

## Department of Planning and Budget 2004 Fiscal Impact Statement

**1. Bill Number**      HB 953

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

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

**2. Patron**              Lingamfelter

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

**4. Title**                Records, reports, and requirements relating to certain services delivered to minors

**5. Summary/Purpose:**

HB 953 would require every local or district health department and every community services board to maintain aggregate records, without specific patient identifiers and in compliance with federal patient privacy requirements, on specified types of services delivered to minors who are deemed to be adults for the purpose of consent. The services subject to the provisions of HB 952 are those that relate to sexually transmitted diseases; outpatient care, treatment or rehabilitation for substance abuse; pregnancy; and the contemplation of suicide.

The bill would provide that such records must, at minimum, include the following information:

- (i)      The specific sexually transmitted disease for which treatment was sought and the treatment recommended or provided
- (ii)     The specific drug or drugs for which substance abuse outpatient care, treatment or rehabilitation was sought and the treatment recommended or provide
- (iii)    The month of pregnancy at the time prenatal care was initiated and any particular treatment recommended or provided
- (iv)    The reason for or any mental illness diagnosis that is implicated in the minor's contemplation of suicide
- (v)     Any prescription drugs that the minor is currently taking
- (vi)    The minor's rationale for excluding his parent from participating in the specific health care being sought

**6. Fiscal Impact Estimates are unavailable at this time (See Item 8, below)**

**7. Budget amendment necessary:** Yes. See Item 8.

**8. Fiscal implications:**

***Virginia Department of Health (VDH)***

HB 953 does not create a significant fiscal impact to VDH because the agency already has an automated patient information and reporting system in place (WebVISION). HB 953 would require only minor modifications to the information captured. Because such updates are necessary on an ongoing basis as other agency, state, and federal information and reporting needs require system updates, there should be no new costs to VDH.

VDH anticipates some minor adjustments to the set of questions that are asked of minor patients when they come in for services at VDH based on this bill. However, this was not expected to create any additional cost to the agency.

***Community Services Boards (CSBs)/Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS)***

HB 953 requires that data collected by CSBs be reported to DMHMRSAS, merged with data from the VDH providers, and posted on the VDH website. The data requirement includes specific data about sexually transmitted diseases and treatment, drug usage and substance abuse treatment, pregnancy and related treatment, contemplation of suicide and underlying mental illness and related treatment. While some of this data is currently collected by CSBs, it is not collected in a consistent format nor is it compatible with VDH's existing data format. Some of the required data are not collected at all.

To automate this reporting would require re-tooling and /or development of data collection, extraction, and reporting software locally for CSBs and at the state level for DMHMRSAS. This data infrastructure might have to be developed by the Virginia Information Technology Agency (VITA). It could not be developed without new funding nor could it be implemented by July 1, 2004. There is no information available to determine software and other development costs for record keeping and data reporting but it is anticipated to be substantial.

A simpler survey or "paper and pencil" method of reporting could also be devised, but this would require, in the first year, a retrospective chart audit or some other approach to identify valid cases for reporting. In future years, a relatively simple "paper and pencil" survey or reporting method could be developed for reportable cases as they become known to the CS. These methods involve new costs associated with the new reporting burden and lost treatment revenue.

Costs to the DMHMRSAS budget cannot be estimated at this time.

**9. Specific agency or political subdivisions affected:**

Virginia Department of Health (VDH)  
Community Services Boards (CSBs)

Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services  
(DMHMRSAS)

**10. Technical amendment necessary:** No

**11. Other comments:**

The bill does not address development or funding of the necessary data collection system by DMHMRSAS or the CSBs.

**Date:** 1/23/2004 / RMC

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c: Secretary of Health and Human Resources