

Indian Health Service Budget Update

DIRECT SERVICE TRIBES ADVISORY COMMITTEE MEETING

MARCH 12, 2019

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Indian Health Service Fiscal Year 2019 Budget



Fiscal Year 2019 Budget

The enacted fiscal year (FY) 2019 budget includes a total discretionary budget authority of \$5.8 billion, which is \$266 million above the enacted FY 2018 funding level.

This includes three accounts:

- ❖ Services: \$4.1 billion
- ❖ Facilities: \$879 million
- ❖ Contract Support Costs: \$822 million
 - Remains an indefinite discretionary appropriation for fully funding CSC

Funding Increases *(Services & Facilities)*

- \$115 million for staffing and operating costs of newly-constructed healthcare facilities:
 - Red Tail Hawk Health Center in Arizona (plus expanded staff for Phoenix Indian Medical Center in Arizona),
 - Fort Yuma Health Center in California,
 - Muskogee (Creek) Nation Health Center in Oklahoma (JVCP),
 - Northern California Youth Regional Treatment Center in California,
 - Yukon-Kuskokwim Primary Care Center in Alaska (JVCP), and
 - Cherokee Nation Regional Health Center in Oklahoma (JVCP).

Services Program Increases

An increase of nearly \$47 million includes:

- \$25 million for tribal clinic operational costs;
- \$10 million for opioid prevention, treatment, and recovery services (Special Behavioral Health Pilot Program);
- \$8 million for Indian Health Professions and expansion of the Indians into Medicine Program;
- \$2 million for “new Tribes;” and
- \$2 million for urban Indian health.

Additional Budget Highlights

- Retains base funding levels and programs from FY 2018.
 - e.g. Community Health Representatives, Health Education, and Tribal Management Grants.
- Services technical adjustment: \$800 thousand for backfilling vacant dental positions in Headquarters transfers from the Direct Operations budget line to Dental Services.
 - No changes to tribal shares.

Additional Budget Highlights (*Cont.*)

- The period of availability is changed for a majority of Services funds.
 - Funds previously available for one FY are now available for two FYs, expiring on September 30, 2020.
 - No changes to funds available until expended (no-year funds).
- The Special Diabetes Program for Indians was previously reauthorized as a mandatory account through FY 2019 with a funding level of \$150 million.

Indian Health Service Fiscal Year 2020 President's Budget



Fiscal Year 2020 Budget Proposal

The Fiscal Year (FY) 2020 Budget requests a total discretionary budget authority of \$5.9 billion, which is \$392 million above the FY 2019 annualized continuing resolution level.

This includes three accounts:

- ❖ Services: \$4.3 billion
- ❖ Facilities: \$803 million
- ❖ Contract Support Costs: \$855 million
 - Remains an indefinite discretionary appropriation for fully funding CSC

Proposed Increases (*Services & Facilities*)

- \$69 million for current services: federal/tribal pay costs, inflation, and population growth
- \$98 million to fully fund staffing and operating costs for four newly-constructed healthcare facilities:
 - Cherokee Nation Regional Health Center in Oklahoma (JVCP),
 - Yakutat Tlingit Health Center in Alaska (JVCP),
 - Northern California Youth Regional Treatment Center in California, and
 - Ysleta Del Sur Health Center in Texas (JVCP).

Proposed Changes (*Services*)

Increasing access to quality health care services:

- \$2 million for quality and oversight
- \$8 million for recruitment and retention
- Funds for Tribes that received federal recognition (six in Virginia)
- \$20 million for nationwide expansion of the Community Health Aide Program (CHAP)
 - Part of a proposed reform of community-based care
 - Begins a transition of resources from the Community Health Representatives program to a national CHAP

Proposed Changes (*Services Cont.*)

Modernizing health care systems and addressing health epidemics:

- \$25 million for an initial investment in modernizing the Electronic Health Record system
 - Proposed as a new budget line
- \$25 million for establishing the Eliminating Hepatitis C and HIV/AIDS in Indian Country Initiative
 - Provides treatment and case management services to prevent Hepatitis C infection and enhance HIV testing

Proposed Changes (*Facilities*)

Supports health care facility infrastructure:

- \$166 million for health care facilities construction
- \$193 million for sanitation facilities construction
- \$444 million for maintenance and improvement, medical equipment, and the Facilities and Environmental Health Support program

Additional Budget Highlights

- Proposed Program Discontinuations: Health Education and Tribal Management Grants Program
- Mandatory Funds: Special Diabetes Program for Indians
 - \$150 million per year
 - Proposed reauthorization for FY 2020 and FY 2021
- Provide Federal Tort Claim Act coverage for IHS volunteers
- Authorize IHS to establish concurrent Federal/State jurisdiction at IHS Federal enclave properties

