

**H.R. 4995, Maternal Health Quality Improvement Act of 2019**

As ordered reported by the House Committee on Energy and Commerce on November 19, 2019

By Fiscal Year, Millions of Dollars	2020	2020-2025	2020-2030
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	*	233	not estimated
Statutory pay-as-you-go procedures apply?	No	<b>Mandate Effects</b>	
Increases on-budget deficits in any of the four consecutive 10-year periods beginning in 2031?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No
* = between zero and \$500,000.			

H.R. 4995 would require the Health Resources and Services Administration or the Centers for Disease Control and Prevention to establish five new grant programs and one new demonstration program. Specifically:

- Section 102 would establish a new grant program for rural obstetric collaborative networks and would authorize \$3 million each year from 2020 through 2024 to support those activities.
- Section 104 would establish a demonstration program to improve training for providers of maternal care in rural areas and would authorize \$5 million each year from 2020 through 2024 to support those activities.
- Section 201 would establish a competitive grant program to identify, develop, or disseminate for best practices for improving maternal health care and infant health outcomes and would authorize \$10 million each year from 2020 through 2024 to support those activities.
- Section 202 would establish a grant program for the training of health professionals to reduce and prevent discrimination in the provision of maternal care and would authorize \$5 million each year from 2020 through 2024 to support those activities.



- Section 204 would establish a grant program to improve perinatal care and health outcomes and would authorize \$65 million each year from 2020 through 2024 to support those activities. Under current law, \$58 million is authorized for those activities each year through 2023. As a result, the bill would increase authorized amounts by \$7 million annually for the 2020-2023 period.
- Section 205 would establish a grant program for states, Indian tribes, or tribal organizations to establish or operate programs that optimize the health of women and their infants through integrated care and would authorize \$15 million each year from 2020 through 2024 to support those activities.

Based on historical spending for similar programs, CBO estimates that, in total, the grant programs would cost \$230 million over the 2020-2025 period.

In addition, the bill would require two reports. Section 105 would require the Government Accountability Office to publish a report on maternal care in rural areas. Section 203 would require the Department of Health and Human Services to contract with an independent research organization to study and recommend best practices for training to reduce and prevent discrimination in the provision of prenatal labor, birthing, and postpartum care. Based on historical spending for similar activities, CBO estimates that preparing those two reports would cost about \$3 million over the 2020-2025 period.

In total and assuming appropriation of the necessary amounts, CBO estimates that implementing H.R. 4995 would cost \$233 million over the 2020-2025 period. The costs of the legislation, detailed in Table 1, fall within budget function 550 (health).

**Table 1.**  
**Estimated Increases in Spending Subject to Appropriation Under H.R. 4995**

	By Fiscal Year, Millions of Dollars						2020-2025
	2020	2021	2022	2023	2024	2025	
Estimated Authorization	46	46	46	45	103	0	286
Estimated Outlays	*	6	31	56	70	70	233

\* = between zero and \$500,000.

The CBO staff contacts for this estimate are Alice Burns (Health Resources and Services Administration) and Philippa Haven (Centers for Disease Control and Prevention, Health and Human Services, and National Institutes of Health). The estimate was reviewed by Leo Lex, Deputy Director of Budget Analysis.