HRSA:

- Title V MCH Block Grant: $655,000,000 ($3.3 million increase)
  - The increase specifically calls for a $1.8 million increase to the SPRANS portion of the Block Grant. Of this increase, the bill directs $1.3 million to address neonatal abstinence syndrome (NAS) in areas where the reported NAS incidence rate exceeds the national average.
  - The remaining $1.5 million increase is presumably for the portion of the Block Grant that is distributed by formula to states.
- Autism and Other Developmental Disorders: $52,099,000 ($3 million increase)
- Heritable Disorders Program: $16,883,000 ($1 million increase)
- Healthy Start: $110,500,000 (level funding)
- Emergency Medical Services for Children: $22,334,000 (level funding)
- Screening and Treatment for Maternal Depression: $5,000,000 (level funding)
- Pediatric Mental Health Care Access: $9,000,000 ($1 million decrease)
- Title X Family Planning: $0 ($286,479,000 decrease)
  - Note: When funding for Title X has been eliminated in the House appropriations legislation in the past, the Senate appropriations legislation and final appropriations legislation have restored the funding.
- Report Language on Maternal Mortality and Morbidity:
  - Encourages HRSA to explore the use of telemedicine for high-risk pregnant women to help address the rising rates of maternal mortality and severe maternal morbidity as well as barriers to access to care in rural areas.
  - Encourages HRSA to continue to support the Alliance for Innovation on Maternal Health (AIM) with adequate funding to meet the growing desire of states and hospital systems to participate in the program.
- Report Language on Tribal Access to Title V MCH Services Block Grant (and other public health block grants): Encourages HHS to collect information from the states on the percentage of the Title V MCH Services Block Grant (and other public health block grants) that each state provides to tribal health departments.
- Report Language on Home Visiting: Encourages HRSA to expand partnerships between community health centers and evidence-based home visiting programs.

CDC:

- Birth Defects and Developmental Disabilities: $150,560,000 ($10 million increase directed to a new initiative, Surveillance for Emerging Threats to Mothers and Babies)
  - Surveillance for Emerging Threats to Mothers and Babies: Will build upon surveillance through the Zika pregnancy and infant registry to monitor the long-term impact of Zika and can be leveraged for other emerging infectious diseases and emerging threats.
- Chronic Disease: $1,197,396,000 ($34.5 million increase)
- Injury Prevention and Control: $690,559,000 ($42 million increase directed to Opioid Overdose Prevention and Surveillance)
- Safe Motherhood and Infant Health: $46,000,000 (level funding)
Office of the Assistant Secretary for Health:
- Teen Pregnancy Prevention Program: $0 ($101 million decrease)
  - Note: When funding for the Teen Pregnancy Prevention Program has been eliminated in the House appropriations legislation in the past, the Senate appropriations legislation and final appropriations legislation have restored the funding.
- Sexual Risk Avoidance Program: $30,000,000 ($5 million increase)
- Report Language on Adverse Childhood Experiences: Directs the Office of the Surgeon General to submit a report to the House and Senate Appropriations Committees regarding the connection between adverse childhood experiences and negative long-term health outcomes.
- Report Language on Breast Milk:
  - Encourages HHS to issue a report on the impact of recommended breastfeeding rates on health outcomes and healthcare costs.
  - Encourages HHS to ensure that pregnant women have access to nutritional guidance based on the latest scientific research on the health and cost benefits of human milk.
- Report Language on Stillbirth: Encourages the Surgeon General’s Office to issue a Call to Action on Stillbirth to provide a roadmap for future federal efforts to reduce stillbirth rates and eliminate disparities.

CMS:
- Report Language on Lactation Support:
  - Encourages HHS to work with stakeholders to better provide women up-to-date information on how to access quality counseling, education, and breastfeeding equipment and supplies, including a list of in-network lactation consultants or other trained health care providers.
  - Requests information in HHS’ FY20 Congressional Justification on how health insurers have implemented comprehensive lactation services, what standards they use to set reimbursement rates for breastfeeding supplies, and what best practices currently exist to provide coverage to help women breastfeed.