

H.R. 2271, Scarlett’s Sunshine on Sudden Unexpected Death Act			
As ordered reported by the House Committee on Energy and Commerce on July 15, 2020			
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)	0	121	not estimated
Statutory pay-as-you-go procedures apply?	No	Mandate Effects	
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

H.R. 2271 would authorize the appropriation of \$33 million annually over the 2021-2024 period for the Secretary of Health and Human Services (HHS) to carry out activities that address sudden unexpected infant death (SUID). Those activities would include awarding grants to states and other organizations to develop best practices to reduce SUID, support systems to report fatalities, and provide services to families who have had a child die of SUID. In 2019, approximately \$2 million was allocated to support systems to report fatalities. The legislation also would require HHS to report biennially on the activities implemented related to SUID and to provide technical assistance to states receiving grants.

Assuming appropriation of the authorized amounts and based on historical spending for similar activities, CBO estimates that implementing the legislation would cost \$121 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. 2271

	By Fiscal Year, Millions of Dollars						2020-2025
	2020	2021	2022	2023	2024	2025	
Estimated Authorization	0	33	33	33	33	0	132
Estimated Outlays	0	8	25	31	32	25	121

Components may not sum to totals due to rounding.

On November 27, 2019, CBO transmitted a cost estimate for [S.1130, the Scarlett’s Sunshine on Sudden Unexpected Death Act](#), as ordered reported by the Senate Committee on Health, Education, Labor and Pensions on November 27, 2019. The two pieces of legislation are similar. However, unlike S. 1130, H.R. 2271 would authorize HHS to provide grants to states to provide services to families who have had a child die of SUID. Thus, CBO’s estimate of the cost of implementing H.R. 2271 is correspondingly higher.

The CBO staff contact for this estimate is Lisa Ramirez-Branum. The estimate was reviewed by Leo Lex, Deputy Director of Budget Analysis.