

**S. 1675, Maternal Health Quality Improvement Act**

As ordered reported by the Senate Committee on Health, Education, Labor, and Pensions on May 25, 2021

By Fiscal Year, Millions of Dollars	2021	2021-2026	2021-2031
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	0	121	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 2032?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No

S. 1675 would establish or continue grant programs to improve the quality of maternal health care, fund perinatal quality collaboratives, and require the Department of Health and Human Services (HHS) to undertake certain reporting and other administrative activities.

The Innovation for Maternal Health competitive grants program would establish or continue efforts to identify, develop, or disseminate best practices to improve maternal health care quality and outcomes; improve maternal and infant health; and eliminate preventable maternal mortality and morbidity. Funds also could support collaborations with state maternal mortality review committees; technical assistance to support the implementation of best practices; and the identification, development, and evaluation of new models of care. S. 1675 would authorize \$9 million annually over the 2022-2026 period for the program. Based on historical spending patterns for similar activities, CBO estimates that the program would cost \$38 million over the 2021-2026 period; the remaining amount would be spent after 2026.

The Training for Health Care Providers program would award grants to training programs to improve prenatal care, labor care, birthing, and postpartum care for racial and ethnic minority populations. S. 1675 would authorize \$5 million annually over the 2022-2026 period for that program. Based on historical spending patterns for similar activities, CBO estimates that the training grants would cost \$21 million over the 2021-2026 period; the remaining amount would be spent after 2026.

The Integrated Services for Pregnant and Postpartum Women grant program would fund programs that deliver integrated care to reduce adverse maternal health outcomes, pregnancy-related deaths, and related health disparities. The Secretary of HHS would be required to disseminate information on best practices and the models of care used by grant recipients and to report to the Congress on outcomes. S. 1675 would authorize \$10 million annually over the 2022-2026 period. Based on historical spending patterns for similar activities, CBO estimates that the grants would cost \$43 million over the 2021-2026 period; the remaining amount would be spent after 2026.

In addition, the bill would direct the Secretary, acting through the Centers for Disease Control and Prevention, to continue a grant program to improve perinatal care and health outcomes and to report to the Congress on activities conducted by grant recipients. Based on historical spending patterns for similar activities, CBO estimates the grant program and report would cost \$18 million over the 2021-2026 period, subject to the availability of appropriated funds.

The bill also would require the Secretary to contract with an independent research organization to study and make recommendations for programs on best practices related to training health professionals in prenatal care, labor care, birthing, and postpartum care for racial and ethnic minority populations.

The CBO staff contact for this estimate is Alice Burns. The estimate was reviewed by Leo Lex, Deputy Director of Budget Analysis.