

Department of Planning and Budget 2021 Fiscal Impact Statement

1. Bill Number: HB1989S1

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

2. Patron: Aird

3. Committee: Health, Welfare and Institutions

4. Title: Public health emergency; emergency medical services agencies; real-time access to information.

5. Summary: Directs the Department of Health to develop and implement a system for sharing information regarding confirmed cases of communicable diseases of public health threat with emergency medical services agencies in real time during a declared public health emergency related to a communicable disease of public health threat and with the Emergency Medical Services Advisory Board and regional emergency medical services councils upon request, in order to protect the health and safety of emergency medical services personnel and the public. That the provisions of this act shall not become effective unless the Centers for Disease Control and Prevention (the CDC) approves a grant to the Commonwealth from the Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) program that is sufficient to fund the costs of the Department of Health (the Department) to establish and implement the information-sharing system created by this act and one year of ongoing operational costs associated with the information-sharing system. The Department shall apply to the CDC for such funding and shall report to the Governor and the General Assembly on the outcome of its application.

6. Budget Amendment Necessary: Yes, Item 299.

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

8. Fiscal Implications: The cost estimates provided below are for the development and implementation of a real-time reporting system in FY22. It is unknown if the current or other related health emergencies will exist beyond FY22, however, ongoing cost estimates for the out years have been provided.

The provisions of the bill state that VDH shall develop and implement a system to share information regarding confirmed cases of a communicable disease and that such system shall be updated in real time during a declared public health emergency. While the local health districts are doing this to some extent, it is a manual process and some districts don't have the capacity to provide that information, especially without a system for real-time data reporting.

To meet the provisions of the bill to develop and implement a real-time reporting system, VDH would need additional resources for building the infrastructure to allow for the secure

transfer of information on confirmed cases of a communicable disease of public health threat to emergency medical services (EMS) during a declared public health emergency. This would require two System Developers to develop an Outbreak Management Information System to capture this data in real-time; costs for these two positions are estimated at \$176,864.

The provisions of the bill state that, “the Department shall regularly consult with the Emergency Medical Services Advisory Board to identify the types of information that should be included in the system developed pursuant to subsection A and to revise reporting requirements for local and district health departments pursuant to subsection B.” VDH would require two Informatics Staff (\$266,864 for both) to develop data to support the reporting requirements of the bill and for the development and maintenance of internal and external reports. VDH would also need a Business Analyst (\$73,432) to work with end users, to gather and document requirements, other security related documentation, and for testing/coordination of all tasks. To ensure the system is developed and implemented efficiently, a Project Manager (\$93,432) to manage the entire project from conception to completion is necessary.

Additionally, the provisions of the bill state, “information contained in the system developed pursuant to subsection A shall be confidential and shall not be disclosed except in accordance with this section.” To ensure secure data transfer between EMS and the Virginia Electronic Disease Surveillance System (VEDSS), VDH would require a data manager (\$129,686) to oversee and manage the transfer of data between VEDSS and EMS. This would include supporting the local health departments to ensure transparency in the process and access to what information is being shared. This position would also serve as the subject matter expert for all methods, operations, and reporting on outbreak data. VDH would also require \$49,432 for data transfer capabilities.

In order to ensure that high-quality data is being utilized to drive decision making in response to the public health emergency, VDH would need a Data Quality Assurance Coordinator (\$116,667) to conduct routine quality assurance of the data in the data sharing system.

VDH received \$1,321,320 in the Governor’s introduced budget to increase bandwidth capacity across VDH locations. VDH believes that this is sufficient handle the bandwidth requirements of a real-time data reporting system and would not need additional appropriation for bandwidth.

In the event that the current public health emergency extends beyond FY22, VDH estimates it would require an additional \$50,000 per year for system maintenance.

Total costs to implement the system in FY22 are estimated to be \$956,377. Total costs for continued operation of the system in FY23 and beyond are \$296,353 for the Data Manager, the Data Quality Assurance Coordinator, and system maintenance costs.

The bill states that, “that the provisions of this act shall not become effective unless the Centers for Disease Control and Prevention (the CDC) approves a grant to the

Commonwealth from the Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) program that is sufficient to fund the costs of the Department of Health (the Department) to establish and implement the information-sharing system created by this act and one year of ongoing operational costs associated with the information-sharing system. The Department shall apply to the CDC for such funding and shall report to the Governor and the General Assembly on the outcome of its application.” This would provide VDH funding, if approved, from the CDC ELC grant to meet the provisions of the bill. However, according to VDH, the agency has until July, 31, 2023 to expend all grant funds. After that date, ELC grant funds will not be available to maintain the system. VDH would need general fund dollars or would have to identify other nongeneral fund sources to maintain ongoing costs for the system. However, it is unknown if a declared public health emergency will continue to exist at the expiration of this funding period and therefore it is unknown whether additional funding will be necessary.

A table is provided below of the potential impact.

FY22 Costs		
2 System Developers	2 x ((\$85/hr x 1000 hrs) + phone \$492 + VITA \$2940)	\$176,864
2 Informatics Staff	2 x ((\$65/hr x 2000 hrs) + phone \$492 + VITA \$2940)	\$266,864
1 Project Manager	(\$90/hr x 1000 hrs) + phone \$492 + VITA \$2940	\$93,432
1 Business Analyst	(\$70/hr x 1000 hrs) + phone \$492 + VITA \$2940	\$73,432
1 Data Manager	(\$40/hr x 2080 hrs) + benefits \$46,686	\$129,686
1 Data Quality Assurance Coordinator	(\$35/hr x 2080 hrs) + benefits \$43,867	\$116,667
Data Transfer services	(\$92/hr x 500 hrs) + phone \$492 + VITA \$2940	\$49,432
System Maintenance	\$50,000	\$50,000
FY22 Total		\$956,377
Potential Ongoing Costs		
1 Data Manager	(\$40/hr x 2080 hrs) + benefits \$46,686	\$129,686
1 Data Quality Assurance Coordinator	(\$35/hr x 2080 hrs) + benefits \$43,867	\$116,667
System Maintenance	\$50,000	\$50,000
FY23/ongoing Total		\$296,353

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

10. Technical Amendment Necessary: No.

11. Other Comments: None.