Department of Planning and Budget 2023 Fiscal Impact Statement

1.	Bill Number:	SB1531		
	House of Origin	Introduced	Substitute	Engrossed
	Second House	In Committee	Substitute	Enrolled

- **2. Patron:** Dunnavant
- 3. Committee: Education and Health
- **4. Title:** Secretary of Health and Human Resources; Department of Health; Virginia Neonatal Perinatal.
- 5. Summary: Directs the Department of Health and all other agencies of the Commonwealth to support the efforts of the Virginia Neonatal Perinatal Collaborative (the Collaborative) upon request to the fullest extent practicable and pursue opportunities for public-private partnerships with the Collaborative. The bill requires the Board of Health to amend its regulations to require that every hospital participate in the Alliance for Innovation on Maternal Health patient safety bundle advanced by the Collaborative. The bill directs the Secretary of Health and Human Resources (the Secretary) to facilitate the negotiation of state contracts that best position the Collaborative to address maternal child health issues in the Commonwealth using clinical expertise to develop evidence based best practices and recommendations to universally implement such best practices in the Commonwealth. The bill requires that by November 1 of each year that the Collaborative receives state funds, the Collaborative provide an annual report with recommendations for elevating the standard of care and improving outcomes for women and children in the Commonwealth to the Secretary and the Chairmen of the Senate Committee on Education and Health, the Senate Committee on Finance and Appropriations, the House Committee on Health, Welfare and Institutions, and the House Committee on Appropriations.
- 6. Budget Amendment Necessary: See item 8.
- 7. Fiscal Impact Estimates: Indeterminate, see item 8.
- 8. Fiscal Implications: The total fiscal impact this legislation would have on the Virginia Department of Health cannot be determined. The Virginia Department of Health's (VDH) Office of Family Health services currently administers the contract with the Virginia Commonwealth University (VCU) to support activities of the Virginia Neonatal Perinatal Collaborative (VNPC). Additionally, the Virginia General Assembly enacted the 2022 Appropriation Act, which provided \$124,470 from the general fund and \$82,980 from non-general funds, enabling the Virginia Department of Health (VDH) to establish a Memorandum of Understanding with VCU Children's Hospital, to administer a Perinatal

Quality Collaborative (PQC), also known as the Virginia Neonatal Perinatal Collaborative. Upon passage of this legislation, it is unclear if the Secretary of Health and Human Resources would assume responsibility for the provisions of the legislation or if VDH would continue to be the contract administrator for the contract that is already in place and any funding or contracts benefiting the Virginia Neonatal Perinatal Collaborative going forward.

If it is assumed that VDH would be tasked with this effort on behalf of the secretariat, then additional resources would be needed. If the contract administrator and fiscal responsibilities stay within VDH's purview and continues to grow and/or the scope of the work changes, there would be impact to VDH staffing resources. VDH would require additional epidemiological staff support to administer a larger MOU and the expected outcomes of an associated work plan. Funds to support these increasing combined efforts could be handled by one position at an annual cost of \$75,000 (salary, fringe benefits, VITA charges, and phone).

VDH Office of Licensure and Certification (OLC) indicated that the cost of amending its hospital regulations to implement SB1531 will be less than \$5,000 and can be absorbed by existing agency staffing and resources.

It is unknown what the fiscal impact and resources all hospitals in the Commonwealth would need to participate in the Alliance for Innovation on Maternal Health patient safety bundles advanced by VNPC.

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

10. Technical Amendment Necessary: No.

11. Other Comments: None.