



**CONGRESSIONAL BUDGET OFFICE  
COST ESTIMATE**

May 9, 2016

**H.R. 3691  
Improving Treatment for Pregnant and Postpartum Women  
Act of 2015**

*As ordered reported by the House Committee on Energy and Commerce on April 28, 2016*

**SUMMARY**

H.R. 3691 would reauthorize programs for residential treatment of pregnant and postpartum women. The bill also would require the Substance Abuse and Mental Health Services Administration (SAMHSA) to establish a pilot program to award grants to support programs that treat substance abuse in pregnant and postpartum women. Additionally, H.R. 3691 would reduce amounts authorized to be appropriated for existing activities related to bioterrorism and public health emergencies at the Centers for Disease Control and Prevention (CDC). Assuming appropriation actions consistent with the bill, CBO estimates that implementing H.R. 3691 would have a net discretionary cost of \$65 million over the 2017-2021 period.

Pay-as-you-go procedures do not apply because enacting H.R. 3691 would not affect direct spending or revenues. CBO estimates that enacting H.R. 3691 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2027

H.R. 3691 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA).

**ESTIMATED COST TO THE FEDERAL GOVERNMENT**

The estimated budgetary effect of H.R. 3691 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By Fiscal Year, in Millions of Dollars					2017- 2021
	2017	2018	2019	2020	2021	
<b>CHANGES IN SPENDING SUBJECT TO APPROPRIATION</b>						
Substance Abuse and Mental Health Services Administration						
Authorization Level	17	17	17	17	17	85
Estimated Outlays	5	14	16	17	17	69
Centers for Disease Control and Prevention						
Authorization Level	-5	0	0	0	0	-5
Estimated Outlays	-2	-2	-1	*	*	-5
Total Changes						
Authorization Level	12	17	17	17	17	80
Estimated Outlays	4	12	16	17	17	65

Notes: \* = between \$0 and -\$500,000; details may not add to totals because of rounding.

## **BASIS OF ESTIMATE**

For this estimate, CBO assumes that H.R. 3691 will be enacted near the end of fiscal year 2016 and that spending will follow historical patterns for similar programs.

### **Substance Abuse and Mental Health Services Administration**

H.R. 3691 would reauthorize grants for residential treatment programs for pregnant and postpartum women. The authority for those grant programs at SAMHSA expired in 2003; however, the Congress has continued to appropriate funds each year. For fiscal year 2016, SAMHSA received an appropriation of \$15.9 million for those programs. The bill also would require SAMHSA to establish a pilot program to award grants to support programs to treat substance abuse in pregnant and postpartum women and to fund an evaluation of the pilot program. The bill would authorize the appropriation of \$16.9 million for these activities for each of fiscal years 2017 through 2021. Assuming appropriation of the specified amounts, CBO estimates that implementing these provisions would cost about \$69 million over the 2017-2021 period.

## **Centers for Disease Control and Prevention**

Under current law, an authorization of appropriation of \$138 million exists for 2017 for CDC activities related to bioterrorism and public health emergencies. H.R. 3691 would reduce the amount authorized by \$5 million in 2017. Assuming appropriations are reduced accordingly, CBO estimates that implementing this provision would result in \$5 million less in discretionary outlays for those activities over 2017-2021 period.

**PAY-AS-YOU-GO CONSIDERATIONS:** None.

## **INCREASE IN LONG-TERM DIRECT SPENDING AND DEFICITS**

CBO estimates that enacting H.R. 3691 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2027.

## **INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT**

H.R. 3691 contains no intergovernmental or private-sector mandates as defined in UMRA. Any costs incurred by states or local governments that apply for grants authorized by the bill would be incurred voluntarily as a condition of federal assistance.

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