and Infant Health.

National Diabetes Prevention Program (NDPP), which would result in a $37.3 million reduction to a long-standing, evidence-based program that plays a critical role in preventing diabetes nationwide. Notably, the House proposed a 5% set-aside for Tribes to this program in FY 2026. NDPP supports early intervention efforts that improve health outcomes and avert high cost and life-threatening complications such as renal failure, heart disease, and hypertension.

Surveillance for Emerging Threats to Mothers and Babies, along with Parasitic Diseases and Malaria, was consolidated into Emerging Infectious Diseases, which would be funded at $303.9 million for FY 2027, $27.9 million over FY 2026, similar to the FY 2026 request. However, the combined programs were funded at over $50 million.

CDC's FY 2027 budget request of $300,000,000 for the Consolidated Hepatitis, STI, and Tuberculosis Prevention Grant program is $70,344,000 below the FY 2026 enacted level. The budget request realigns the funding lines, Viral Hepatitis, Sexually Transmitted Infections (STIs), Domestic TB, and Infectious Diseases and Opioid Epidemic into the new proposed Consolidated Viral Hepatitis, STI and Tuberculosis Prevention Grant program.

Finally, Public Health Workforce, is maintained at $71 million, while the Surveillance, Epidemiology, and Informatics budget would receive an increase of $29.5 million. Surveillance, Epidemiology, and Informatics supports the National Syndromic Surveillance

Program (NSSP), the Electronic Case Reporting (eCR) program, and the National Notifiable Disease Surveillance System (NNDSS).

General Departmental Management (GDM)

FY 2027 GDM Congressional Justification

The FY 2027 President's Budget Request for the General Departmental Management (GDM) at HHS proposes the elimination of several Tribal-specific programs. Notably, the request eliminates the Minority HIV/AIDS fund that included a $6 million Tribal set-aside in FY 2026. Additionally, the President's Budget would move the Office of Minority Health, which includes the Center for Indigenous Innovation and Health, to AHA.

However, for FY 2027, the Administration proposed a new $14 million initiative to support Tribal health quality. The funds will be reallocated across Patient Safety, Health Services Research, Data, and Dissemination (HSR), and the Medical Expenditure Panel Survey (MEPS). The new funds will be reallocated to improve Tribally driven data collection and analysis.

National Institutes of Health (NIH)

FY 2027 NIH Congressional Justification

In line with the FY 2026 President's Budget request, the FY 2027 request proposes the consolidation and elimination of several institutes at the NIH. Notably, the Administration proposed the elimination of the National Institute on Minority Health and Health Disparities, which houses the Improving Native American Cancer Outcomes program. In FY 2026, Congress provided $9 million for this program to support research, education, outreach, and clinical access in Tribal communities.

The FY 2027 President's Budget request includes $324 million for the NIH Helping to End Addiction Long-term (HEAL) Initiative. Following Tribal consultation in 2018 and 2022, the HEAL Initiative launched the Native Collective Research Effort to Enhance Wellness (N CREW) program to address the high rates of overdose deaths in Tribal communities. The N CREW program supports Tribal community-led research on overdose, substance use, pain, and mental health, including incorporating traditional healing practices to reduce overdose deaths of Tribal citizens.

Administration for Children, Families, and Communities (ACFC)*

FY 2027 ACFC Congressional Justification

Similar to the proposed creation of AHA, and continuing on the FY 2026 President's Budget Request, the FY 2027 Request would combine the Administration for Children and Families and the Administration for Community Living into a new agency, the Administration for Children, Families, and Communities (ACFC). Across both of these agencies there are numerous accounts which support Human Services for Tribes, Family and Child Welfare, as well as others. For the latter, the major accounts are all flat funded from their FY 2026 levels.

Administration for Children and Families (ACF)

Family Violence Prevention and Services (FVPSA) regularly provide funds for preventative and supportive services, for instances of family, domestic, and dating violence. The overall funding for FVSPA included in the FY 2027 President's Budget Request is $245 million, flat funding from FY 2026 enacted. FVSPA includes a 10% Tribal set-aside, which is formula funded. FVPSA funding also covers the statutorily mandated funding for the Alaska Native Women's Resource Center, which would continue to be funded at $2 million, the National Indigenous Women's Resource Center, which would continue to be funded at $2 million, and the National Indigenous Domestic Violence Hotline, which would continue to be funded at $20.5 million.

The ACF also houses the Low-Income Home Energy Assistance Program (LIHEAP), which provides home heating and cooling assistance to low-income households. Much of Indian Country exists in extreme climates, Tribal communities in Alaska and Minnesota relying heavily on heating support, and communities across the desert relying on cooling. For FY 2027, the President's Budget again proposes to eliminate LIHEAP, which provided $42.4 million to Tribal grantees in FY 2026.

Administration for Community Living (ACL)

Similar to funding under ACF, the Tribal-specific programs under ACL would also be flat-funded for FY 2027. The Budget Request proposed $14 million Native American Caregivers Support, which funds support for the families and caregivers to AI/AN elders. This funding is provided alongside Native American Nutrition and Supportive Services, proposed to be funded at $40.3 million, to support the health, nutrition, and daily needs of AI/AN elders.

Appendix A

President's Budget Request to Congress

Indian Health Service - Fiscal Year 2027

	FY 2026 President's Budget Request	FY 2026 Enacted	FY 2027 President's Budget Request	Increase/ Decrease over FY 26	% Change from FY 26
Services					
Hospitals & Health Clinics	$2,654,289	$2,632,772	**$2,853,370**	$220,598	108.4%
Electronic Health Record System	$190,564	$190,564	**$287,007**	$96,443	150.6%
Dental Services	$259,501	$260,360	**$276,225**	$15,865	106.1%
Mental Health	$131,308	$133,693	**$138,714**	$5,021	103.8%
Alcohol & Substance Abuse	$267,404	$267,080	**$280,205**	$13,125	104.9%
Purchased/Referred Care	$1,002,755	$996,755	**$1,054,485**	$57,730	105.8%
Indian Health Care Improvement Fund	$74,138	$74,138	**$78,673**	$4,535	106.1%
Total, Clinical Services	***$4,579,959***	***$4,555,362***	***$4,950,679***	***$395,317***	***108.7%***
Public Health Nursing	$115,926	$114,200	**$123,705**	$9,505	108.3%
Health Education	$24,617	$24,524	**$26,569**	$2,045	108.3%
Comm. Health Reps	$65,212	$65,212	**$68,571**	$3,359	105.2%
Immunization AK	$2,183	$2,183	**$2,294**	$111	105.1%
Total, Preventive Health	***$207,938***	***$206,119***	***$221,139***	***$15,020***	***107.3%***
Urban Health	$90,419	$95,419	**$95,001**	-$418	99.6%
Indian Health Professions	$80,568	$84,568	**$81,801**	-$2,767	96.7%
Tribal Management	$2,986	$2,986	**$3,022**	$36	101.2%
Direct Operations	$103,805	$103,805	**$106,620**	$2,815	102.7%
Self-Governance	$6,174	$6,174	**$6,296**	$122	102.0%
Total, Other Services	***$283,952***	***$292,952***	***$292,740***	***-$212***	***99.9%***
Total Services	**$5,071,849**	**$5,054,433**	**$5,464,558**	**$410,125**	**108.1%**
Facilities					
Maintenance & Improvement	$170,595	$170,595	**$173,413**	$2,818	101.7%
Sanitation Facilities Constr.	$13,492	$107,943	**$13,998**	-$93,945	13.0%
Health Care Fac. Constr.	$182,679	$184,679	**$190,508**	$5,829	103.2%
Facil. & Envir. Hlth Supp.	$316,307	$311,407	**$330,369**	$18,962	106.1%
Equipment	$32,598	$34,598	**$33,733**	-$865	97.5%
Total Facilities	**$715,671**	**$809,222**	**$742,021**	**-$67,201**	**91.7%**
Total (Less CSCs and 105(l))	**$5,787,520**	**$5,863,655**	**$6,206,579**	**$342,924**	**105.8%**
Contract Support Costs	**$1,708,000**	**$1,819,000**	**$1,958,491**	**$139,491**	**107.7%**
Section 105(l) Leases	**$413,000**	**$366,000**	**$929,000**	**$563,000**	**253.8%**
Total Budget Authority	**$7,908,520**	**$8,048,655**	**$9,094,070**	**$1,109,415**	**113.0%**
Total (Advance Appropriations)	**$5,326,647**	**$5,306,331**	**$5,654,393**	**$348,062**	**106.6%**

Appendix B

Summary of Changes
Non-IHS Programs

CMS

- Tribal Outreach and Education – $3.0 million, a $97,000 decrease
- Moves the 340b Drug Pricing Program out of HRSA to CMS

AHA

- Moves the Office of Minority Health (OMH) out of the Office of the Assistant Secretary for Health (OASH) to AHA - $45 million, a $29.8 million decrease
- Rural Tribal Prevention Innovation Program - $19 million, newly created and appropriated

HRSA

- Opioid Overdose Prevention and Surveillance - $505.6 million, flat funding
- Ryan White HIV/AIDS Initiative – $165 million, flat funding
- Minority HIV/AIDS Fund – Eliminated
- Maternal and Child Health Services Block Grant – $767.3 million, $51.5 million decrease
- Innovation for Maternal Health – $17.3 million, flat funding
- Integrated Services for Pregnant and Postpartum Women – $10 million, flat funding
- Healthy Start – Eliminated
- Maternal Mental Health and Substance Use Disorders – $12 million, flat funding
- Maternal, Infant, and Early Childhood Home Visiting (MIECHV) – $754.4 million, $141.5 million increase *(mandatory)*
- National Health Service Corps (NHSC) – $130 million, flat funded *(discretionary)*
- Advanced Nursing Education – Eliminated
    - Sexual Assault Examination Nurses (SANE) – Eliminated

SAMHSA

- Project AWARE – $120.5 million, $19.5 million decrease
- National Strategy for Suicide Prevention – $30.2 million, flat funded
    - American Indian and Alaska Native Zero Suicide set-aside – $4.4 million, flat funded *(expected)*
- Garrett Lee Smith State/ Tribal Program – $45.8 million, $12 million increase
- American Indian/Alaska Native Suicide Prevention Initiative – $4.9 million, flat funded

- Targeted Capacity Expansion – $125.4 million, flat funded
    - Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA) Tribal set-aside – $15.5 million, flat funded *(expected)*
- Tribal Behavioral Health Grants, Mental Health PRNS – Eliminated ($26.3 million)
- Tribal Behavioral Health Grants, Substance Use Prevention – Eliminated ($25.7 million)
- State Opioid Response Grants – Eliminated and consolidated into the new Behavioral Health Innovation Block Grant
    - Tribal set-aside – Eliminated ($67.8 million)
- Behavioral Health and Substance Use Disorder for Native Americans – $80 million, newly appropriated

CDC

- Public Health Infrastructure and Capacity – $260 million, $100 million decrease
    - Strengthening Public Health Systems and Services in Indian Country Cooperative Agreement – To Be Determined[1]
- National Diabetes Prevention Program – Eliminated ($69 million)
- Safe Motherhood/Infant Health – Eliminated ($113.5 million)
- Racial and Ethnic Approaches to Community Health (REACH) – Eliminated ($69 million)
    - Healthy Tribes – Eliminated ($24 million)
- Surveillance for Emerging Threats to Mothers and Babies – Eliminated and consolidated into Emerging Infectious Diseases ($23 million)
- Surveillance, Epidemiology, and Informatics – $327.6 million, $29.5 million increase
- Public Health Workforce – $71 million, flat funded

GDM

- Healthcare Research – $239.5 million, $105.9 decrease
    - Patient Safety – Reallocating $4 million to adapt Comprehensive Unit-based Safety Program (CUSP) to Tribal systems
    - Health Services Research, Data, and Dissemination (HSR) – Reallocating $5 million to create a Tribal Healthcare Cost and Utilization Project (HCUP)
    - Medical Expenditure Panel Survey (MEPS) – $5 million to develop a pilot survey within MEPS for AI/AN households.
- Relocates the Office of Minority Health to AHA.
- Minority HIV/AIDS Fund – Eliminated ($56 million)

NIH

- National Institute on Minority Health and Health Disparities (NIMHD) – Eliminated ($538.4 million)
    - Improving Native American Cancer Outcomes – Eliminated ($9 million)

ACFC

ACF

- Low Income Home Energy Assistance Program – Eliminated ($4.045 billion)
- Tribal LIHEAP – Eliminated ($42.4 million)
- Family Violence Prevention and Services (FVPSA) – $245 million, flat funded
    - 10 percent set aside for Tribes – Maintained
    - Alaska Native Women's Resource Center – $2 million, flat funded
    - National Indigenous Women’s Resource Center – $2 million, flat funded
    - National Indigenous Domestic Violence Hotline – $20.5 million, flat funded

ACL

- Native American Caregivers Support – $14 million, flat funded
- Native American Nutrition and Supportive Services – $40.3 million, flat funded