



# NPAIHB POLICY BRIEF

## IHS Appropriations Update

PREPARED BY: NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

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### **House Approves Joint Funding Resolution: Provides \$125 million increase for IHS Budget**

A Joint Resolution to fund remaining government operations passed in the House yesterday by a vote of 286-140—with 57 Republicans voting in favor of the bill. The resolution totals \$463.5 billion, the amount remaining under the Republican budget resolution for the current fiscal year. The House bill is organized according to the subcommittee structure of last year and covers over 60 programs under the following appropriations:

1. Agriculture, Rural Development, Food Drug Administration, and related Agencies
2. Energy and Water Development Appropriations
3. Foreign Operations, Export Financing, and related Agencies
4. The Department of Labor, Health and Human Services, and Related Agencies
5. Legislative Branch Appropriations
6. Military Quality Life and Veterans Affairs Appropriations
7. Science, State, Justice, Commerce, and Related Agencies Act
8. Transportation, Treasury, Housing and Urban Development, the Judiciary, the District of Columbia, and Independent Agencies Appropriations Act

Most programs covered by the resolution are funded at FY 2006 levels with increases to cover the cost of pay increases. Some programs received additional funding to maintain staffing levels, avoid furloughs, and meet increased costs or workloads for agencies, which also included the Indian Health Service (IHS). Section 20512 of the resolution **provides a \$125 million increase over the final approved FY 2006 level for the IHS budget.** Section 101 (c) of the resolution stipulates that amounts are subject to rescissions in previous bills: 1% in P.L. 109-148; 476% in P.L. 109-54, and; .28% in P.L. 109-108. This means that the IHS increase will be subject the FY 2006 rescissions unless an exemption is granted by Congress (the full text of the resolution was not available at time of print). The final increase for the IHS budget line items are being worked out now and not available yet.

The joint funding resolution explicitly eliminates earmarks in both the 2006 bill and report to honor the commitment to put a moratorium on earmarking until a reformed process was put in place.

Title I, Section 112 states:

*Any language specifying an earmark in a committee report or statement of managers accompanying an appropriations Act for fiscal year 2006 shall have no legal effect with respect to funds appropriated by this division.*

The House Appropriations Committee reduced funding for over 60 programs below the FY 2006 levels and rescinded unobligated balances that were used to invest in other programs—some the health programs include the following:

- Indian Health Service: \$2.8 billion, an increase of \$125 million to fund patient care and prevent significant reductions in clinical services.
- Veterans Healthcare: \$32.3 billion, an increase of \$3.6 billion above the 06 funding level (or \$4.8 billion if you exclude 06 emergency spending) to provide service for an anticipated increase of at least 325,000 patients and to meet rising healthcare costs.
- Defense Health Programs: \$21.2 billion, an increase of \$1.2 billion to provide care for service members and their families – including treating service members wounded in action in Iraq and Afghanistan.
- Community Health Centers: \$1.9 billion, an increase of \$206.9 million to finance over 300 new or expanded health centers, serving an estimated 1.2 million new patients. Within this total, \$25 million will provide additional funding to existing health centers in order to maintain critical health services.
- Ryan White CARE Grants: \$1.2 billion, an increase of \$75.8 million to bring it to the authorized level.
- National Institutes of Health: \$28.9 billion, an increase of \$619.5 million to reverse a projected decline in new NIH research project awards and support an additional 500 research project grants, 1,500 first time investigators, and expand funding for high risk and high impact research.
- Global HIV/AIDS funding: \$4.5 billion, an increase of \$1.3 billion to expand efforts to combat HIV/AIDS, and TB programs including in the 15 focus countries and the multilateral efforts through the Global Fund to Fight HIV/AIDS, TB and Malaria. This includes: \$3.2 billion from the State Department’s Global HIV/AIDS Initiative account; \$712 million from the Child Survival and Health Programs Fund account at USAID; and \$ 494 million for CDC and NIH Global HIV/AIDS activities. Of these amounts, \$724 million is for the US contribution to the Global Fund, \$625 million from State/USAID and \$99 million from HHS.

### **Senate Consideration**

The Senate can be expected to move the bill quickly since the current continuing resolution expires on February 15, 2007. The Congress then needs to begin work on the FY 2008 appropriations and will not want to delay the appropriations process much longer so they can also move onto other important legislative matters. Some things that could delay passage would be restorations in funding for military operations and supplemental funding that would require the House approval again. □

NPAIHB Policy Update is a publication of the Northwest Portland Area Indian Health Board, 527 S.W. Hall, Suite 300, Portland, OR 97140. For more information visit [www.npaihb.org](http://www.npaihb.org) or contact Jim Roberts, Policy Analyst, at (503) 228-4185 or by email [jroberts@npaihb.org](mailto:jroberts@npaihb.org).