

## **Department of Planning and Budget**

### **2023 Fiscal Impact Statement**

**1. Bill Number:** SB1232

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

**2. Patron:** Dunnavant

**3. Committee:** Passed both Houses.

**4. Title:** Death investigations; individuals receiving services in a state hospital or training center.

**5. Summary:** Clarifies that the deaths of individuals who are or who were, at the time of his death, or immediately prior to admission to another hospital, receiving services in a state hospital or training center operated by the Department of Behavioral Health and Developmental Services must be investigated by the Office of the Chief Medical Examiner, whether the death of such individual was expected or unexpected. The bill also requires that any report concerning the death of an individual who is receiving services or who, immediately prior to admission to another hospital, received services in a state hospital or training center operated by the Department of Behavioral Health and Developmental Services be delivered to the Commissioner of Behavioral Health and Developmental Services and to the State Inspector General. Current law only requires the delivery of autopsy reports.

**6. Budget Amendment Necessary:** No.

**7. Fiscal Impact Estimates:** Final.

**8. Fiscal Implications:** The Department of Behavioral Health and Developmental Services (DBHDS) does not anticipate any additional costs associated with this legislation as amended. DBHDS currently tracks and reports any known deaths of current patients and reports to the Commissioner and Medical Examiner. Additionally, DBHDS reports any known deaths within 21 days of discharge through the Computerized Human Rights Information System (CHRIS), so a reporting mechanism is already in place.

The Virginia Department of Health has stated that any additional increase in caseload due to the provisions of the bill can be handled within existing resources.

**9. Specific Agency or Political Subdivisions Affected:** None.

**10. Technical Amendment Necessary:** No.

**11. Other Comments:** None.