



**CONGRESSIONAL BUDGET OFFICE
COST ESTIMATE**

July 23, 2015

S. 466
Quality Care for Moms and Babies Act
As ordered reported by the Senate Committee on Finance on June 24, 2015

SUMMARY

S. 466 would authorize the appropriation of \$31 million for the Department of Health and Human Services (HHS) to identify and publish quality measures for maternal and infant health and to award grants to develop or expand collaborative activities related to maternity and infant care quality. CBO estimates that implementing S. 466 would cost \$31 million over the 2016-2020 period, assuming appropriation of the specified amounts. Enacting S. 466 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

S. 466 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 impact of S. 466 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By Fiscal Year, in Millions of Dollars					2016-2020
	2016	2017	2018	2019	2020	

CHANGES IN SPENDING SUBJECT TO APPROPRIATION

Maternal and Infant Health						
Quality Measures						
Authorization Level	16	0	0	0	0	16
Estimated Outlays	3	4	4	3	2	16
Grants for Quality Collaboratives						
Authorization Level	15	0	0	0	0	15
Estimated Outlays	3	8	4	0	0	15
Total Changes						
Authorization Level	31	0	0	0	0	31
Estimated Outlays	6	12	8	3	2	31

BASIS OF ESTIMATE

For this estimate, CBO assumes that the legislation will be enacted near the beginning of fiscal year 2016 and that the amounts specified will be appropriated in that year.

S. 466 would authorize the appropriation of \$16 million for the Secretary of HHS to identify and publish quality measures for maternal and infant health. The legislation would require HHS to:

- Make initial measures available for public comment no later than January 2018;
- Publish final measures applicable to mothers and infants eligible for Medicaid or the Children’s Health Insurance Program by January 2019; and
- Establish a Maternal and Infant Quality Measurement Program to improve and expand those measures, including providing grants to develop and test evidence-based measures.

Based on historical spending for similar programs—the Child Health Quality Measures established by the Children’s Health Insurance Program Reauthorization Act of 2009 and the Adult Health Quality Measures established by the Patient Protection and Affordable Care Act—CBO estimates that implementing similar measures for mothers and infants would cost \$16 million over the 2016-2020 period.

The bill also would authorize the appropriation of \$15 million for HHS to award grants to develop and expand quality collaboratives for maternity and infant care. A quality collaborative is a group of people or organizations—for example, universities, state and local agencies, health systems, and professional associations—working together to improve health care. Funding also would be used to make reports, tools, and other resources of individual collaboratives available to others. Based on historical spending by similar programs, CBO estimates that implementing these grants would cost \$15 million over the 2016-2018 period.

PAY-AS-YOU-GO CONSIDERATIONS: None.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

S. 466 contains no intergovernmental or private-sector mandates as defined in UMRA and would impose no costs on state, local, or tribal governments.

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