

Department of Planning and Budget
2020 Special Session I - Fiscal Impact Statement

1. Bill Number: HB5048E

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

2. Patron: Sickles

3. Committee: Health, Welfare and Institutions

4. Title: Outbreaks of communicable disease of public health threat; posting of information.

5. Summary: Requires the Department of Health to make information about outbreaks of communicable diseases of public health threat at any medical care facility, residential or day program, service or facility licensed or operated by any agency of the Commonwealth, school, or summer camp currently required to report an outbreak of a communicable disease to the Department available to the public on a website maintained by the Department. Such information shall include the name of the place at which the outbreak has occurred and the number of confirmed cases of and deaths resulting from such communicable disease reported by each such place. This bill contains an emergency clause.

6. Budget Amendment Necessary: Yes, item 299.

7. Fiscal Impact Estimates: See item 8.

8. Fiscal Implications: The total fiscal impact this bill would have on the Commonwealth cannot be determined. The expenditure impact for FY 2022 – FY 2026 cannot be determined as it is unknown if the current or other related health emergencies will exist beyond FY 2021.

The system that VDH currently utilizes depends on local health department staff inputting information that they have gathered from their case investigations. If the intent is for the Virginia Department of Health (VDH) to display the information that it currently has collected, the estimated costs are outlined in scenario 1. If the intent of this legislation is to have real time reporting of the data that this bill requires, VDH would need to build a system that is capable of capturing this data in real time. The costs for this are outlined below in scenario 2.

Scenario 1: The bill would require reporting information on, “(i) the name of the reporting entity at which an outbreak of such communicable disease of public health threat has been reported; (ii) the number of confirmed cases of such communicable disease of public health threat reported by such reporting entity; and (iii) the number of deaths resulting from such communicable disease of public health threat reported by such reporting entity.”

To capture and report on this data from all required entities, VDH has estimated that a Virginia Outbreak Surveillance System (VOSS) Data Analyst (contractor) would be necessary. This position would be necessary for the length of the public health emergency, however long that may be. The contractor would be responsible for conducting analysis of outbreak data including the development of information and content for operational internal use or external public facing websites. VDH would contract for this position at an annual rate of \$96,000, which includes a 20 percent overhead fee charged by the contractor.

Scenario 2: As previously stated, the system that VDH currently utilizes depends on local health department staff inputting information that they have gathered from their case investigations. Because of the current pandemic, local health department staff resources have not been sufficient to collect and input this type of data in a timely manner. Under Scenario 2, VDH proposes developing an Outbreak Management Information System (OMIS) to track and report outbreaks. Entities required to report outbreaks would be able to directly input into this system. This would remove the burden on local health department staff for inputting data in the current system and allow the required entities to self-report. VDH has estimated it would require two contractors for data management and tracking (Outbreak Data Manager and a Data Quality Assurance Coordinator). Additionally, VDH has estimated that two informatics staff will provide ongoing system support and maintenance.

VDH would also need to enhance the current outbreak reporting system so that it connects with the surveillance reporting system. This would need to be modified to include a portal that entities required to report outbreaks could use. VDH would need contractors to create and maintain dashboards. VDH has estimated that four contractors (two system developers, one project manager, and one business analyst) are necessary for the development of the system and may not be needed after the health emergency has passed.

The following would be ongoing positions necessary to provide technical and personal support and maintenance for OMIS:

- An Outbreak Data Manager to help manage data in the current VOSS and ensure a standardized method for collection of data at the local health departments and for the required entities that self-report using the new Outbreak Management Information System. Specifically they would provide support and train users to navigate OMIS to ensure consistency of the data submissions. Individual would also serve as the subject matter expert for all methods, operations, and reporting on outbreak data. VDH would contract for this position at an annual rate of \$84,000, which includes a 20 percent overhead fee charged by the contractor.
- A Data Quality Assurance Coordinator to conduct routine quality assurance of the data in the outbreak surveillance system. This position is necessary to ensure that high quality data will be utilized for public consumption and for epidemiology operations that drive decision making in response to a public health emergency. This will make sure that the reports developed by the Outbreak Data Manager are accurate and use high quality and consistent data. While the proposed Outbreak Management Information System would be able to collect data, it has no way of ensuring if the data is accurate. This position would provide quality control and verify the accuracy of data reported. VDH would contract for

this position at an annual rate of \$76,800, which includes a 20 percent overhead fee charged by the contractor.

- Two Informatics Staff to develop data to support reporting requirements and the development and maintenance of internal and external reports. Each position would cost an estimated \$115,000 (including fringe benefits) annually (\$230,000 for both).

The following would be one-time positions necessary for the development and implementation of OMIS:

- Two System Developers to develop the public-facing interface for reporting, and the interoperability with the VEDSS and VOSS systems. Each developer would cost an estimated \$85,000 (\$170,000 for both), which includes a 20 percent overhead fee charged by the contractor.
- One Project Manager to ensure that the project meets the required deliverables in the time frame established estimated at \$90,000, which includes a 20 percent overhead fee charged by the contractor
- One Business Analyst to work with internal and external stakeholders to define the technical requirements to ensure that the project meets all necessary capabilities estimated at \$70,000, which includes a 20 percent overhead fee charged by the contractor

Total costs for scenario 2 are estimated to be \$720,800 for FY21 and ongoing costs are estimated to be \$390,800.

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

10. Technical Amendment Necessary: No.

11. Other Comments: None.