

Department of Planning and Budget 2018 Fiscal Impact Statement

1. **Bill Number:** HB 1182

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

2. **Patron:** LaRock

3. **Committee:** Rules

4. **Title:** Perinatal hospice and palliative care; notice.

5. **Summary:** Requires every health care provider that diagnoses a fetus with a profound and irremediable congenital or chromosomal anomaly that is incompatible with sustaining life after birth to provide the pregnant women with geographically indexed materials prepared by the Department of Health that are designed to inform the woman of public and private agencies providing perinatal hospice and palliative care services available to the woman if she chooses to continue the pregnancy, and requires the Department of Health to make such information available both to health care providers and on a website maintained by the Department. The bill also requires health care providers to annually report data and information about cases in which information regarding perinatal hospice and palliative care services is provided.

6. **Budget Amendment Necessary:** Yes.

7. **Fiscal Impact Estimates:**

7a. Expenditure Impact:

<i>Fiscal Year</i>	<i>Dollars</i>	<i>Positions</i>	<i>Fund</i>
2018	287,583	1	General
2019	182,426	1	General
2020	182,426	1	General
2021	182,426	1	General
2022	182,426	1	General
2023	182,426	1	General
2024	182,426	1	General

8. **Fiscal Implications:** This bill would have a fiscal impact on the Commonwealth and the Virginia Department of Health (VDH). The bill proposes that VDH will develop a website and a communication plan to provide a platform for public and private agencies to provide perinatal hospice and palliative care service information to pregnant women. VDH would also be responsible for monitoring and tracking the use of the website, distribution of information, and providing a detailed report annually. The agency estimates this would

require two wage positions: a wage epidemiologist to monitor, track, and develop reporting forms and a wage health educator to implement the communication plan for promotion of the website and other resources. These positions will cost \$112,426 annually including all fringe benefits as well as technology, travel, and miscellaneous expenses.

The bill also provides that healthcare providers would need to provide the pregnant women with geographically indexed materials prepared by the Department of Health or be subject to a \$2,500 civil penalty, to be paid into the Literary Fund. Since it is not possible to project how many persons will be convicted and assessed a fine, and revenue impacts resulting from this bill cannot be determined. To ensure that healthcare providers are providing this information to pregnant women, VDH would need to track this data and add an estimated 10,000 health care providers to the Virginia Vital Events Screening Tracking System (VVESTS). VVESTS is not capable of handling this many new users without the necessary hardware and infrastructure changes, which is estimated to be a one-time cost of \$42,202. There are additional one-time implementation technology costs of \$62,955 for impact analysis, database design, database modifications, and development and unit testing in the first year.

To assist with application support for an estimated 10,000 new healthcare providers added to VVESTS, an additional helpdesk support position would be needed with a total compensation of \$70,000.

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

10. Technical Amendment Necessary: No.

11. Other Comments: None.