



**CONGRESSIONAL BUDGET OFFICE  
COST ESTIMATE**

December 3, 2014

**H.R. 669  
Sudden Unexpected Death Data Enhancement and Awareness Act**

*As passed by the Senate on November 20, 2014*

H.R. 669 would require the Secretary of Health and Human Services (HHS), acting through the Centers for Disease Control and Prevention (CDC), to continue to carry out certain activities relating to sudden unexpected death in the young.

The legislation would direct the Secretary of HHS to:

- Collect information on stillbirth, sudden unexpected infant death, and sudden unexplained death in childhood, through existing surveillance systems;
- Disseminate information related to sudden unexpected death in the young to educate the public, health care providers, and other stakeholders; and
- Collaborate with the Attorney General and state and local health departments to improve the quality of data collected at death scenes and to promote consistent reporting on the cause of death after autopsies.

The CDC currently supports such activities; thus, CBO estimates that requiring those same activities under H.R. 669 would have no incremental cost to the federal government.

The act would also require the Secretary to submit a report to the Congress on activities relating to stillbirths and sudden deaths in the young. CBO expects that the costs of producing that report would be negligible, and would be subject to the availability of appropriated funds.

CBO estimates that implementing H.R. 669 would not have a significant effect on federal spending. The act would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

H.R. 669 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would impose no costs on state, local, or tribal governments.

On July 23, 2014, CBO transmitted a cost estimate for H.R. 669, the Sudden Unexpected Death Data Enhancement and Awareness Act, as ordered reported by the House Committee on Energy and Commerce on July 15, 2014. The two versions of H.R. 669 are similar in that they would direct the Secretary of HHS to continue certain activities related to still birth, sudden unexpected infant death, and sudden unexplained death in childhood. Therefore, the cost estimates are the same.

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