

**Department of Planning and Budget
2024 Session Fiscal Impact Statement**

1. **Bill Number:** SB140

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

2. **Patron:** Carroll Foy

3. **Committee:** Education and Health

4. **Title:** Fetal and Infant Mortality Review Team established; penalty; report.

5. **Summary:** Establishes the Fetal and Infant Mortality Review Team to develop and implement procedures to ensure that fetal and infant deaths occurring in the Commonwealth are analyzed in a systematic way. The bill requires the Team to compile triennial statistical data regarding fetal and infant deaths and to make such data available to the Governor, the General Assembly, and the Department of Health. The bill provides that information and records obtained or created by the Team and portions of meetings of the Team at which individual fetal and infant deaths are discussed shall be confidential.

6. **Budget Amendment Necessary:** Yes, item 273.

7. **Fiscal Impact Estimates:**

7a. Expenditure Impact:

<i>Fiscal Year</i>	<i>Dollars</i>	<i>Positions</i>	<i>Fund</i>
2024			
2025	\$903,374	7	01000
2026	\$903,374	7	01000
2027	\$903,374	7	01000
2028	\$903,374	7	01000
2029	\$903,374	7	01000
2030	\$903,374	7	01000

8. **Fiscal Implications:** The provisions of this legislation would have a fiscal impact on the Virginia Department of Health, as they require the agency to establish and support the Fetal and Infant Mortality Review Team (FIMRT). Responsibilities of the team are similar but not identical to those reported by the FIMRT workgroup established by HB1950 from the 2021 General Assembly Session. That work group identified a cost of \$353,197 for three positions and contractual costs to establish and support the workgroup.

SB140 adds additional responsibilities to the FIMRT that were not part of the original workgroup language. Additionally, there have been significant changes in both salaries and

review team operations as new evidence has emerged. Such items as technical assistance and training to local teams, which requires a coordinator and funds to support training are included in the bill but not in the earlier work. SB140 also has different definitions for fetal and infant death than the definitions proposed by the workgroup, which would increase the caseload, which OCME states would require additional staff. SB140 also includes language for the FIRMT to select a number of cases for in-depth review and to interview families. These families should receive necessary support as identified by the team, per the bill. This would require additional staff to facilitate that work and funds to pay for those services. The FIRMT would also provide aggregate data, trends, and patterns regarding fetal and infant deaths to stakeholders as requested. Lastly, SB140 also includes a triennial report, which would necessitate an epidemiologist, due to the large number of cases based on the definitions in the legislation and the amount of analysis that would need to be conducted.

To fulfill the requirements of SB140, OCME has estimated that the Fetal and Infant Mortality Review Team would require funding to add support for the existing Director, Division of Death Prevention (.25 FTE) and hire (1) Classified FIMR Program Manager, (1) Mental Health Services Coordinator, (2) Classified FIMR Data Abstractors, (2) Classified FIMR Research Assistants, and (1) Classified FIMR Epidemiologist/Data Coordinator (.80 FTE).

The Director, Division of Death Prevention is necessary to oversee, direct, and support the work of the FIMR staff. They are responsible for oversight, delegation, working with legislators and VDH to ensure the goals and deliverables are met, and administrative tasks such as fiscal, procurement, staffing, etc. The director is currently funded through grants and to take on the additional responsibility of FIMR work, there needs to be an allocation to their salary, as grants funds cannot be used towards this effort. This would require \$28,000 in general fund support for salary.

The FIMR Program Manager is responsible for all project oversight which includes surveillance, review team facilitation, record collection, database management, as well as data analysis, reporting, and evaluation. They will also oversee the Qualitative Interview Program. The Program Manager will work with key stakeholder and leaders to implement the recommendations of the Team. They will also serve as the facilitator of the Fetal and Infant Mortality Review Team. The Program Manager is a high-level position, in which the incumbent holds a Doctorate degree or a master's degree with 5-7 years of related experience. This would require \$90,000 in general fund support for salary plus benefits.

The Mental Health Services Coordinator will be responsible for supporting interviewees and interviewers. They will help interviewees who identify a need for services navigate the system to find those services and to provide linkages to the necessary resources. They will also work with the interviewers and provide trauma informed training and ongoing training, as well be a resource for support and other services if identified. This would require \$60,000 in general fund support for salary plus benefits

The FIMRT Data Abstractors will be responsible for abstracting data from all relevant sources related to fetal and infant death and entering the data into the surveillance system. They will be responsible for working with the FIMR Epidemiologist to coordinate the collection and abstraction efforts, implement quality assurance measures, and help with the identification of trends. The FIMRT Data Abstractor is a entry to mid-level position and the incumbent must possess a clinical or science related degree and have a minimum of 1 year experience. This would require \$65,000 each (\$130,000 total) in general fund support for salary plus benefits.

The FIMR Research Assistants are responsible various administrative or research related tasks. This can include data collection, data entry, data analysis, requesting records, literature review, and other related duties. Due to the topic of this team, the Research Assistants must have a relatively high level of clinical knowledge, as well as research experience and will need a clinical or science related degree and 6-12 months of experience. They will also be responsible for review team administration, note taking, and general duties as assigned. This would require \$55,000 each (\$110,000 total) in general fund support for salary plus benefits.

The FIMRT Epidemiologist will oversee all surveillance efforts and database management. This includes supervising data abstraction efforts, data dissemination support, including data analysis, reporting writing, trend analysis, and the presenting of material as deemed appropriate by the Program Manager. The Epidemiologist will also work with the database contractor to ensure data is updated and meets the needs of the key stakeholders. They will oversee the surveillance program including data entry and quality assurance measures. The epidemiologist is a mid-level position requiring an advanced degree and related experience. This would require \$68,000 in general fund support for salary plus benefits.

Total position costs for salary are \$486,000 and total fringe benefits are \$259,850.

Travel is a routine function of review team members, staff, and interviewers. The travel funds for this project include travel to conduct family interviews, to collect data, and to train local and regional review teams, as needed.

The OCME Data Dashboard is currently in development. The dashboard will house all the data from the review team and the surveillance program. This data will be made available to stakeholders and community members for their own use. Data sharing is a routine part of review team and surveillance functions, and this allows those that want data to access data efficiently and as needed, without needing to request it from staff.

Other expenses include computers, telecom services, email, and analysis software. This software is necessary to analyze surveillance data, identify themes from interviews, and provide reports. Transcription is necessary as interviews are qualitative and need to be transcribed in order for the data gleaned from the interviews to be used. Funding is also needed to develop training materials for the local and regional teams.

The cost of the other items for data collection, travel, office supplies, IT, etc is \$157,524.

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

10. Technical Amendment Necessary: No.

11. Other Comments: None.