



CONGRESSIONAL BUDGET OFFICE
COST ESTIMATE

July 23, 2018

S. 1112
Maternal Health Accountability Act of 2017

*As reported by the Senate Committee on Health, Education, Labor, and Pensions
on July 9, 2018*

S. 1112 would amend provisions of the Public Health Service Act that authorize the Centers for Disease Control and Prevention (CDC) to improve data collection and reporting on maternal mortalities and to support surveillance systems on maternal morbidities. The bill would also authorize CDC to assist state and tribal organizations in developing and supporting maternal mortality review committees. Those committees would, among other things, provide ways for family members or other appropriate individuals to report maternal deaths. They also would facilitate data collection to identify adverse outcomes that contribute to pregnancy-related deaths.

In fiscal year 2017, CDC received about \$45 million for research and prevention activities related to maternal morbidity and mortality and prenatal and postnatal health. The bill would authorize the appropriation of \$58 million for each of fiscal years 2019 through 2023 for activities related to prevention and data collection on maternal morbidities and mortality. Assuming appropriation of the authorized amounts and based on historical spending patterns, CBO estimates that implementing S. 1112 would cost about \$240 million over the 2019-2023 period.

Enacting S. 1112 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply. CBO estimates that enacting S. 1112 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2028.

S. 1112 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act.

The CBO staff contact for this estimate is Rebecca Yip. The estimate was approved by Leo Lex, Deputy Assistant Director for Budget Analysis.