

Department of Planning and Budget 2020 Fiscal Impact Statement

1. Bill Number: SB572ER

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

2. Patron: Mason

3. Committee: Passed both Houses.

4. Title: Alzheimer's disease and related dementias; early detection and diagnosis; risk reduction and care.

5. Summary: Provides that, the Department of Health, in consultation with the Department for Aging and Rehabilitative Services and as funds are appropriated, shall have the lead responsibility for taking actions to address and reduce the risks and impairments associated with Alzheimer's disease and related dementias within the Commonwealth.

6. Budget Amendment Necessary: Yes, item 301.

7. Fiscal Impact Estimates: Preliminary, see item #8.

7a. Expenditure Impact:

<i>Fiscal Year</i>	<i>Dollars</i>	<i>Positions</i>	<i>Fund</i>
2020			
2021	\$108,185	1	01000
2022	\$233,185	1	01000
2023	\$233,185	1	01000
2024	\$233,185	1	01000
2025	\$233,185	1	01000
2026	\$233,185	1	01000

8. Fiscal Implications: The bill provides that the Virginia Department of Health shall 1) educate and inform the public about Alzheimer's disease and related dementias (ADRD); 2) support the early detection and diagnosis of ADRD; 3) reduce the risk of potentially avoidable hospitalizations for individuals with ADRD; 4) reduce the cognitive decline and cognitive impairment of individuals with ADRD; and 5) support care planning and management for individuals with ADRD.

The Office of Family Health Services (OFHS) does not have the existing resources or capacity to support the responsibilities as provided in this bill. However, Alzheimer's disease and related dementias are related to the OFHS' existing body of work associated with chronic disease prevention and management such as arthritis, diabetes, high blood pressure, and stroke. OFHS has a cooperative agreement with the Centers for Disease Control and

Prevention (CDC) for which VDH partners with the Department of Aging and Rehabilitative Services (DARS) that is similar to the responsibilities outlined in the bill. Using that as a model, VDH estimates it would need \$108,185 in the first year for start-up costs for one position to implement the program, collect data, travel, and for VITA expenses. In FY2022 and beyond, VDH would require an additional \$125,000 to support community-based organizations and healthcare providers to implement the program strategies, expand reach across the Commonwealth, meet the needs of individuals with ADRD, and to work with federal, state, and local agencies to reduce risks associated with ADRD. Total costs in FY2022 and beyond are \$233,185.

This bill would not have a fiscal impact on DARS.

9. Specific Agency or Political Subdivisions Affected: The Virginia Department of Health and the Department of Aging and Rehabilitative services.

10. Technical Amendment Necessary: No.

11. Other Comments: None.