

**INDIAN HEALTH SERVICE
FY 2017 BUDGET**

The FY 2017 President’s Budget proposal for IHS is \$5,185,015,000, an increase of \$377,426,000 (7.9%) over the FY 2016 Enacted level.

Appropriation	FY 2016	+/-	FY 2017	
SERVICES	\$3,566,387,000	\$248,722,000	\$3,815,109,000	
CONTRACT SUPPORT COSTS	\$717,970,000	\$82,030,000	\$800,000,000	
FACILITIES	\$523,232,000	\$46,674,000	\$569,906,000	
Total Discretionary	\$4,807,589,000	\$377,426,000	\$5,185,015,000	7.9%
Special Diabetes Program for Indians	\$150,000,000	\$0	\$150,000,000	
Tribal Behavioral Health - Mandatory	\$0	\$25,000,000	\$25,000,000	
Collections	\$1,202,077,000	\$0	\$1,202,077,000	
Total Program Level	\$6,159,666,000	\$402,426,000	\$6,562,092,000	

PRIORITIZING HEALTH CARE SERVICES

The FY 2017 Budget includes an increase of **\$159 million to maintain health care services** by covering costs of pay raises, inflation, and population growth.

The FY 2017 Budget also includes **\$49 million in funding increases to grow health care services**. Targeted funding increases are included to help close the gap in health disparities experienced by American Indians and Alaska Natives and improve their overall health and well-being.

\$46 million is focused on critical behavioral health services, including:

- \$15 million for Generation Indigenous substance abuse and suicide prevention projects to increase the number of child and adolescent behavioral health professionals and implement youth-based programming at IHS, tribal, and Urban Indian health programs;
- \$21 million to fund continued integration between medical care, behavioral health, and Tribal community organizations to provide the entire spectrum of prevention to impact health outcomes;
- \$4 million to fund implementation of pilot projects for the Zero Suicide Initiative in I/T/U organizations;
- \$2 million for a youth pilot project to fill the gap in services and provide a continuum of care for AI/AN youth after they are discharged and return home from Youth Regional Treatment Centers located at local levels; and
- \$4 million for domestic violence prevention to fund approximately 30 additional I/T/U organizations.

\$3 million is included to increase expand services provided through the Catastrophic Health Emergency Fund and Urban Indian Health Programs.

IMPROVING THE QUALITY OF HEALTH CARE DELIVERY

The FY 2017 budget includes funding increases intended to strengthen the provision of high-quality care. The budget proposes **an additional \$20 million for health information technology** to fund

improvement, enhancement, modernization, and security of health IT systems used for patient care data and **an additional \$2 million for the IHS Quality Consortium** that will coordinate quality improvement activities among the 28 IHS Hospitals and critical Access Hospitals to reduce Hospital Acquired Conditions and Avoidable Readmissions.

INCREASING ACCESS TO QUALITY HEALTH CARE SERVICES THROUGH IMPROVED INFRASTRUCTURE

The FY 2017 budget includes funds for infrastructure that is critical to health care delivery. **Funding increases totaling \$43 million** are proposed as follows:

- \$33 million to fund additional staff for five newly constructed facilities opening between 2015 and 2017, including three Joint Venture facilities where Tribes funded the construction and equipment costs;
- \$9 million for Tribal clinic leases and maintenance costs, specifically where Tribal space is ineligible for IHS Maintenance & Improvements funds;
- \$.5 million to provide additional funds in reducing the maintenance backlog of \$473 million at Federal and Tribal facilities.

The **total proposed budget for health care facilities construction is \$133 million**, which will be used:

- to complete construction of the Phoenix Indian Medical Center Northeast Ambulatory Care Center (\$53 million)
- to begin design of the White River Hospital (\$15 million)
- to continue construction of the Rapid City Health Center (\$28 million)
- to continue construction (infrastructure activities) of the Dilkon Alternative Rural Health Center (\$15 million)
- to fund the Small Ambulatory Grants Program (\$10 million)
- to fund the replacement and addition of new housing quarters in isolated and remote locations for healthcare professionals to enhance recruitment and retention (\$12 million)

SUPPORTING INDIAN SELF-DETERMINATION

The FY 2017 budget supports self-determination by continuing the separate indefinite appropriation account for Contract Support Costs (CSC) through FY 2017 and proposing to reclassify CSC as a mandatory, 3-year appropriation with sufficient increases year over year to fully fund the estimated need for the program, for both the IHS and the Bureau of Indian Affairs. This funding approach continues the policy to fully fund CSC and guarantee program reliability.

Mandatory Behavioral Health

The FY 2017 budget includes a Department of Health and Human Services-wide 2-year mandatory proposal to address behavioral health. Included in the proposal for IHS is:

- a new \$15 million Tribal Crisis Response Fund to assist Tribes experiencing behavioral health crises.
- an additional \$10 million to increase the number of American Indian and Alaska Native behavioral health professionals through the American Indians into Psychology program and IHS scholarships and loan repayment programs.