

Department of Planning and Budget 2015 Fiscal Impact Statement

1. **Bill Number:** SB 1197

House of Origin ☐ Introduced ☐ Substitute ☐ Engrossed
Second House ☐ In Committee ☒ Substitute ☐ Enrolled

2. **Patron:** Norment

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

4. **Title:** Hospitals to require policies when stillbirth occurs.

5. **Summary:** The State Board of Health to adopt regulations that require any hospital that provides obstetrical services to establish policies to follow when a stillbirth occurs. The policies include certain procedures to follow when informing the mother, certain information to provide to the mother and family, and other procedures recognizing the sensitivity of the situation.

6. **Budget Amendment Necessary:** No.

7. **Fiscal Impact Estimates:** Minimal.

8. **Fiscal Implications:** This bill as amended would have a minimal fiscal impact on the Commonwealth. The Department of Health (VDH) currently captures reported birth defect data in the Virginia Congenital Anomalies Reporting and Education System (VACARES) and reported fetal deaths in the newly implemented VVESTS-EDRS (electronic death registration) module. This will require new security roles, report and application screens. The following is a preliminary estimate for integrating VACARES and this VVESTS module as requested in the bill.

Phase of Project	Man Hours	Hourly cost	Cost per Phase
Business Analysis and Requirements	40	\$75	\$3,000
Impact Analysis	40	\$89	\$3,560
Design	16	\$89	\$1,424
Development Changes	160	\$89	\$14,240
Database Modifications	20	\$95	\$1,900
Development Security	30	\$95	\$2,850

Project Management	80	\$70 (FTE)	\$5,600
Testing	60	\$50 (FTE)	\$3,000
Total			\$35,574

VACARES currently captures information on children from birth to age two with a birth defect, adding information specific to stillbirths (fetal deaths) will likely require the development of a new table structure and the addition of different reporting fields.

A VDH staff epidemiologist would work with the Office of Information Management and Office of Vital Records to identify which of the 58 fields on the fetal death certificate would be transferred into the VACARES system. As this is assumed to be a onetime cost, no general fund dollars are needed. The agency can absorb these costs within its 2016 budget

9. Specific Agency or Political Subdivisions Affected: Department of Health.

10. Technical Amendment Necessary: No.

11. Other Comments: None.