

Department of Planning and Budget 2005 Fiscal Impact Statement

1. Bill Number HB 2519

House of Origin ☒ Introduced ☐ Substitute ☐ Engrossed

Second House ☐ In Committee ☐ Substitute ☐ Enrolled

2. Patron: O'Bannon, J.

3. Committee: Health, Welfare, and Institutions.

4. Title: Virginia Immunization Information System (VIIS).

5. Summary/Purpose: This bill amends § 32.1-46 of the Code of Virginia by adding a section numbered 32.1-46.01 requiring the Board of Health to establish the Virginia Immunization Information System (VIIS), a statewide immunization registry that consolidates patient immunization histories from birth to death into a complete, accurate, and definitive record that would be made available to participating health care providers and that provides the infrastructure necessary to track the distribution of vaccines, medicines, and other treatments during a public health emergency.

6. Fiscal Impact Estimates are: Tentative

Expenditure Impact:

<i>Fiscal Year</i>	<i>GF</i>	<i>Dollars</i>	<i>NGF</i>	<i>Positions</i>
2004-05				
2005-06	\$320,000		\$126,000	
			(federal grant)	
2006-07				
2007-08	\$400,000			
2008-09	\$165,000			
2009-10	\$400,000			

7. Budget amendment necessary: Yes – Item # 310; Communicable and Chronic Disease Prevention and Control (40500).

8. Fiscal implications: The tentative fiscal impact estimate is based the assumption of adding 250,000 patient records per year and on implementing the public domain immunization registry software provided by the Centers for Disease Control (CDC) and currently in use in Wisconsin (and 7 other states). Non-general fund (federal grant) dollars of approximately \$600,000/year have and should continue to support immunization registry operations. This federal funding allows the Virginia Department of Health (VDH) to meet CDC's reporting requirements for local health department immunization data but is not sufficient to maintain a statewide "birth-to-death" immunization registry for all Virginians and vaccination providers (i.e. volume of records and system users expands exponentially when compared to the subset of vaccinations/patients/VDH users currently being tracking).

- \$320,000 for Contractual Services: Consultants – Application Installation/Maintenance/Pilot Support
 - 1 Senior System Implementer
 - 1 Senior System Programmer/Analyst
- \$126,000 for Contractual Services: Consultant– Application Installation/Maintenance/Pilot Support
 - 1 Programmer/Analyst
- \$400,000 for Computer Equipment/Services: Adequate/Additional Server and Disk Space
 - By FY 2008, the volume of records would require an enterprise-level database/server with multi-processing capability and sufficient disk space to handle 7 million immunization records and 140 million immunization transactions by approximately 150,000 users statewide. A minimum of two terabytes of disk space will be needed. The server/database configuration must provide system redundancy/back-up and a platform environment that maximizes the use of current technology for application development/enhancements as experience is gained in terms of the users' and other requirements of the immunization registry.
- \$165,000 for Contractual Services: Consultant – Operations Support/Maintenance
 - 1 Senior Systems Operations Engineer
- \$ 400,000 for Computer Equipment/Services: See discussion above – registry will continue to expand significantly based on the "birth to death" approach to immunization tracking for all Virginians

9. Specific agency or political subdivisions affected: Virginia Department of Health including all local health departments; Department of Education; and Department of Medical Assistance Services.

10. Technical amendment necessary: None.

11. Other comments: HB 2519 is identical to SB 1132.

Date: 01/20/05 / reh

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cc: Secretary of Health and Human Resources