

## Department of Planning and Budget 2004 Fiscal Impact Statement

1. **Bill Number**      HB381

**House of Origin**      ☒ Introduced      ☐ Substitute      ☐ Engrossed

**Second House**      ☐ In Committee      ☐ Substitute      ☐ Enrolled

2. **Patron**              Lingamfelter

3. **Committee**        Health, Welfare and Institutions

4. **Title**                Notification of parents of certain health services to minors

5. **Summary/Purpose:**

HB 381 would amend §54.1-2069 of the *Code of Virginia* to require (notwithstanding other law to the contrary and unless prohibited by federal law or regulation) any state or local government agency employee who provides services to a minor, for which such minor is deemed an adult for purposes of consent, to notify, within two business days of delivery of such services, a custodial parent, legal guardian or other person standing in loco parentis of any service and any reason, condition or diagnosis requiring such service when the service relates to sexually transmitted diseases, the provision of emergency contraception, pregnancy, illegal drug use, and the contemplation of suicide. The employee would be required to provide notice in person or by telephone, or if such attempts to notify were unsuccessful, by certified mail to the authorized person, except that notification would not be required when the employee had knowledge that such notification might result in future physical or mental abuse.

6. **Fiscal Impact Estimates are preliminary:**

6a. **Expenditure Impact:**

	<i>Dollars</i>		
<i>Fiscal Year</i>	<i>GF</i>	<i>NGF</i>	<i>Positions</i>
2003-04	\$ 0	\$ 0	0.0
2004-05	\$29,446	\$ 0	0.0
2005-06	\$29,446	\$ 0	0.0
2006-07	\$29,446	\$ 0	0.0
2007-08	\$29,446	\$ 0	0.0
2008-09	\$29,446	\$ 0	0.0
2009-10	\$29,446	\$ 0	0.0

Note: The Expenditure Impact figures listed above represent a conservative estimate of the direct expenses to the Virginia Department of Health (VDH). See Item 8, below, for discussion of anticipated changes to service delivery and potential additional cost impacts to the state.

**7. Budget amendment necessary: Yes.**

Item 314 (Community Health Services, Program 44000) and Item 310 (Communicable and Chronic Disease Prevention and Control, Program 40500)

**8. Fiscal implications:**

***Direct Fiscal Impacts:***

In FY 2002, 4,736 minors with sexually transmitted diseases (STD) sought treatment from VDH. Under HB 381, such services would require the notification of the minor's parent or legal guardian within two business days. Such a requirement would increase the time spent on each minor patient in order to make the reasonable attempt to reach the parent or guardian by telephone or in person, or failing that, to send notification within two business days via certified mail, return receipt requested, as the bill requires.

At a minimum, a significant number of the notifications will require the return receipt method either because the minor gives false information to avoid notification (a full 25 percent of the minor patients seen by VDH do not waive their patient confidentiality), or their parent/guardian is not reachable within the two business day requirement. Using the 25 percent of minor patients who don't want their parent/guardian notified as a conservative benchmark, the certified, return receipt requested mailings for the STD patients would cost \$5,233 per year. (25 percent of 4,736 minors X \$4.42 per mailing; \$0.37 for postage and additional charge of \$4.05 for the certified mail, return receipt requested).

This figure does not include the staff time associated with making the initial contact attempts by telephone or in person, for preparing and sending the mailings when necessary, nor the time required to discuss the minor's visit with the parent/guardian. It also does not include any additional counseling time required with the minor patient as a result of the immediate parent/guardian notification (VDH encourages minor patients to discuss their medical condition, treatment with their parents/guardians and recognizes this as the preferred situation).

A conservative estimate of the average additional staff time required as a result of the notification requirement is 15 minutes per minor patient. This would represent a new cost, again estimated conservatively, of \$24,213 per year in the sexually transmitted clinics. (15 minutes or 0.25/hours X \$20.45 average hourly staff time cost, including fringe benefits, X 4,736 STD minor patients).

In the short-term, the agency's additional costs per minor patient might be offset to some degree by a reduction in the number of minors that seek services from local health departments, either because they choose to reduce their sexual activity or other risk behaviors, or simply to avoid notification to their parents.

***Long-term Fiscal Impacts***

The longer-term fiscal implications for the Commonwealth would hinge upon the percentage of minor patients who no longer seek services without changing their sexual activity, drug

use and other behaviors. These minors would increase costs to VDH, the state's Medicaid program, and other components of the state's health services safety net. Such costs would include the potential for increased pregnancies, any medical complications because of a delay in treatment and the spread of STD to other individuals.

**9. Specific agency or political subdivisions affected:** Virginia Department of Health;  
Virginia localities

**10. Technical amendment necessary:** No

**11. Other comments:** This bill is similar to the HB 1499 substitute, 2003 Session, with technical changes in language that do not affect the substance of the bill or its fiscal impact.

**Date:** 1/21/04 / RMC

**Document:** G:\LEGIS\2004 Fises\Fises By DPB\HB381.DOC

c: Secretary of Health and Human Resources