



# Indian Health Service

The following table is in millions of dollars.

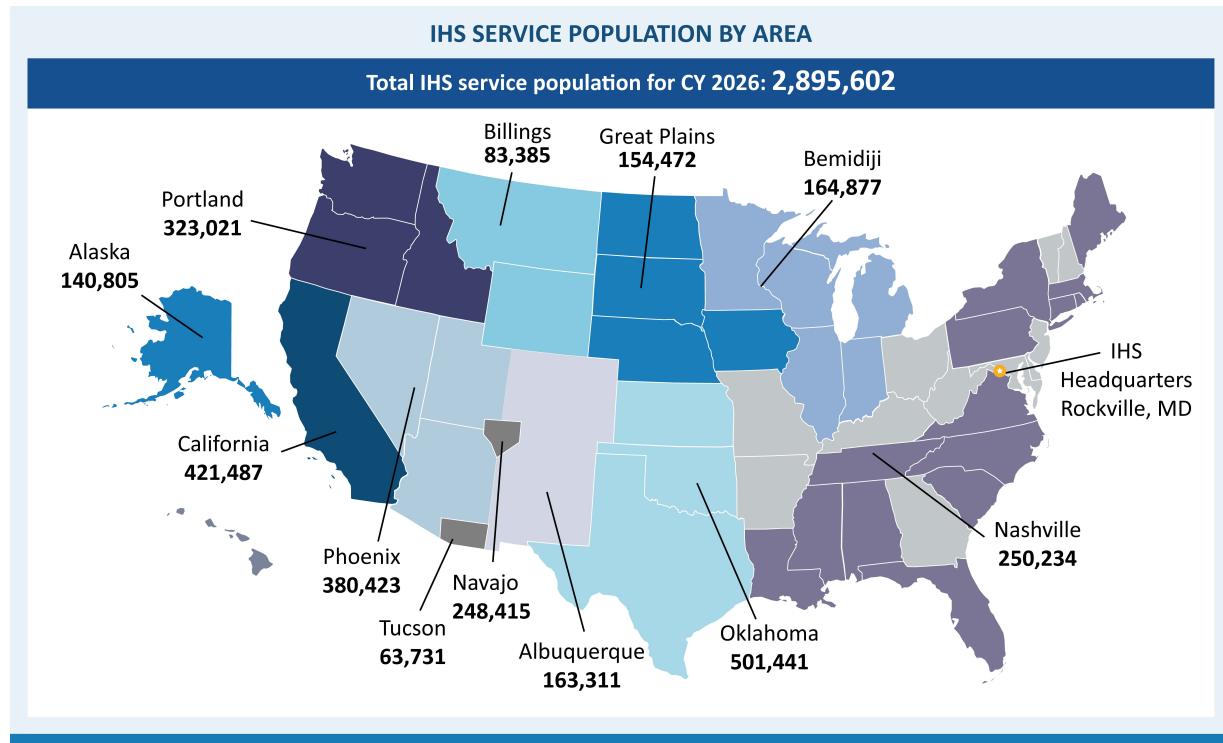
Services Account	2026 <sup>1</sup>
<b>Clinical Services</b>	<b>4,580</b>
Hospitals and Health Clinics	2,654
Electronic Health Record System	191
Dental Health	260
Mental Health	131
Alcohol and Substance Abuse	267
Purchased/Referred Care	1,003
<b>Indian Healthcare Improvement Fund</b>	<b>74</b>
<b>Preventive Health</b>	<b>208</b>
Public Health Nursing	116
Health Education	25
Community Health Representatives	65
Immunization Program (Alaska)	2
<b>Other Services</b>	<b>284</b>
Urban Indian Health	90
Indian Health Professions	81
Tribal Management Grants	3
Direct Operations	104
Self-Governance	6
	<b>Subtotal, Services Programs</b>
	<b>5,072</b>
<b>Facilities Account</b>	<b>2026</b>
Maintenance and Improvement	171
Sanitation Facilities Construction <sup>2</sup>	13
Healthcare Facilities Construction	183
Facilities and Environmental Health Support	316
Medical Equipment	33
	<b>Subtotal, Facilities Programs</b>
	<b>716</b>
<b>Contract Support Costs</b>	<b>2026</b>
	<b>Subtotal, Contract Support Costs</b>
	<b>1,708</b>
<b>Payments for Tribal Leases Account</b>	<b>2026</b>
	<b>Subtotal, Section 105 (/) Leases</b>
	<b>413</b>
<b>Special Diabetes Program for Indians</b>	<b>2026</b>
Proposed Law Mandatory Funding	159
<b>Total Indian Health Service Funding</b>	<b>2026</b>
	<b>Total, Program Level</b>
	<b>8,068</b>
Less Mandatory Funding (Proposed Law)	-159
	<b>Total, Budget Authority</b>
	<b>7,909</b>
Full-Time Equivalents <sup>3</sup>	15,232

<sup>1</sup> The Budget requests a total of \$87.135 million for staffing of newly constructed healthcare facilities, allocated across several funding lines.

<sup>2</sup> Excludes \$700 million in supplemental funding appropriated in the Infrastructure Investment and Jobs Act (P.L. 117-58) for FY 2026.

<sup>3</sup> FY 2026 FTE levels reflect estimates and are subject to change.

*The mission of the Indian Health Service is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.*



The federal government has a unique government-to-government relationship with 574 federally recognized Tribes. The Indian Health Service (IHS) serves as the principal healthcare provider and health advocate for American Indian and Alaska Native (AI/AN) people, with the mission of raising their health to the highest possible level. In calendar year (CY) 2026, IHS will provide healthcare to over 2.8 million AI/AN patients through a network of over 600 hospitals, clinics, and health stations on or near Indian reservations.

The FY 2026 President's Budget includes \$8.1 billion in mandatory and discretionary IHS funding. This total includes \$7.9 billion in discretionary funding and \$159 million in proposed funding for the mandatory Special Diabetes Program for Indians.

## INVESTING IN HIGH-QUALITY HEALTHCARE IN INDIAN COUNTRY

### Direct Healthcare Services

The budget invests in direct healthcare services through IHS by the inclusion of \$5.1 billion in the Services account. This funding will ensure direct healthcare service levels are maintained and that the agency can continue its efforts to address the most pressing public health challenges facing Indian Country.

### Staffing Increases

The budget provides \$87 million to fully fund staffing and operating costs for five newly constructed healthcare facilities. This includes the Elbowoods Memorial Health Center in North Dakota; Chugachmiut Regional Health Center and Mount Edgecumbe Medical Center in Alaska; Omak Clinic in Washington; and the Bodaway-Gap also known as Echo Cliffs Health Center in Arizona. These investments will expand healthcare

services and address critical needs in these communities.

#### New Tribe Funding

The Budget provides funding for New Tribes. These initial funds will start the support of delivery of healthcare services for the Lumbee Tribe. Full funding will be determined via the IHS' standard methodology for calculating funding estimates for New Tribes.

#### Health Information Technology

Health Information Technology provides the framework for the comprehensive and efficient management of health information and its secure exchange between consumers, providers, government quality entities, and insurers. Health Information Technology also offers tools to improve the quality, safety, and efficiency of the healthcare delivery system. In FY 2026, the budget will invest \$191 million to continue the transition to a new and modernized Electronic Health Record system.

### PREVENTIVE HEALTH

#### Special Diabetes Program for Indians

The Special Diabetes Program for Indians provides mandatory funds for diabetes treatment and prevention services to IHS, Tribal, and Urban Indian communities across the United States. As a result, AI/AN communities now have access to diabetes resources and quality diabetes care. The budget proposes to reauthorize the Special Diabetes Program for Indians through FY 2026 at \$159 million.

### FACILITIES AND CONSTRUCTION

#### Healthcare Facilities Construction

The IHS Healthcare Facilities Construction funds provide optimum availability of functional, modern IHS, and tribally operated healthcare facilities and staff quarters. In FY 2026, the budget provides \$183 million for the program. Healthcare services provided in these facilities support disease prevention and the delivery of comprehensive primary care in a community setting.

The program is funded based on the IHS Healthcare Facilities Construction Priority List, as required by

Congress. The Health Facilities Construction Project Priority List was finalized in 1993 and was developed by IHS in consultation with tribes in 1992. This list governs new and replacement facilities construction. The 2010 reauthorization of the Indian Health Care Improvement Act incorporated the priority list into statute.

#### Sanitation Facilities Construction

The Sanitation Facilities Construction Program is an integral component of IHS disease prevention activities. IHS has carried out the program since 1959 by using appropriated funds to provide water and waste disposal facilities for eligible AI/AN homes and communities. As a result, infant mortality rates and mortality rates for gastroenteritis and other environmentally related diseases have declined.<sup>1</sup> This program works collaboratively with Tribes to ensure all AI/AN homes and communities are provided with safe and adequate water, wastewater, and solid waste disposal facilities as soon as possible. The FY 2026 budget provides \$13 million for this program.

#### Other Facilities Programs

The FY 2026 budget includes \$520 million for the maintenance and improvement, medical equipment, and Facilities and Environmental Health Support programs. These programs fund IHS's ability to maintain, repair, and improve existing IHS and tribal healthcare facilities; purchase medical equipment; and support an extensive array of real property, community and institutional environmental health, and injury prevention programs.

<sup>1</sup> Thomas W. Hennessy, Troy Ritter, Robert C. Holman, Dana L. Bruden, Krista L. Yorita, Lisa Bulkow, James E. Cheek, Rosalyn J. Singleton, and Jeff Smith. The Relationship Between In-Home Water Service and the Risk of Respiratory Tract, Skin, and Gastrointestinal Tract Infections Among Rural Alaska Natives. American Journal of Public Health: November 2008, Vol. 98, No. 11, pp. 2072-2078.

## DILKON HEALTH CENTER



*In partnership with the Winslow Indian Health Care organization, IHS completed construction on the Dilkon Health Center in July 2023. This Federally-operated facility provides services to a user population of about 17,250 users across 20 Navajo reservation and 7 off-reservation communities in Arizona. It provides a range of healthcare services, including primary care, audiology, eyecare, and inpatient acute care. It features a 12-bed acute care nursing unit supported by dietary services and operates a 24-hour Level III emergency department. Adjacent to the main facility, 109 staff quarters were built as part of the project, ensuring close access and support for healthcare personnel.*

### Contract Support Costs

Contract Support Costs are the necessary and reasonable costs associated with administering the contracts and compacts through which Tribes assume direct responsibility for IHS programs and services. These are costs for activities the tribe must carry out to ensure compliance with the contract but are normally not carried out by IHS in its direct operation of the program. In CY 2024, IHS announced its policy for making eligible Contract Support Costs payments for anticipated third-party expenditures<sup>2</sup>, in alignment with the Supreme Court ruling in *Becerra v. San Carlos Apache Tribe* and *Becerra v. Northern Arapaho Tribe*<sup>3</sup>. In FY 2026, the budget fully funds Contract Support Costs at an estimated \$1.7 billion through an indefinite discretionary appropriation.

### Section 105(l) Leases

The Indian Self-Determination and Education Assistance Act requires compensation for reasonable operating costs associated with facilities leased or owned by Tribes and tribal organizations to carry out health programs under the Act. In FY 2026, the budget proposes to fully fund section 105(l) leases at an estimated \$413 million through an indefinite discretionary appropriation.

<sup>2</sup>[https://www.ihss.gov/sites/newsroom/themes/responsive2017/display\\_objects/documents/2024\\_Letters/DTI\\_12202024.pdf](https://www.ihss.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2024_Letters/DTI_12202024.pdf)

<sup>3</sup>[https://www.supremecourt.gov/opinions/23pdf/23-250\\_2dp3.pdf](https://www.supremecourt.gov/opinions/23pdf/23-250_2dp3.pdf)