

**Department of Planning and Budget
2026 General Assembly Session
State Fiscal Impact Statement**

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ORIGINAL

Bill Number: HB1391H2

Patron: Hayes

Bill Title: Sickle Cell Coordinated Access Network; established.

Bill Summary: The substitute bill directs the State Health Commissioner to establish the Sickle Cell Coordinated Access Network (the Network) to ensure that sickle cell specialists are available for real-time telehealth consultation with health care providers for extended coverage. The bill provides that the Commissioner and relevant stakeholders shall develop recommendations on establishing and maintaining the Network and issue a report.

The bill adds an effective date of July 1, 2027.

Budget Amendment Necessary: Preliminary

Items Impacted: 277 - Preliminary

Explanation: The Virginia Department of Health (VDH) will require additional general fund appropriation to comply with the provisions of this legislation, attributable to Item 277 (State Health Services). Any direct fiscal impact on the Virginia Commonwealth University Health Systems Authority is unavailable at this time. Should information be provided, this fiscal impact statement will be revised.

Fiscal Summary: The provisions of this legislation would require VDH to collaborate with the Virginia Commonwealth University Health Systems (VCUHS) Authority to establish and maintain the Sickle Cell Coordinated Access Network. The bill states that the Network would be “under the Virginia Commonwealth University Health Systems Authority.” As such, it is unclear if VDH or VCUHS is ultimately responsible for the Network. However, the fiscal analysis reflects cost estimates provided by VDH for what it would take for that agency to establish and maintain the Network working through VCUHS.

Currently, VDH does not have a program with the capacity to provide health care providers with extended coverage access to consultation and support services from sickle cell specialists. VDH does have two existing contractual agreements with VCU to provide pediatric and adult sickle cell services; however, neither program has the capacity to provide the level of support outlined in the bill. It is assumed that VDH would collaborate and contract with VCUHS Authority to establish and maintain the Network. Any direct fiscal impact on the VCUHS Authority is unavailable at this time.

Pursuant to the substitute bill, expected costs have been adjusted to reflect extended support as well as the a delayed enactment.

General Fund Expenditure Impact:

<u>Agency</u>	<u>FY2026</u>	<u>FY2027</u>	<u>FY2028</u>	<u>FY2029</u>	<u>FY2030</u>	<u>FY2031</u>
VDH (601)	-	-	\$1,815,358	\$1,815,358	\$1,815,358	\$1,815,358

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Fiscal Analysis: The substitute bill requires VDH to establish and maintain the Sickle Cell Coordinated Access Network, in collaboration with and under VCUHS Authority, for the purpose of providing health care providers in the Commonwealth with extended coverage consultation and support from sickle cell specialists. It is unclear how VDH would be able to create and maintain a network “under the VCUHS.” Therefore, for the purposes of this statement, it is assumed that VDH would contract with VCUHS for the Network and would be responsible for associated costs. To the extent that VCUHS provides revenue or support for this effort, costs may be less than reported.

To meet the provisions of the bill, the Sickle Cell Coordinated Access Network must be able to provide extended coverage consultation and support from sickle cell specialists at all times. VDH does not have sufficient resources to meet these provisions. VDH reports that maintaining the Sickle Cell Network would require additional staffing, as well as a contract with pediatric and adult sickle cell centers across the state to provide consultations. VDH provided an estimate of the effort and associated cost necessary to establish and maintain the Network as follows:

- Seven Nurse Practitioners (\$1,156,400 general fund)
 - Responsible for providing extended coverage consultations for sickle cell disease (SCD) and sickle cell trait (SCT) for health care providers located at each center.
- One Nurse Practitioner Supervisor (\$165,200 general fund)
 - Responsible for triaging calls, providing technical assistance to nurse practitioners, working with the hematologist as needed, and providing training statewide to increase clinical knowledge.
- One Program Coordinator (\$90,738 general fund)
 - Responsible for overseeing contracts and agreements with VDH and sickle cell network partners/sub-contractors, communicating with and reporting to VDH, scheduling of on-call providers, helping triage calls, and organizing training.
- A portion (0.25 FTE) of a Hematologist (\$100,450 general fund)
 - Responsible for supervision and consultation with nurse practitioners, providing expertise on complex cases that require physician support, and helping to manage the network.

Additional costs for program support include supplies, training and education for clinical staff, and telecommunications are estimated to be \$28,020.

VDH also identified a need of \$33,265 general fund to support a portion of an existing Sickle Cell Program Coordinator position. Currently, this position’s salary comes from Title V federal funds, which cannot be used for this effort. Those funds would be reallocated to other Title V work should VDH receive this funding. The Sickle Cell Program Coordinator would be responsible for developing scope of services, contract management, budget oversight and justification, providing technical assistance as needed, and providing education and awareness on the program across the state. This would include communicating with individuals

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who have Sickle Cell Disease and Sickle Cell Trait, educating providers, collaborating on educational materials, and coordinating resources with other VDH Sickle Cell programs.

VDH estimates it would need \$4,500 to produce educational materials, staff training, and outreach efforts. As it is assumed that VDH would contract with VCUHS for the Network, VDH assumes an indirect cost rate of 15 percent, which would require \$236,785 from the general fund.

Any increase in workload to develop recommendations and issue a report can be handled within existing resources.

Other: This bill is similar to SB813S2.