

ISSUE

The relevance of the Indian Health Service (IHS) budget to the health priorities of Indian country is a result of a budget formulation and consultation process that involves IHS, tribal, and urban (I/T/U) Indian health program representatives and providers from the local to the national level.

BACKGROUND

The IHS budget request is improved and strengthened with the participation of health providers and tribal and urban Indian health representatives in its development. The process begins at the local level, where budget priorities are established based on the health priorities of the local community. The budget teams of the 12 IHS regions develop and submit budget recommendations for an agency budget request to the Department. In addition, the IHS budget formulation process contributes to a tribally developed needs-based national budget. The needs based budget is presented to the Department by representatives of the National Indian Health Board, the Tribal Self-Governance Advisory Committee to the IHS, the National Council of Urban Indian Health, and the National Congress of American Indians, as well as elected tribal officials. The needs-based budget is instrumental in apprising the Department Operating Divisions of the health needs of Indian country so that they have the opportunity to include those priorities in their individual budget requests to the Department. The IHS presents the formal IHS budget request to the Department.



SITUATION

The I/T/U continuously evaluates the budget formulation process to ensure it remains relevant and effective. As a result, the process is steadily improving and is responsive to changes in I/T/U leadership and I/T/U emerging and shifting health priorities. The I/T/U has identified two items for focused attention:

1. Budget Embargo – The tribal and urban partners in the development of the budget request are excluded from the budget process once the request is submitted to the Department of Health and Human Services and the Office of Management and Budget. Once the budget is embargoed from the public, the IHS must independently make budgetary decisions without the benefits of consultation with the tribes and urban Indian leadership. Because of the government-to-government relationship with tribes and the established consultation policies of the Department, tribes and urban partners should be included in the total budget request and feedback process. It is a reasonable business practice to have tribal and urban leadership plan and make decisions with the IHS because tribes and urban groups under self-determination contracts/compacts and grants administer nearly 50% of the budget.
2. Needs-Based Budget Justification – the participation of the I/T/U in the budget process continues to refine and quantify, to the maximum extent possible, the global picture of the health status of American Indian and Alaska Native people and the resources needed to provide health care services to them.

OPTIONS/PLANS

The IHS will continue to refine the I/T/U budget formulation process.

ADDITIONAL INFORMATION

For referral to the appropriate spokesperson, contact the IHS Public Affairs Staff at 301-443-3593.