

Department of Planning and Budget 2024 Session Fiscal Impact Statement

1. **Bill Number:** SB390

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

2. **Patron:** Pekarsky

3. **Committee:** Education and Health

4. **Title:** Sudden Unexpected Death in Epilepsy; protocol; information; training

5. **Summary:** Establishes the Sudden Unexpected Death in Epilepsy (SUDEP) Review Team that will be required to develop and implement procedures to ensure that cases involving a manner of death consistent with SUDEP in the Commonwealth of Virginia are analyzed in a systematic way. The Chief Medical Examiner of the Office of the Chief Medical Examiner and an appointee from the Epilepsy Foundation of Virginia will serve as co-chairs of the Team.

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	\$1,328,271	6.25	01000
2026	\$1,328,271	6.25	01000
2027	\$957,525	6.25	01000
2028	\$924,260	6.25	01000
2029	\$924,260	6.25	01000
2030	\$924,260	6.25	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 Sudden Unexpected Death in Epilepsy (SUDEP) Review Team (the Team) which shall develop and implement procedures to ensure that cases involving a manner of death consistent with SUDEP occurring in the Commonwealth are analyzed in a systematic way.

To fulfill the requirements of SB390S1, OCME has estimated that the Team would require funding to add support for the existing Director, Division of Death Prevention (.25 FTE) and hire (1) SUDEP Program Manager, (2) Data Abstractors, (2) Research Assistants, and (1) Epidemiologist/Data Coordinator.

The Director, Division of Death Prevention is necessary to oversee, direct, and support the work of the Team. 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 SUDEP work, there needs to be an allocation to their salary, as grants funds cannot be used towards this effort. This would require \$30,000 in general fund support for salary.

The Program Manager is responsible for the oversight of the entire program, which includes project direction, supervision of the research assistants and abstractors, as well as the epidemiologist. They would develop all the review team summaries, facilitate the Team, conduct quantitative and qualitative analysis, and are the subject matter experts on the Team. They also manage administrative tasks and other duties as assigned by the Director/Assistant Director. This would require \$105,000 in general fund support for salary plus benefits.

Data abstractors are tasked with reviewing death certificate data under the direction of the Program Manager, abstracting data from the records, and entering the data into the database. They are also responsible for initial quality assurance measures. This would require \$65,000 each (\$130,000 total) in general fund support for salary plus benefits.

The Research Assistants would deal with records requests, do an initial review of the records, collate, file, and manage the records. They may also enter data as needed or requested. This would require \$55,000 each (\$110,000 total) in general fund support for salary plus benefits.

The epidemiologist is responsible for quality assurance of the data being entered, data management activities, and data dissemination to include data requests and reports. They will work with the Program Manager on the annual report. They may also assist with data entry as needed. This would require \$95,000 in general fund support for salary plus benefits.

Total position costs for salary are \$440,000 and total fringe benefits are \$232,108.

The provisions of the bill would necessitate the creation of a database and server space. Since there is not a federally funded and available database one will need to be developed. Initial development includes literature review and focus groups, discussions, and looking at other programs and other available information to determine what is to be included in the database. Once the variables are determined, then the database will need to be coded, developed, tested, and validated. This will be done by a contractor. Private and secure server space will also be necessary as the database will include personal information that cannot be stored on public or shared servers. The process to develop a database can take up to 2 years and is estimated to cost \$212,892. Once developed it will need ongoing maintenance estimated at \$54,000 annually and to be housed on the server which also requires maintenance. Maintenance costs will decrease over time. Additionally, in an effort to share data and disseminate data in a timelier manner, data will be uploaded into an OCME dashboard on a yearly or bi-annual basis. This will be a public facing dashboard where stakeholders and members of the

community can get data for their use. Contractual costs for the dashboard to have this functionality are estimated to be \$64,095.

The cost of the other items for data licenses, travel, office supplies, IT, etc is \$34,264.

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

10. Technical Amendment Necessary: No.

11. Other Comments: HB689H1, introduced by Delegate Seibold, is a companion bill.