



July 10, 2026

The Honorable Shelley Moore Capito
Chair, Subcommittee on Labor, Health and
Human Services, Education, and Related
Agencies
United States Senate Committee on
Appropriations
Washington, DC 20510

The Honorable Tammy Baldwin
Ranking Member, Subcommittee on Labor,
Health and Human Services, Education, and
Related Agencies
United States Senate Committee on
Appropriations
Washington, DC 20510

RE: Supporting Tribal Set-Asides and Native Health Investments in the FY 2027 Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill

Dear Chair Capito and Ranking Member Baldwin:

On behalf of the undersigned organizations and the 575 Tribal Nations and 41 Urban Indian Organizations (UIOs) we collectively serve, we request your continued leadership in strengthening Tribal health investments in the Fiscal Year (FY) 2027 Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) appropriations bill, including Tribal set-asides, designated Tribal health programs, and other programs supporting Tribal health. For FY 2026, the enacted Labor-HHS appropriations bill reflected a strong bipartisan commitment to Tribal health. Indian Country is particularly grateful for the newly dedicated Tribal set-aside in Public Health Infrastructure and for continued Tribal health funding across the Centers for Disease Control (CDC), the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), as well as the U.S. Department of Health and Human Services (HHS), more generally. We thank you for your steadfast support and dedication to Tribal health and encourage you to continue supporting improved health outcomes in Indian Country by ensuring dedicated funding across the agencies noted herein. Specifically, we request you:

- Maintain all enacted Tribal set-asides at or above FY 2026 enacted levels;
- Adopt the Tribal set-asides included in the FY 2026 House mark that were excluded in the final enacted bill as well as the new set asides from the FY 2027 House mark. These set asides are designed to ensure Tribal access to programs which address issues where American Indian and Alaska Native (AI/AN) populations face disproportionate burden;
- Preserve designated standalone Tribal health programs and increase their funding lines a minimum of 6.3 percent to meet medical inflation for 2026; and
- Establish or strengthen bill report language to ensure Tribes, Tribal organizations, and UIOs are explicitly eligible for funding when specific Tribal set-asides are absent.

The federal trust responsibility to American Indians/Alaska Natives (AI/ANs) extends well beyond the services provided by the Indian Health Service (IHS) to all agencies at the HHS. Critical wrap-around services and programs serving behavioral, maternal, and public health are

essential to fulfilling the trust responsibility and treaty obligations of the United States to ensuring “the highest possible health status for all Indians.”¹

However, most funds which Tribes, Tribal organizations, and UIOs utilize to grow and adapt their health programs exclude Tribal-specific set-asides, and many exclude Tribal eligibility. The IHS alone cannot fully meet the federal trust responsibility to Tribal Nations. Dedicated funding for Tribes, Tribal Organizations, and UIOs across HHS is essential to providing comprehensive, culturally competent care to American Indians and Alaska Natives. We request that Congress ensure all current Tribal set-asides in the Labor-HHS appropriations bill are preserved, strengthened, and expanded.

Thank you, again, for your bipartisan commitment to Indian Country in FY 2026. We stand ready to provide any assistance or additional information for your offices while drafting the FY 2027 Labor-HHS Appropriations bill.

Respectfully,

National Council of Urban Indian Health
National Congress of American Indians
National Indian Health Board

CC: Senator Susan Collins, Chair, Senate Appropriations Committee; Senator Patty Murray, Ranking Member, Senate Appropriations Committee; Members of the Senate Appropriations Committee

¹ Indian Health Care Improvement Act, 25 U.S.C. § 1602

APPENDIX

FY 2027 Tribal Health Priorities: SAMHSA, CDC, NIH, and HHS Office of the Secretary

Programs are organized below by the type of protection needed. This list does not cover all HHS agencies — programs serving Tribal communities and UIOs across ACF, and other divisions are not reflected here. We support the continuation of all Tribal set-asides and programs across HHS regardless of their appearance below.

A. FY 2026 Enacted Tribal Set-Asides — Maintain at or Above FY 2026 Enacted Levels

The FY 2026 enacted Labor-HHS bill includes the following dedicated Tribal set-asides, established in bill or report language. We urge the Senate to maintain each at or above FY 2026 enacted levels in FY 2027:

- **HRSA – National Health Service Corps (NHSC):** 15% Tribal set-aside enacted; FY 2027 House mark: 15%
- **CDC – Public Health Infrastructure:** 3% Tribal set-aside enacted; FY 2027 House mark: 6%
- **SAMHSA – State Opioid Response/Tribal Opioid Response (SOR/TOR):** 4.25% Tribal set-aside enacted; FY 2027 House mark: 4.5%
- **SAMHSA – American Indian and Alaska Native (AI/AN) Zero Suicide Initiative:** \$4.4 million enacted; FY 2027 House mark: \$4.4 million
- **SAMHSA – Medication Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA):** \$15.5 million Tribal set-aside enacted; FY 2027 House mark: \$20 million
- **HHS – Minority HIV/AIDS Prevention and Treatment Fund (MHAF):** \$6 million Tribal set-aside enacted; FY 2027 House mark: \$6 million

B. FY 2027 New House Mark Tribal Set-Asides and FY 2026 House Mark Tribal Set-Asides Not Enacted — Include in FY 2027

The FY 2027 House mark includes two Tribal set-asides that were not included in the final enacted bill and two additional Tribal set-asides. We urge the Senate to include both in the FY 2027 bill:

- **HRSA – Maternal Mental Health and Substance Use Disorders (MMHSUD):** FY 2027 House mark: 15% Tribal set-aside
- **HRSA – Innovation for Maternal Health Program:** FY 2027 House mark: 10% Tribal set-aside
- **CDC – National Diabetes Prevention Program (NDPP):** FY 2026 House mark: 5% Tribal set-aside; FY 2027 House mark: 5% Tribal set-aside
- **SAMHSA – Project Advancing Wellness and Resiliency in Education (AWARE):** FY 2026 House mark: 10% Tribal set-aside; FY 2027 House mark: \$11.1 million Tribal set-aside

C. Standalone Native Health Programs — Preserve and Increase

The following programs serve AI/AN populations either through explicit designation in bill or report language or through established Tribal-specific grant programs. We urge that each be preserved at a minimum at FY 2026 enacted levels and increased where possible in FY 2027:

- **CDC – Good Health and Wellness in Indian Country (GHWIC):** \$27 million enacted; FY 2027 House mark: \$30 million
- **SAMHSA – Tribal Behavioral Health Grants (Mental Health Programs of Regional and National Significance):** \$26.25 million enacted; FY 2027 House mark: \$30 million
- **SAMHSA – Tribal Behavioral Health Grants (Substance Abuse Prevention Programs of Regional and National Significance):** \$25.665 million enacted; FY 2027 House mark: \$30 million
- **SAMHSA – American Indian and Alaska Native Suicide Prevention Initiative:** \$4.9 million enacted; FY 2027 House mark: \$4.9 million
- **SAMHSA – Rural Tribal Prevention Innovation Program:** requested \$19 million in the President’s Budget, not enacted; FY 2027 House mark: \$19 million
- **ACL – Native American Caregivers Support:** \$14 million enacted; FY 2027 House mark: \$16 million
- **ACL – Native American Nutrition and Supportive Services:** \$40.3 million enacted; FY 2027 House mark: \$42.3 million
- **NIH/NIMHD – Initiative for Improving Native American Cancer Outcomes:** \$9 million enacted; FY 2027 House mark: \$15 million
- **Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention:** \$45.8 million total (state and Tribal grantees); Tribes, Tribal organizations, and UIOs are eligible but no dedicated Tribal set-aside exists; we urge the Senate to establish a Tribal set-aside within this program
- **SAMHSA – 988 Tribal Response Cooperative Agreements:** no dedicated Tribal set-aside or appropriations line; we urge the Senate to adopt the FY26 House report language directing SAMHSA to brief Congress on Tribal 988 capacity and to ensure dedicated resources for Tribal 988 response