

Department of Planning and Budget 2021 Fiscal Impact Statement

1. Bill Number: HB1950EH1

House of Origin	<input type="checkbox"/>	Introduced	<input type="checkbox"/>	Substitute	<input checked="" type="checkbox"/>	Engrossed
Second House	<input type="checkbox"/>	In Committee	<input type="checkbox"/>	Substitute	<input type="checkbox"/>	Enrolled

2. Patron: Ayala

3. Committee: House Appropriations Subcommittee for Health and Human Resources

4. Title: Department of Health and the Office of the Chief Medical Examiner; plan for the establishment.

5. Summary: Directs the Department of Health, Office of the Chief Medical Examiner to convene a work group to develop a plan for the establishment of a Fetal and Infant Mortality Review Team (FIMRT) and to report such plan to the Chairmen of the House Committees on Appropriations and Health, Welfare and Institutions and the Senate Committees on Finance and Appropriations and Education and Health by December 1, 2021. Upon inclusion in a general appropriation act adopted by the General Assembly of funds for such purpose, to hire such contract staff as may be necessary to assist the work group with development of the plan.

6. Budget Amendment Necessary: Yes, item 297.

7. Fiscal Impact Estimates: See item 8.

8. Fiscal Implications: This bill, as amended, would require VDH to create a plan for the establishment of a Fetal and Infant Mortality Review Team (FIMRT). The plan would also include identifying funding needs and a proposal for meeting those needs to support the FIMRT. The bill would require that the plan be provided to the Chairmen of the House Committees on Appropriations and Health, Welfare and Institutions and the Senate Committees on Finance and Appropriations and Education and Health by December 1, 2021.

To meet the provisions of the bill to convene a work group to develop a plan for establishing a FIMRT, and report on its findings December 1, 2021 then VDH would require two wage/contractor positions. The bill states that, “upon inclusion in a general appropriation act adopted by the General Assembly of funds for such purpose, the Department of Health shall hire such contract staff as may be necessary to assist the work group created pursuant to section 1 of this act.” VDH would need one Assistant and one Review Team Coordinator to develop the plan in the specified timeframe. The Assistant will help to coordinate the goals and objectives, which include, but are not limited to the following: complete research and literature review, co-facilitate meetings, draft documents and briefings, collaborate with other agencies and key stakeholders in the state and across the nation, and assist with drafting a plan for a workgroup study. VDH has estimated the total cost of the assistant to be \$22,708 for the period from July 1, 2021 through December 1, 2021. The Review Team Coordinator

will be responsible for overseeing the wage position as well as their duties, to include further research and literature review, and data collection of baseline fetal and infant death data. The Review Team Coordinator will plan and facilitate high-level meetings, including synthesizing the information gathered in the meetings, identifying necessary protocols and materials related to FIMRT, gathering fiscal data, working with key stakeholders and other agencies, drafting documents, conducting data analysis, writing the final report, and participating in legislative activities. VDH has estimated the total cost of the Review Team Coordinator to be \$25,938 for the period from July 1, 2021 through December 1, 2021. A travel budget for group members of \$2,500 is included. Total Costs for work completed by December 1, 2021 is \$51,146 from the general fund.

The bill would authorize the hiring of contract staff to assist with this effort if there is a specific appropriation provided. If this legislation becomes law without a specific appropriation, VDH would need to identify existing staff to fulfill the duties associated with the proposed Assistant and Coordinator. This would reduce the cost of this scenario to \$2,500 (since the staff would already be VDH employees). However, OCME does not have existing staff to fulfill the duties associated with the provisions of the bill and VDH would face the challenges associated with fulfilling the responsibilities currently performed by any employees so diverted.

The Office of the Chief Medical Examiner, an office within VDH, would be responsible for fulfilling the requirements of this legislation. The OCME is the designated VDH office due to its management of current statewide review teams. However, the OCME staff members (i.e., OCME Surveillance Unit) that manage these teams and possess the needed skills and knowledge to efficiently and effectively fulfill the requirements of this legislation are all federally grant funded. Therefore, the Surveillance Unit staff will be unable to take the lead on this legislation as this work will be outside of the scope of their respective grants.

The OCME, like many medical examiner systems throughout the nation, is dealing with an increase in their caseload. This increase in caseload is from the opioid crisis that is plaguing the United States. Also, the OCME is seeing an increase in its caseload as a result of the COVID-19 pandemic. Furthermore, it is important to note that Virginia's OCME is not adequately staffed in accordance with the National Association of Medical Examiner's (NAME) recommendations. Over 95% of the OCME's staff have a direct part that they play in completing a medicolegal death investigation. The remaining staff members provide leadership and guidance to the four district offices to ensure that day-to-day operations are running smoothly and aid staff with resolving complex issues that could significantly impact a death investigation. Therefore, to remove staff to perform the work required of this legislation would not only have a grave impact on the OCME but could result in an inadequate study due to staff trying to manage competing priorities. The work of the OCME is mandated in Code; therefore, removing staff from their day-to-day work could jeopardize death investigations and the future of the FIMRT being established in the Commonwealth. Acquiring new contractual staff is the best option as it would allow these staff members to consult with Surveillance Unit team members and do the necessary follow-up required in a timely manner to deliver a well-thought and useful report by the December 1, 2021 deadline.

While a report can be provided by December 1, 2021 to meet the requirements of the bill, VDH has stated that it is an insufficient amount of time to have a report that would fully serve to inform decision makers. VDH recommends that either the deadline for the plans submission be moved back or that the work group be allowed to continue their work after the submission as long as funding is available for the necessary positions. This would provide the workgroup with more time to work out the details needed for developing a plan for establishing a FIMRT. To continue this effort beyond the reporting deadline, VDH would continue to need the two contractual staff that are a part of the workgroup. To continue the work through the end of FY22, VDH would need \$122,750 in FY22.

The Department of Behavioral Health and Developmental Services and the Department of Criminal Justice Services have stated that this bill would not have a fiscal impact to be on the workgroup.

9. Specific Agency or Political Subdivisions Affected: The Virginia Department of Health's Office of the Chief Medical Examiner.

10. Technical Amendment Necessary: No

11. Other Comments: None.