Indian Health Service
Budget Overview
IHS CALIFORNIA AREA CONSULTATION
APRIL 6, 2022
Indian Health Service
Fiscal Year 2022 Budget
The enacted fiscal year (FY) 2022 budget includes a total discretionary budget authority of $6.6 billion, which is $395 million, or 6%, above the enacted FY 2021 funding level.

- The bill does not include advance appropriations, and does not reclassify Contract Support Costs and Tribal Lease Payments to mandatory funding.

This includes four accounts:

- Services: $4.7 billion
- Facilities: $940 million
- Contract Support Costs: $880 million
  - Remains an indefinite discretionary appropriation for fully funding CSC
- Payments for Tribal Leases: $150 million
  - Remains indefinite discretionary appropriation for fully funding the cost of section 105(l) leases
Funding Increases (*Services & Facilities*)

- $120 million in Current Services for pay costs, as well as medical and non-medical and inflation

- $99 million for staffing and operating costs of newly-constructed healthcare facilities
Funding Increases (Services & Facilities)

- The $99 million in staffing and operating costs for new and replacement facilities includes:
  - Yukon-Kuskokwim Primary Care Center in Bethel, AK (JV)
  - Naytahwaush Health Center in Naytahwaush, MN (JV)
  - Northeast Ambulatory Care Center in Scottsdale, AZ
  - Phoenix Indian Medical Center Central in Phoenix, AZ
  - Ysleta Del Sur Health Center in El Paso, TX (JV)
  - Alternative Rural Health Center in Dilkon, AZ
  - Elbowoods Memorial Health Center in New Town, ND (JV)
  - North Star Health Clinic in Seward, AK (JV)
Services Program Increases

Increases to the Hospitals and Health Clinics budget line include:

- $14 million for Tribal Epidemiology Centers
- $3 million for a new Produce Pilot Program
- $1 million for maternal health
- $500k for additional Alzheimer’s grants

The bill maintains funding for the HIV/Hep C initiative at the FY 2021 level of $5 million.
Services Program Increases (Cont.)

Increases to other budget lines within the Services account include:

- $111 million for modernization of the IHS Electronic Health Record system
- $2 million for Dental Health
  - $1 million for expanding Dental Support Centers
  - $1 million for the Electronic Dental Record
- $1 million for Alcohol and Substance Abuse for additional opioid grants
Services Program Increases (Cont.)

Increases to other budget lines within the Services account include:

- $10 million for Urban Indian Health
- $10 million for Direct Operations
- $5 million for additional Loan Repayment Awards
- $2 million for Public Health Nursing

Goal 3: Management and Operations, Obj. 3.3: Improve communication within the organization with tribes, urban Indian organizations, and other stakeholders, and with the general public.
Facilities Program Increases

Increases in the Facilities appropriation account include:

- $3 million for preliminary engineering reports
- $1 million for emergency generators

Health Care Facilities Construction funding remains flat with FY 2021 and includes:

- $10 million for staffing quarters
- $25 million for the Small Ambulatory Program
- $5 million for green infrastructure
Additional Budget Highlights

- Earmarks $40 million in Sanitation Facilities Construction Funding for specific projects directed by Congress in Alaska, New Mexico, and Oregon.

- Mandatory Funds: Special Diabetes Program for Indians
  - Extended through FY 2023 at the current $150 million funding level.
  - However, FY 2023 funding is impacted by the mandatory sequester, reducing total funding available to $147 million.
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Fiscal Year 2023 President’s Budget

The FY 2023 President’s Budget proposes the first ever fully mandatory budget for the IHS. In FY 2023, the Budget proposes a total of $9.3 billion for the IHS, which is +$2.5 billion above FY 2022. This includes four accounts:

- **Services**: $6.3 billion
- **Facilities**: $1.6 billion
- **Contract Support Costs**: $1.142 billion
  - Remains an indefinite appropriation for fully funding CSC
- **Payments for Tribal Leases**: $150 million
  - Remains an indefinite appropriation for fully funding the cost of section 105(l) leases

Goal 3: Management and Operations, Obj. 3.3: Improve communication within the organization with tribes, urban Indian organizations, and other stakeholders, and with the general public.
10-Year Funding Proposal

The mandatory budget proposal would be accomplished through new authorizing legislation, and would provide funding each year for 10 years.

- Funding culminates in a total of $36.7 billion in FY 2032, which is an increase of nearly $30 billion or a 296 percent over the 10-year window.
- Proposed funding would be fully exempt from sequestration, and the IHS would be protected from government shutdowns.
Key Proposals

The mandatory budget proposal addresses a number of longstanding Tribal priorities and critical challenges through additional funding increases over 10 years, including:

- $11.2 billion in the Services Account over 5 years to address the 2018 Level of Need Funded deficiency; and
- $6 billion over 5 years to complete the IHS transition to a fully modernized EHR solution.
Key Proposals (cont.)

The mandatory budget proposal addresses a number of longstanding Tribal priorities and critical challenges through additional funding increases over 10 years, including:

- $1.1 billion in the Facilities Account over 5 years to address the 1993 Health Care Facilities Construction Priority List; and

- $454 million in the Facilities Account over 5 years to address medical equipment needs for IHS and Tribal Health Programs.

Goal 3: Management and Operations, Obj. 3.3: Improve communication within the organization with tribes, urban Indian organizations, and other stakeholders, and with the general public.
Key Proposals (cont.)

The budget also includes targeted investments to address health challenges that disproportionately impact American Indians and Alaska Natives:

- +$47 million for Ending HIV & Hepatitis C in Indian Country;
- +$9 million for opioid use prevention and treatment activities; and
- +$4 million for maternal health activities.