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GENERAL MEMORANDUM 22-004

Congress Enacts FY 2022 Appropriations for the Indian Health Service and Other Federal Agencies

On March 15, 2022, President Biden signed the FY 2022 Consolidated Appropriations Act (P.L. 117-103) into law (almost halfway into the fiscal year). Government funding will now expire on September 30, 2022. The overall appropriations measure contains \$1.5 trillion in government spending. In addition to FY 2022 appropriations, the legislation contains other critical measures like the reauthorization of the Violence Against Women Act (VAWA).

Unfortunately, the bill does not contain meaningful increases for the Indian Health Service (IHS). It appropriates \$6.6 billion for IHS in FY 2022, which is \$394.7 million (6.3%) over the FY 2021 enacted level.¹ However, this is far less than the \$8.4 billion proposed by President Biden. In addition, the House-passed and Senate draft legislation contained considerably more for IHS at \$8.1 billion and \$7.6 billion, respectively. Nonetheless, this increase is still larger than IHS has received in recent years. For example, the IHS funding increase between FYs 2020 and 2021 was \$189.1 million (3.1%), and between FYs 2019 and 2020 the increase was \$242.9 million (4%).

Importantly, the omnibus does not contain the notable policy change that has been long requested by Tribal Nations and recently proposed by the Administration to transition IHS funding to an “advance appropriations” funding cycle. Advanced appropriations would mean that IHS appropriations would be enacted a year ahead of time and would not be dependent on short-term continuing resolutions. The Senate draft bill did contain this change but the House-passed appropriations bill did not. According to the FY 2022 President’s Budget request, advance appropriations would have provided “stable, predictable funding, allowing IHS, Tribal, and urban Indian health programs to effectively and efficiently manage budgets, coordinate care, and improve health outcomes for American Indians and Alaska Natives” (CJ-5).²

The omnibus also failed to enact a tribally supported change requested by the Biden Administration for Contract Support Costs (CSC) and 105(*l*) leases to reclassify these costs as “mandatory” funding. This was not enacted in FY 2022 appropriations, despite bipartisan support in Congress for this proposal. In FY 2022, CSC and 105(*l*) leases will maintain an “indefinite discretionary” appropriation. This means the IHS budget contains an estimate for

¹ By comparison, for FY 2022, overall Non-Defense Domestic discretionary spending was [increased by 6.7%](#) from FY 2021, so IHS spending is slightly less than spending increases for other domestic programs.

² The reference “CJ” refers to the Administration’s Congressional Budget Justification, and the term “Current Services” refers to medical and non-medical inflation, pay costs, and population growth. The full IHS CJ for FY 2022 can be found [here](#).

these items, but IHS will have available resources to pay these costs if the amount goes above the estimate. Had mandatory appropriations been enacted, it is likely that additional funding would have been available for other critical IHS funding line items.

- You can view the text of the FY 2022 omnibus [here](#) (IHS starts on page 349).
- You can view the Interior, Environment, and Related Agencies Explanatory statement [here](#).
- The House Committee Report (117-83) is also adopted by reference. That report can be found [here](#).
- A summary of all 12 regular Appropriations is available [here](#).

FY 2022 IHS Enacted Budget Overview

IHS OVERALL FUNDING

FY 2021 Enacted	\$6,236,279,000
FY 2022 Admin. Request	\$8,471,279,000
FY 2022 House	\$8,114,166,000
FY 2022 Senate draft	\$7,616,250,000
FY 2022 Enacted	\$6,630,986,000
<i>FY 2022 +/- FY 2021</i>	<i>\$ 394,707,000</i>
	<i>+6%</i>

INDIAN HEALTH SERVICES

FY 2021 Enacted	\$4,301,391,000
FY 2022 Admin. Request	\$5,678,336,000
FY 2022 House	\$5,799,102,000
FY 2022 Senate draft	\$5,414,143,000
FY 2022 Enacted	\$4,660,658,000
<i>FY 2022 +/- FY 2021</i>	<i>\$ 359,267,000</i>
	<i>+8.4%</i>

INDIAN HEALTH FACILITIES

FY 2021 Enacted	\$ 917,888,000
FY 2022 Admin. Request	\$ 1,500,943,000
FY 2022 House	\$ 1,285,064,000
FY 2022 Senate draft	\$ 1,172,107,000
FY 2022 Enacted	\$ 940,328,000
<i>FY 2022 +/- FY 2021</i>	<i>\$ 22,440,000</i>
	<i>+2.44%</i>

CONTRACT SUPPORT COSTS

FY 2021 Enacted	\$	916,000,000
FY 2022 Admin. Request	\$	880,000,000
FY 2022 House	\$	880,000,000
FY 2022 Senate draft	\$	880,000,000
FY 2022 Enacted	\$	880,000,000

ISDEAA 105(l) LEASES

FY 2021 Enacted	\$	101,000,000
FY 2022 Admin. Request	\$	150,000,000
FY 2022 House	\$	150,000,000
FY 2022 Senate draft	\$	150,000,000
FY 2022 Enacted	\$	150,000,000

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