Indian Health Service
Budget Update
DIRECT SERVICE TRIBES ADVISORY COMMITTEE MEETING
MARCH 12, 2019
ANN CHURCH, ACTING DIRECTOR, OFFICE OF FINANCE AND ACCOUNTING
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.
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
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