An eligible individual who is employed in any project funded under title V of the Older Americans Act of 1965 (42 U.S.C. 3056 et seq.) and administered by the Forest Service shall be considered to be a Federal employee for purposes of chapter 171 of title 28, United States Code.

Funds appropriated to the Forest Service shall be available to pay, from a single account, the base salary and expenses of employees who carry out functions funded by other accounts for Enterprise Program, Geospatial Technology and Applications Center, remnant Natural Resource Manager, Job Corps, and National Technology and Development Program.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

INDIAN HEALTH SERVICE

INDIAN HEALTH SERVICES

For expenses necessary to carry out the Act of August 5, 1954 (68 Stat. 674), the Indian Self-Determination and Education Assistance Act, the Indian Health Care Improvement Act, and titles II and III of the Public Health Service Act with respect to the Indian Health Service, $5,218,127,000, to remain available until September 30, 2024, except as otherwise provided herein; and, in addition, $5,028,127,000, which shall become available on October 1, 2023, and remain available through September
30, 2025, except as otherwise provided herein; together
with payments received during each fiscal year pursuant
to sections 231(b) and 233 of the Public Health Service
Act (42 U.S.C. 238(b) and 238b), for services furnished
by the Indian Health Service: Provided, That funds made
available to Tribes and Tribal organizations through con-
tracts, grant agreements, or any other agreements or com-
pacts authorized by the Indian Self-Determination and
Education Assistance Act of 1975 (25 U.S.C. 450), shall
be deemed to be obligated at the time of the grant or con-
tract award and thereafter shall remain available to the
Tribe or Tribal organization without fiscal year limitation:
Provided further, That $2,500,000 shall be available for
each of fiscal years 2023 and 2024 for grants or contracts
with public or private institutions to provide alcohol or
drug treatment services to Indians, including alcohol de-
toxification services: Provided further, That of the total
amount of funds provided, $2,201,656,000 shall remain
available until expended for Purchased/Referred Care, of
which $1,100,828,000 shall be from funds that become
available on October 1, 2023: Provided further, That of
the total amount specified in the preceding proviso for
Purchased/Referred Care, $106,000,000 shall be for the
Indian Catastrophic Health Emergency Fund of which
$54,000,000 shall be from funds that become available on
October 1, 2022: Provided further, That for each of fiscal years 2023 and 2024, up to $66,000,000 shall remain available until expended for implementation of the loan repayment program under section 108 of the Indian Health Care Improvement Act: Provided further, That of the total amount of funds provided, $116,000,000, including $58,000,000 from funds that become available on October 1, 2023, shall be for costs related to or resulting from accreditation emergencies, including supplementing activities funded under the heading “Indian Health Facilities”, of which up to $4,000,000 for each of fiscal years 2023 and 2024 may be used to supplement amounts otherwise available for Purchased/Referred Care: Provided further, That the amounts collected by the Federal Government as authorized by sections 104 and 108 of the Indian Health Care Improvement Act (25 U.S.C. 1613a and 1616a) during the preceding fiscal year for breach of contracts shall be deposited in the Fund authorized by section 108A of that Act (25 U.S.C. 1616a–1) and shall remain available until expended and, notwithstanding section 108A(c) of that Act (25 U.S.C. 1616a–1(c)), funds shall be available to make new awards under the loan repayment and scholarship programs under sections 104 and 108 of that Act (25 U.S.C. 1613a and 1616a): Provided further, That the amounts made available within this ac-
count for the Substance Abuse and Suicide Prevention Program, for Opioid Prevention, Treatment and Recovery Services, for the Domestic Violence Prevention Program, for the Zero Suicide Initiative, for the housing subsidy authority for civilian employees, for Aftercare Pilot Programs at Youth Regional Treatment Centers, for transformation and modernization costs of the Indian Health Service Electronic Health Record system, for national quality and oversight activities, to improve collections from public and private insurance at Indian Health Service and tribally operated facilities, for an initiative to treat or reduce the transmission of HIV and HCV, for a maternal health initiative, for the Telebehavioral Health Center of Excellence, for Alzheimer’s grants, for Village Built Clinics, for a produce prescription pilot, and for accreditation emergencies shall be allocated at the discretion of the Director of the Indian Health Service and shall remain available until expended: Provided further, That funds provided in this Act that are available for 2 fiscal years may be used in their second year of availability for annual contracts and grants that fall within 2 fiscal years, provided the total obligation is recorded in such second year of availability: Provided further, That the amounts collected by the Secretary of Health and Human Services under the authority of title IV of the Indian Health Care Improve-
ment Act (25 U.S.C. 1613) shall remain available until expended for the purpose of achieving compliance with the applicable conditions and requirements of titles XVIII and XIX of the Social Security Act, except for those related to the planning, design, or construction of new facilities: Provided further, That funding contained herein for scholarship programs under the Indian Health Care Improvement Act (25 U.S.C. 1613) shall remain available until expended: Provided further, That amounts received by Tribes and Tribal organizations under title IV of the Indian Health Care Improvement Act shall be reported and accounted for and available to the receiving Tribes and Tribal organizations until expended: Provided further, That the Bureau of Indian Affairs may collect from the Indian Health Service, and from Tribes and Tribal organizations operating health facilities pursuant to Public Law 93–638, such individually identifiable health information relating to disabled children as may be necessary for the purpose of carrying out its functions under the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.): Provided further, That none of the funds provided that become available on October 1, 2023, may be used for implementation of the Electronic Health Record System: Provided further, That none of the funds appropriated by this Act, or any other Act, to the Indian Health Service for
the Electronic Health Record system shall be available for
obligation or expenditure for the selection or implementa-
tion of a new Information Technology infrastructure sys-
tem, unless the Committees on Appropriations of the
House of Representatives and the Senate are consulted 90
days in advance of such obligation.

CONTRACT SUPPORT COSTS

For payments to Tribes and Tribal organizations for
contract support costs associated with Indian Self-Deter-
mination and Education Assistance Act agreements with
the Indian Health Service for fiscal year 2023, such sums
as may be necessary: Provided, That notwithstanding any
other provision of law, no amounts made available under
this heading shall be available for transfer to another
budget account: Provided further, That amounts obligated
but not expended by a Tribe or Tribal organization for
contract support costs for such agreements for the current
fiscal year shall be applied to contract support costs due
for such agreements for subsequent fiscal years.

PAYMENTS FOR TRIBAL LEASES

For payments to Tribes and Tribal organizations for
leases pursuant to section 105(l) of the Indian Self-Deter-
mination and Education Assistance Act (25 U.S.C.
5324(l)) for fiscal year 2023, such sums as may be nec-
essary, which shall be available for obligation through Sep-
Provided, That notwithstanding any other provision of law, no amounts made available under this heading shall be available for transfer to another budget account.

**INDIAN HEALTH FACILITIES**

For construction, repair, maintenance, demolition, improvement, and equipment of health and related auxiliary facilities, including quarters for personnel; preparation of plans, specifications, and drawings; acquisition of sites, purchase and erection of modular buildings, and purchases of trailers; and for provision of domestic and community sanitation facilities for Indians, as authorized by section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a), the Indian Self-Determination Act, and the Indian Health Care Improvement Act, and for expenses necessary to carry out such Acts and titles II and III of the Public Health Service Act with respect to environmental health and facilities support activities of the Indian Health Service, $1,081,936,000, to remain available until expended; and, in addition, $548,950,000, which shall become available on October 1, 2023, and remain available until expended: Provided, That notwithstanding any other provision of law, funds appropriated for the planning, design, construction, renovation, or expansion of health facilities for the benefit of an Indian Tribe or Tribes may
be used to purchase land on which such facilities will be located: Provided further, That not to exceed $500,000 may be used for each of fiscal years 2023 and 2024 by the Indian Health Service to purchase TRANSAM equipment from the Department of Defense for distribution to the Indian Health Service and Tribal facilities: Provided further, That none of the funds provided that become available on October 1, 2023, may be used for Health Care Facilities Construction or for Sanitation Facilities Construction: Provided further, That of the amount appropriated under this heading for fiscal year 2023 for Sanitation Facilities Construction, $15,192,000 shall be for projects specified for Sanitation Facilities Construction (CDS) in the table titled “Congressionally Directed Spending Items” included in the explanatory statement accompanying this Act: Provided further, That none of the funds appropriated to the Indian Health Service may be used for sanitation facilities construction for new homes funded with grants by the housing programs of the United States Department of Housing and Urban Development.

**Administrative Provisions—Indian Health Service**

Appropriations provided in this Act to the Indian Health Service shall be available for services as authorized by 5 U.S.C. 3109 at rates not to exceed the per diem rate equivalent to the maximum rate payable for senior-level
positions under 5 U.S.C. 5376; hire of passenger motor
vehicles and aircraft; purchase of medical equipment; pur-
chase of reprints; purchase, renovation, and erection of
modular buildings and renovation of existing facilities;
payments for telephone service in private residences in the
field, when authorized under regulations approved by the
Secretary of Health and Human Services; uniforms, or al-
allowances therefor as authorized by 5 U.S.C. 5901–5902;
and for expenses of attendance at meetings that relate to
the functions or activities of the Indian Health Service:
Provided, That in accordance with the provisions of the
Indian Health Care Improvement Act, non-Indian patients
may be extended health care at all tribally administered
or Indian Health Service facilities, subject to charges, and
the proceeds along with funds recovered under the Federal
Medical Care Recovery Act (42 U.S.C. 2651–2653) shall
be credited to the account of the facility providing the
service and shall be available without fiscal year limitation:
Provided further, That notwithstanding any other law or
regulation, funds transferred from the Department of
Housing and Urban Development to the Indian Health
Service shall be administered under Public Law 86–121,
the Indian Sanitation Facilities Act and Public Law 93–
638: Provided further, That funds appropriated to the In-
dian Health Service in this Act, except those used for ad-
ministrative and program direction purposes, shall not be
subject to limitations directed at curtailing Federal travel
and transportation: Provided further, That none of the
funds made available to the Indian Health Service in this
Act shall be used for any assessments or charges by the
Department of Health and Human Services unless identi-
ified in the budget justification and provided in this Act,
or approved by the House and Senate Committees on Ap-
propriations through the reprogramming process: Pro-
vided further, That notwithstanding any other provision of
law, funds previously or herein made available to a Tribe
or Tribal organization through a contract, grant, or agree-
ment authorized by title I or title V of the Indian Self-
Determination and Education Assistance Act of 1975 (25
U.S.C. 450 et seq.), may be deobligated and reobligated
to a self-determination contract under title I, or a self-
governance agreement under title V of such Act and there-
after shall remain available to the Tribe or Tribal organi-
ization without fiscal year limitation: Provided further,
That none of the funds made available to the Indian
Health Service in this Act shall be used to implement the
final rule published in the Federal Register on September
16, 1987, by the Department of Health and Human Serv-
ces, relating to the eligibility for the health care services
of the Indian Health Service until the Indian Health Serv-
ice has submitted a budget request reflecting the increased costs associated with the proposed final rule, and such request has been included in an appropriations Act and enacted into law: Provided further, That with respect to functions transferred by the Indian Health Service to Tribes or Tribal organizations, the Indian Health Service is authorized to provide goods and services to those entities on a reimbursable basis, including payments in advance with subsequent adjustment, and the reimbursements received therefrom, along with the funds received from those entities pursuant to the Indian Self-Determination Act, may be credited to the same or subsequent appropriation account from which the funds were originally derived, with such amounts to remain available until expended: Provided further, That reimbursements for training, technical assistance, or services provided by the Indian Health Service will contain total costs, including direct, administrative, and overhead costs associated with the provision of goods, services, or technical assistance: Provided further, That the Indian Health Service may provide to civilian medical personnel serving in hospitals operated by the Indian Health Service housing allowances equivalent to those that would be provided to members of the Commissioned Corps of the United States Public Health Service serving in similar positions at such hospitals: Provided further, That the
appropriation structure for the Indian Health Service may
not be altered without advance notification to the House
and Senate Committees on Appropriations.

NATIONAL INSTITUTES OF HEALTH
NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH
SCIENTIFIC ACTIVITIES

For necessary expenses for the National Institute of
Environmental Health Sciences in carrying out activities
set forth in section 311(a) of the Comprehensive Environ-
mental Response, Compensation, and Liability Act of
1980 (42 U.S.C. 9660(a)) and section 126(g) of the
Superfund Amendments and Reauthorization Act of 1986,
$83,035,000.

AGENCY FOR TOXIC SUBSTANCES AND DISEASE
REGISTRY

For necessary expenses for the Agency for Toxic Sub-
stances and Disease Registry (ATSDR) in carrying out
activities set forth in sections 104(i) and 111(c)(4) of the
Comprehensive Environmental Response, Compensation,
and Liability Act of 1980 (CERCLA) and section 3019
of the Solid Waste Disposal Act, $85,020,000: Provided,
That notwithstanding any other provision of law, in lieu
of performing a health assessment under section 104(i)(6)