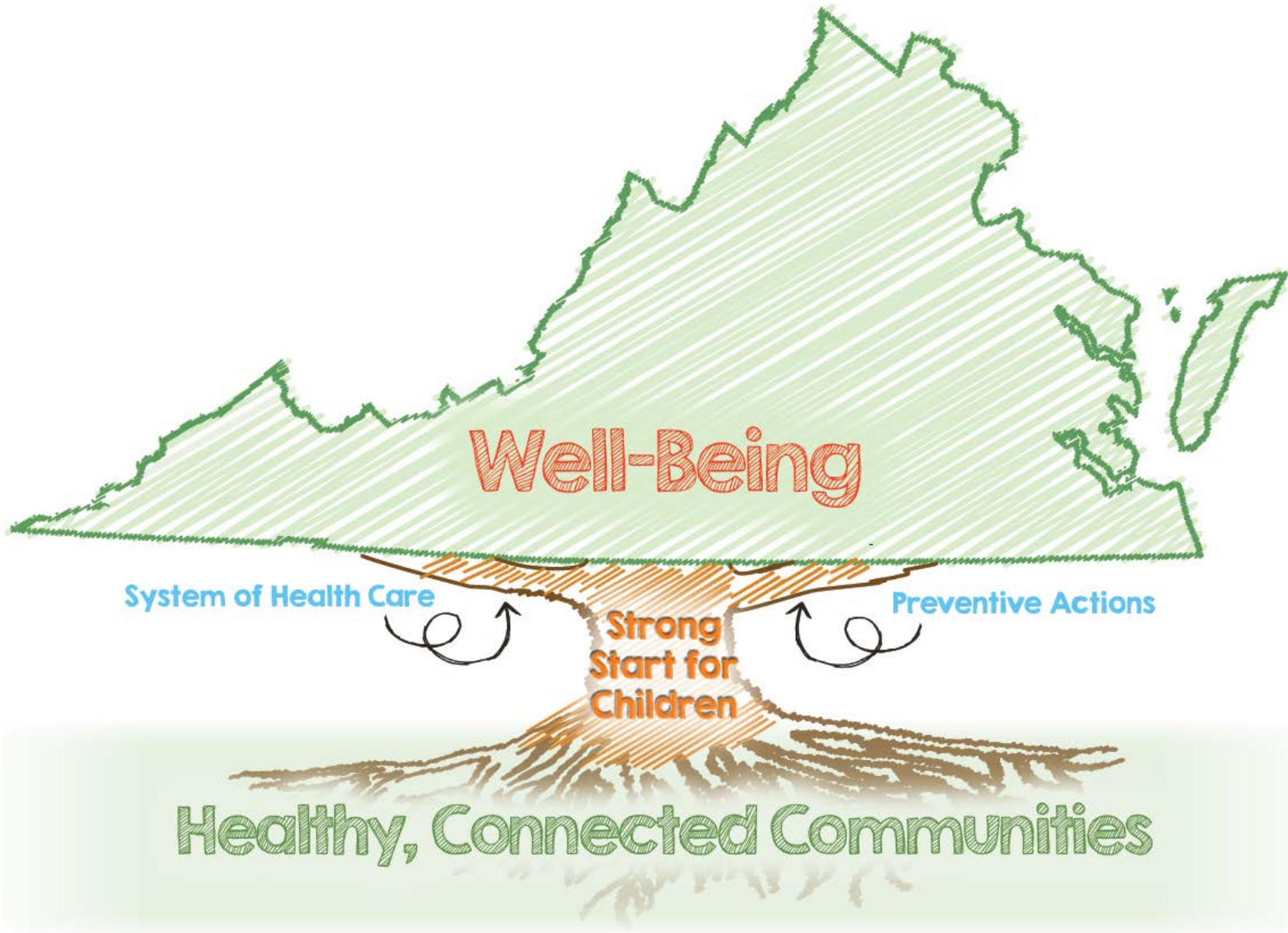


The Health of the People of Virginia

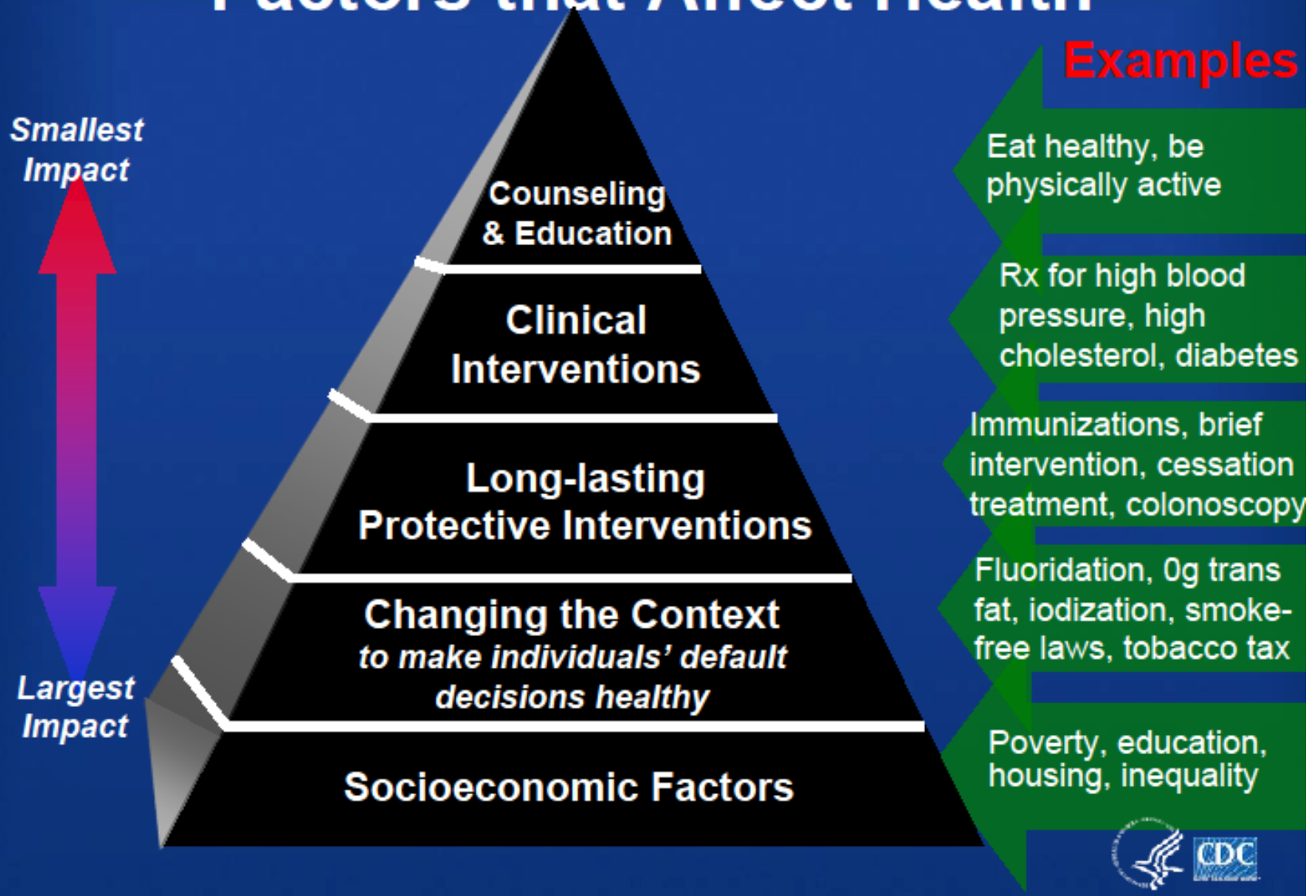
M. Norman Oliver, MD, MA
Virginia State Health Commissioner
The Virginia Department of Health

Overview

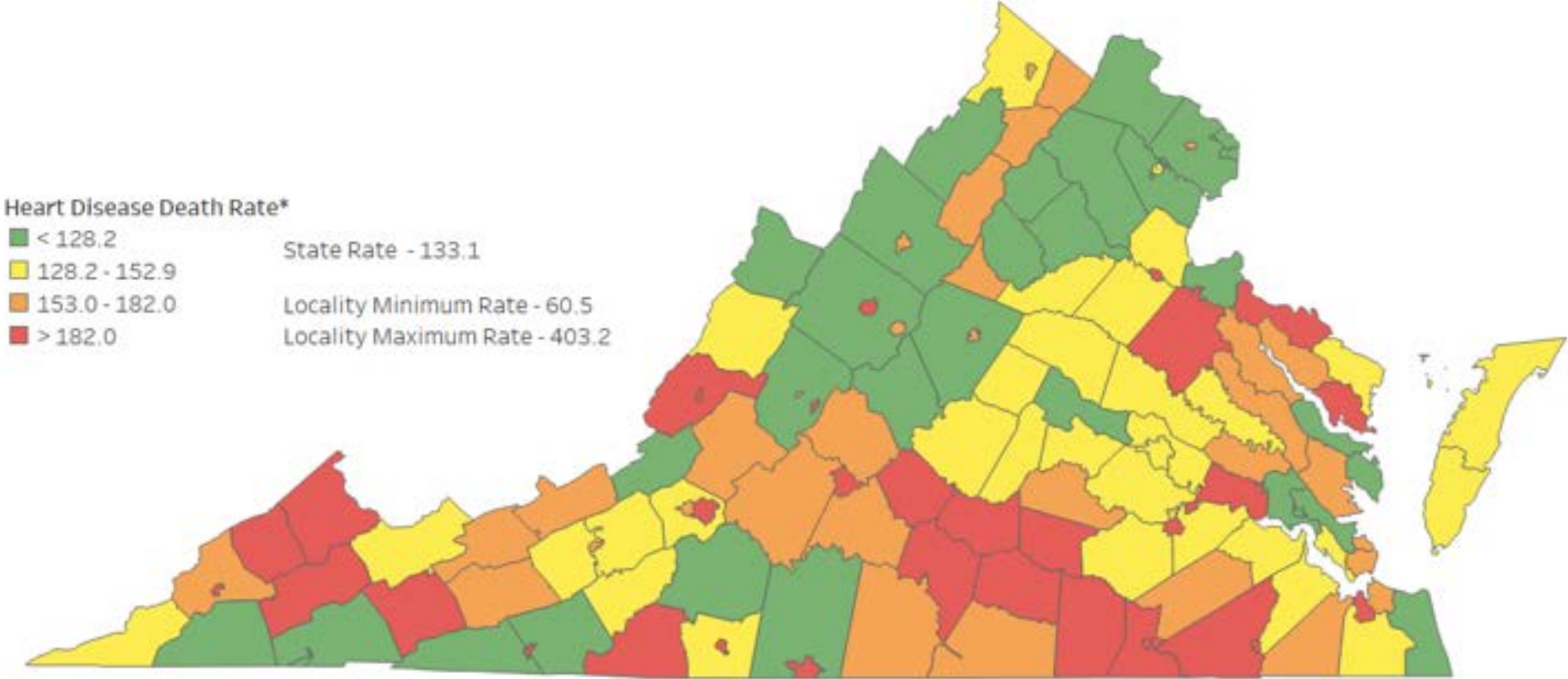
- Strategy for Building a Healthy Virginia
- Virginia Health Status
- Virginia Department of Health
 - Organization
 - Programs
 - Budget



Factors that Affect Health

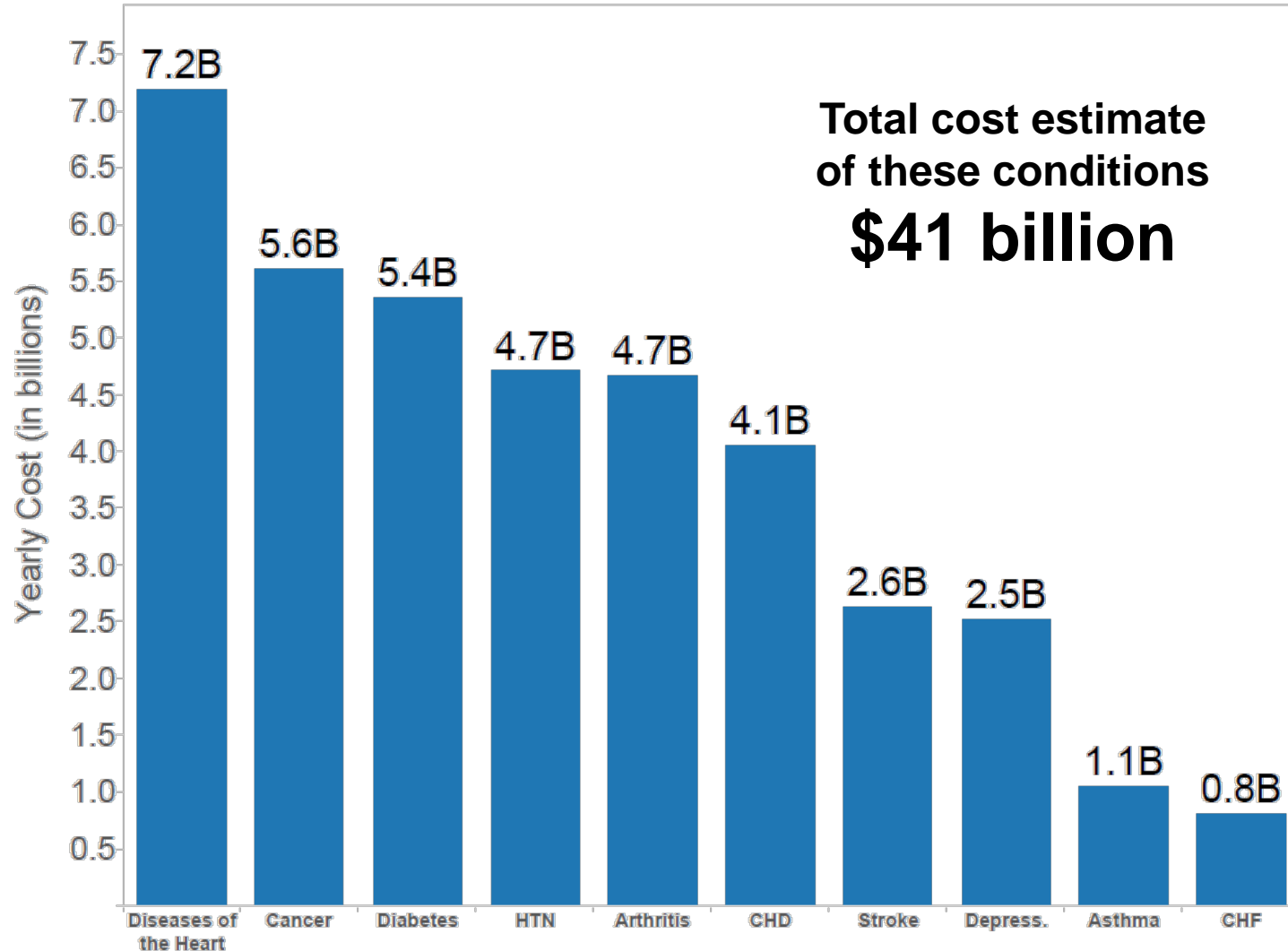


Heart Disease Death Rate, 2017



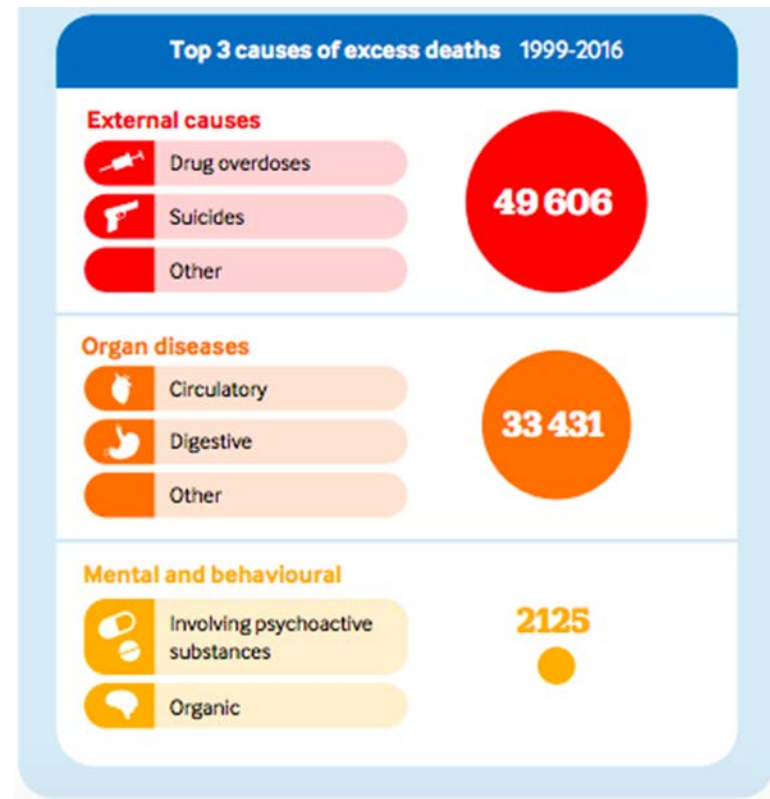
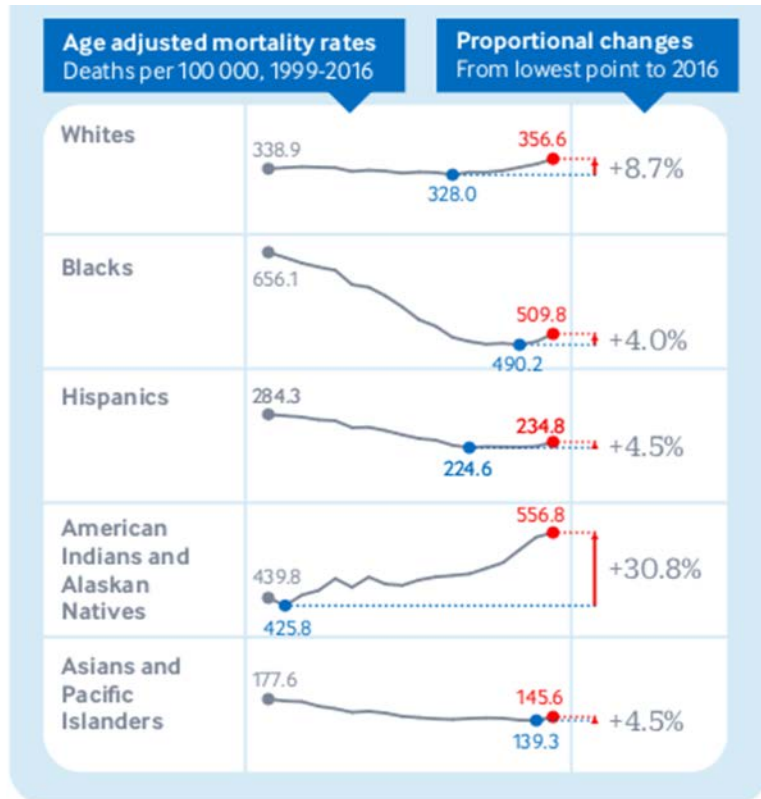
Data Source: Virginia Department of Health Vital Records, Office of Information Management, Data Management

Annual Cost of Chronic Diseases in Virginia

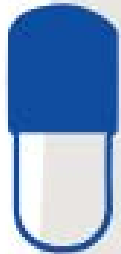


Data Source: CDC Cost Calculator for Virginia 2015. Includes costs only for diseases that are selected and have cost values available. The projections: 1) are medical costs only, including nursing home costs but excluding absenteeism costs; 2) are based on default inputs; 3) are reported in 2010 \$ and do not project inflation; and 4) assume no changes in policy or technology and exclude changes due to the Affordable Care Act.

Nationwide Mortality Trends



Deaths of Despair



331%
INCREASE IN
DRUG OVERDOSE

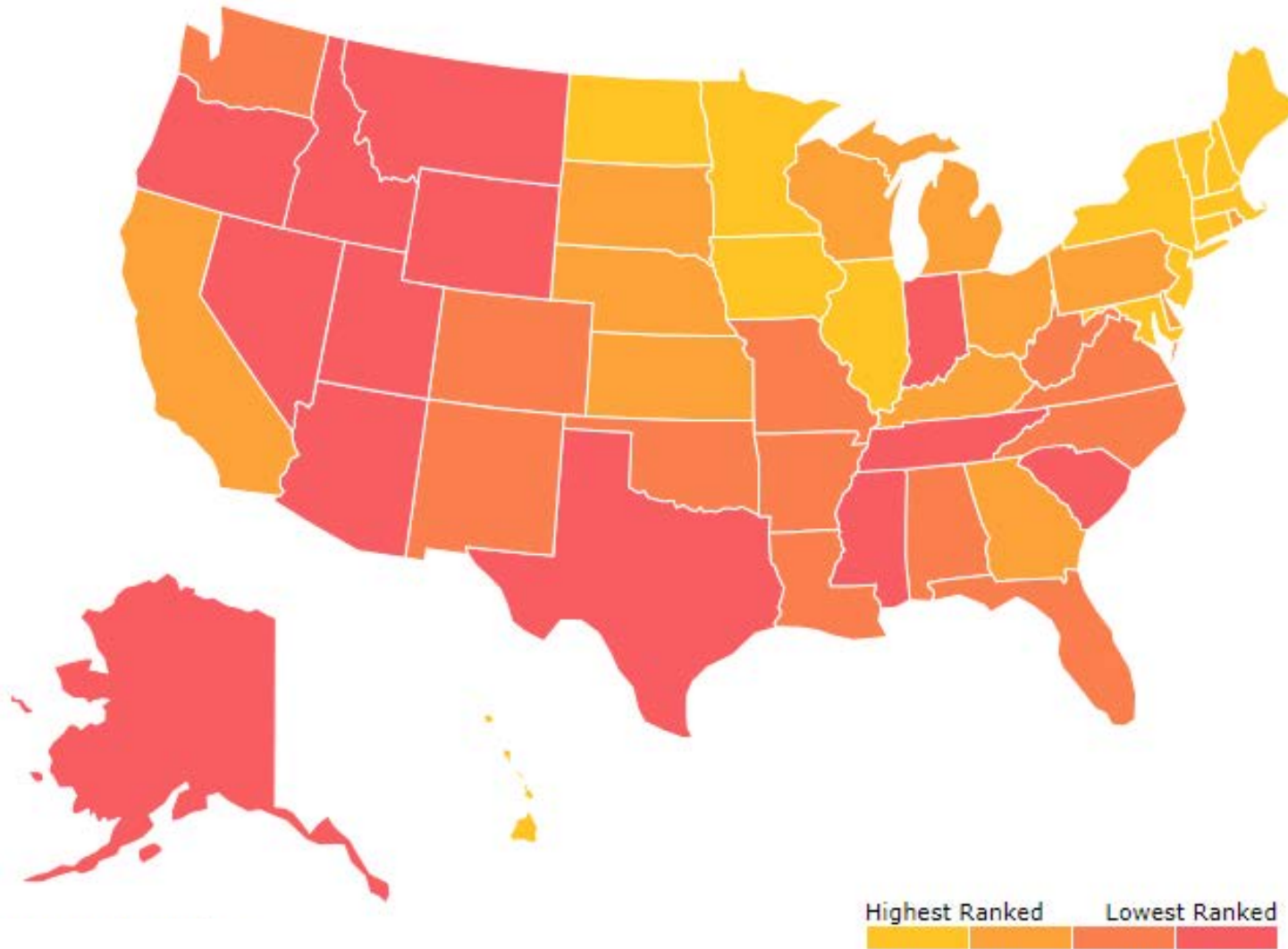
37%
INCREASE IN
ALCOHOL POISONING



29%
INCREASE IN
SUICIDES

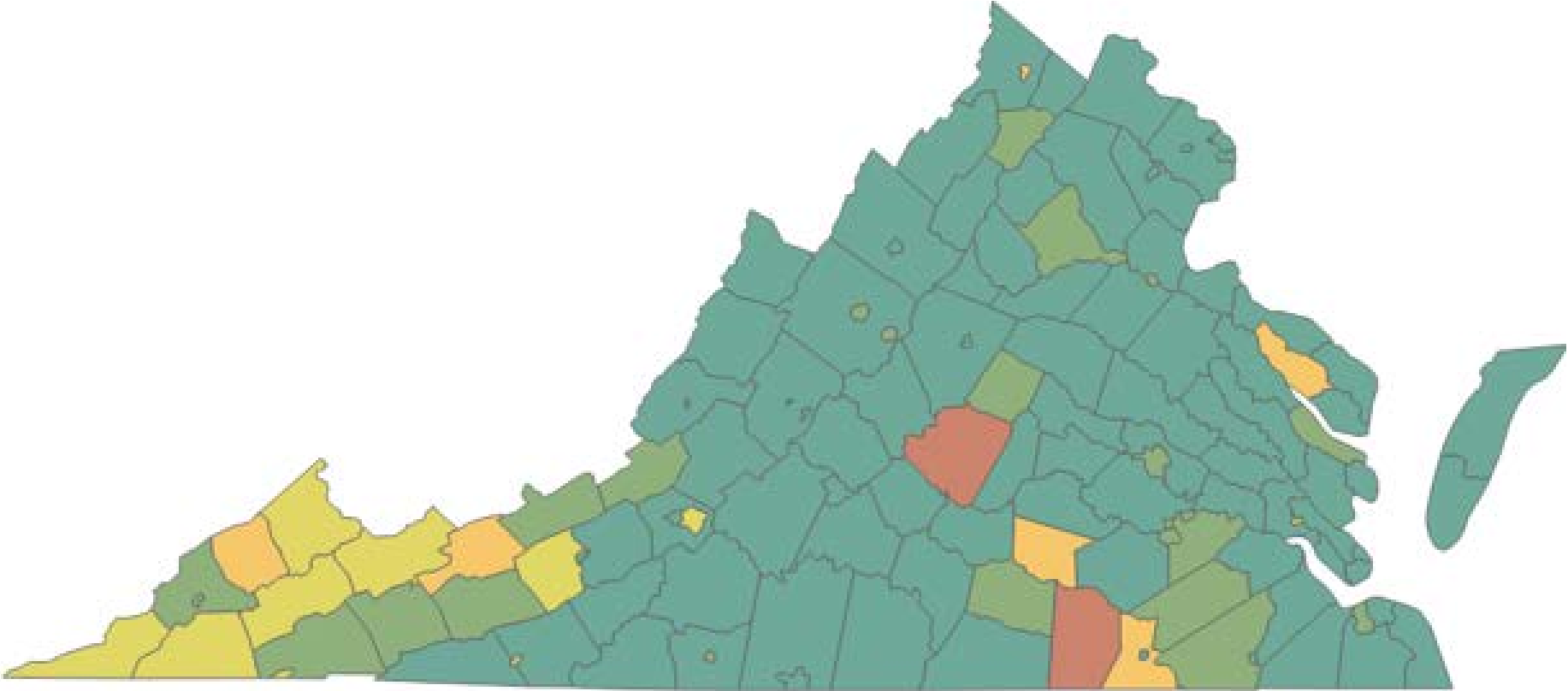


Behavioral Health Status



Data Source: Mental Health America's 2019 State of Mental Health in America.

Hepatitis C Rates, 2018



Rate per 100,000 Population
26.0 664.9

Cost of the Opioid Epidemic to Virginia's Economy and Workforce, 1999-2015



250 Million Work Hours from Prime Age Employees



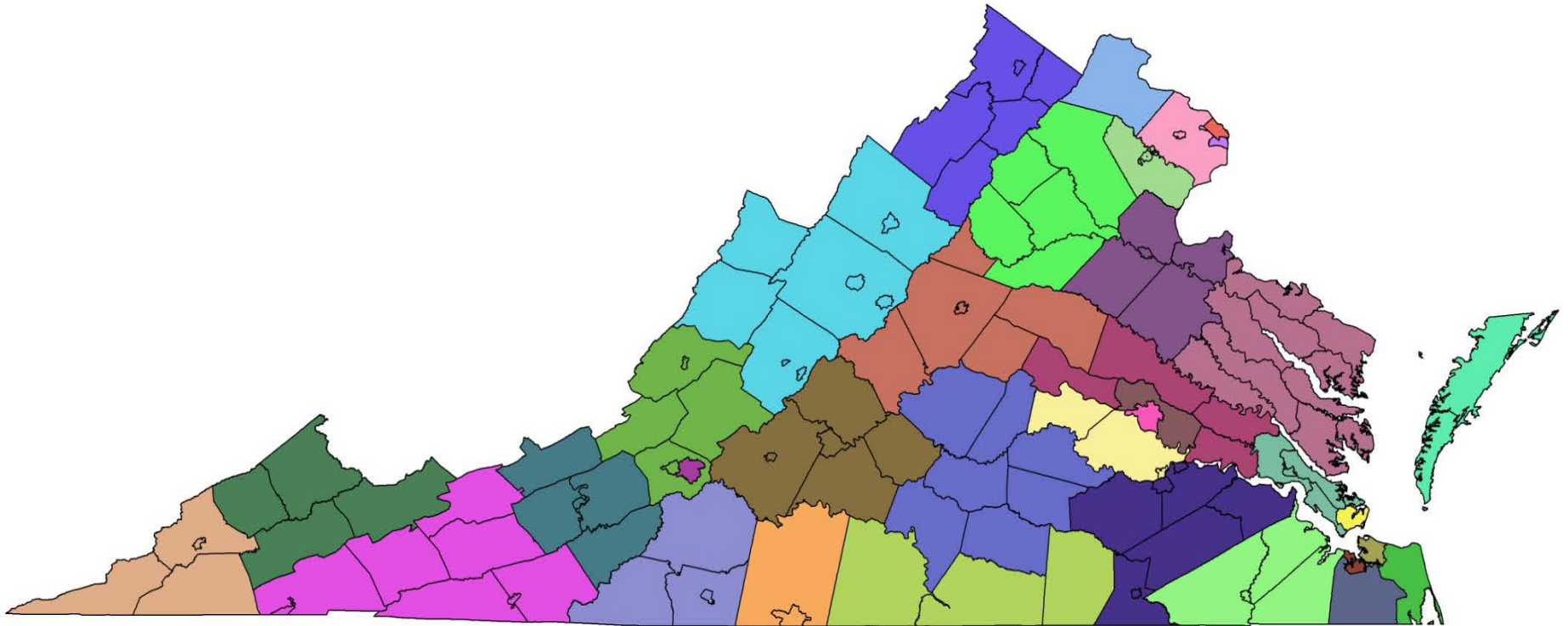
18,800 Workers Between the Ages of 25 and 54



\$14.8 Billion in Real Economic Output

Community Health Services

Network of Health Districts & Local Health Departments

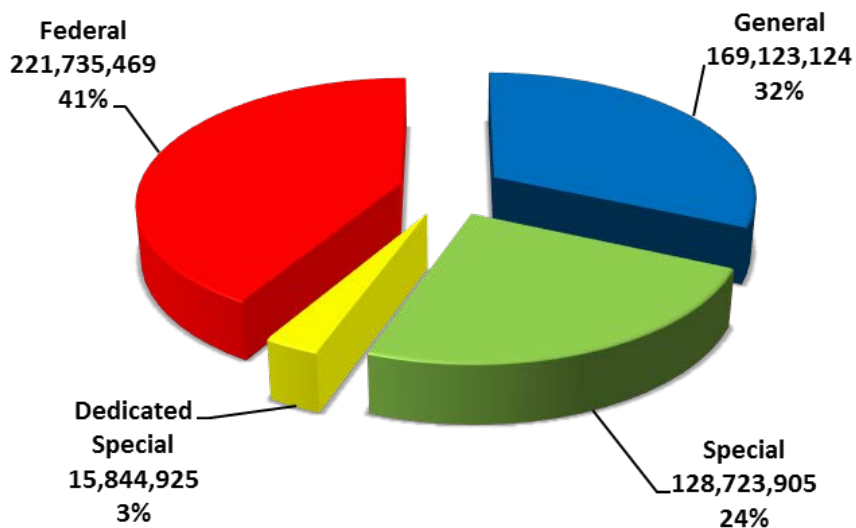


Data Source: Virginia Department of Health, Health Planning Districts.

VIRGINIA DEPARTMENT OF HEALTH BUDGET

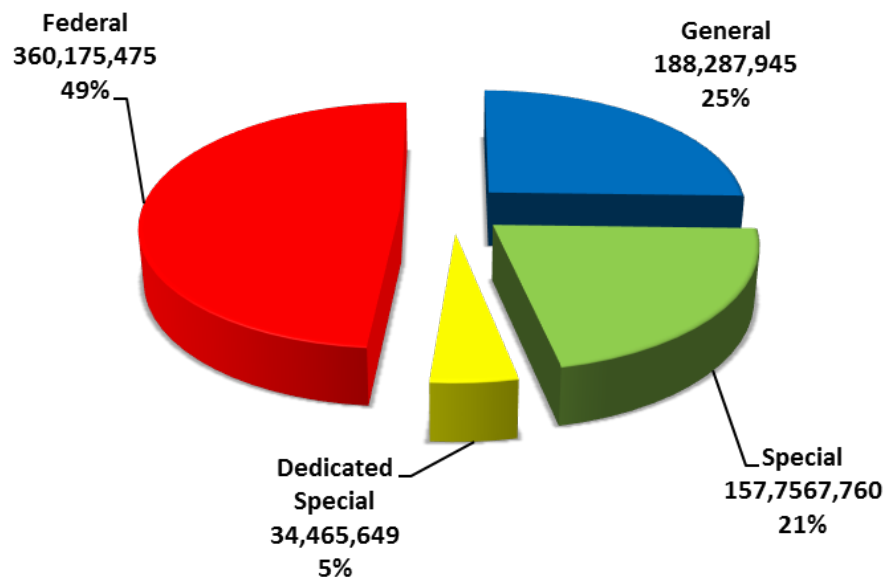
VDH Funding & Staffing - FY 2008 to FY 2020

FY2008
Total \$535,427,423



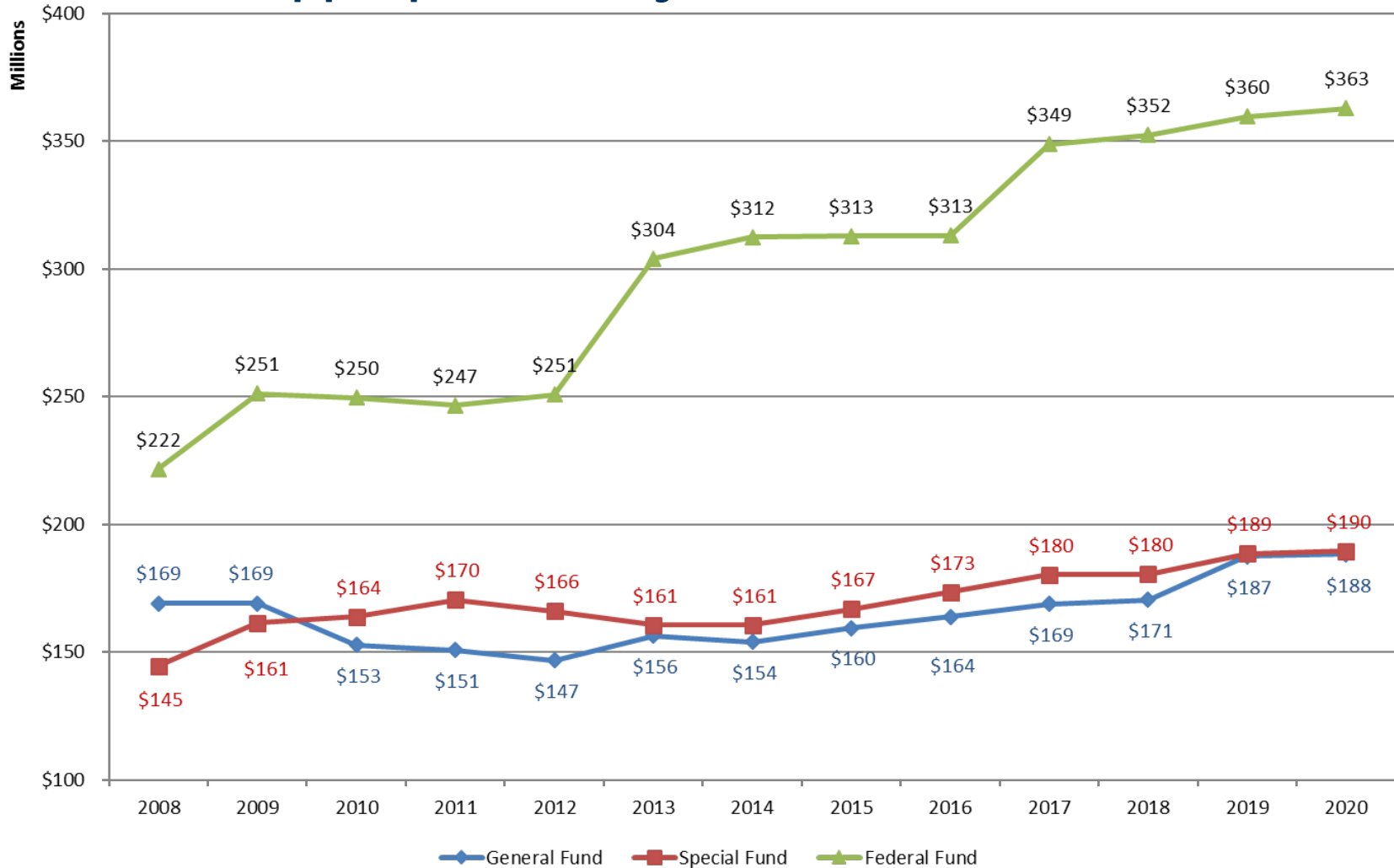
FTEs
GF: 1,664
NGF: 2,107
Total : 3,771

FY2020
Total \$740,696,829



FTEs
GF: 1,506
NGF: 2,198
Total: 3,704

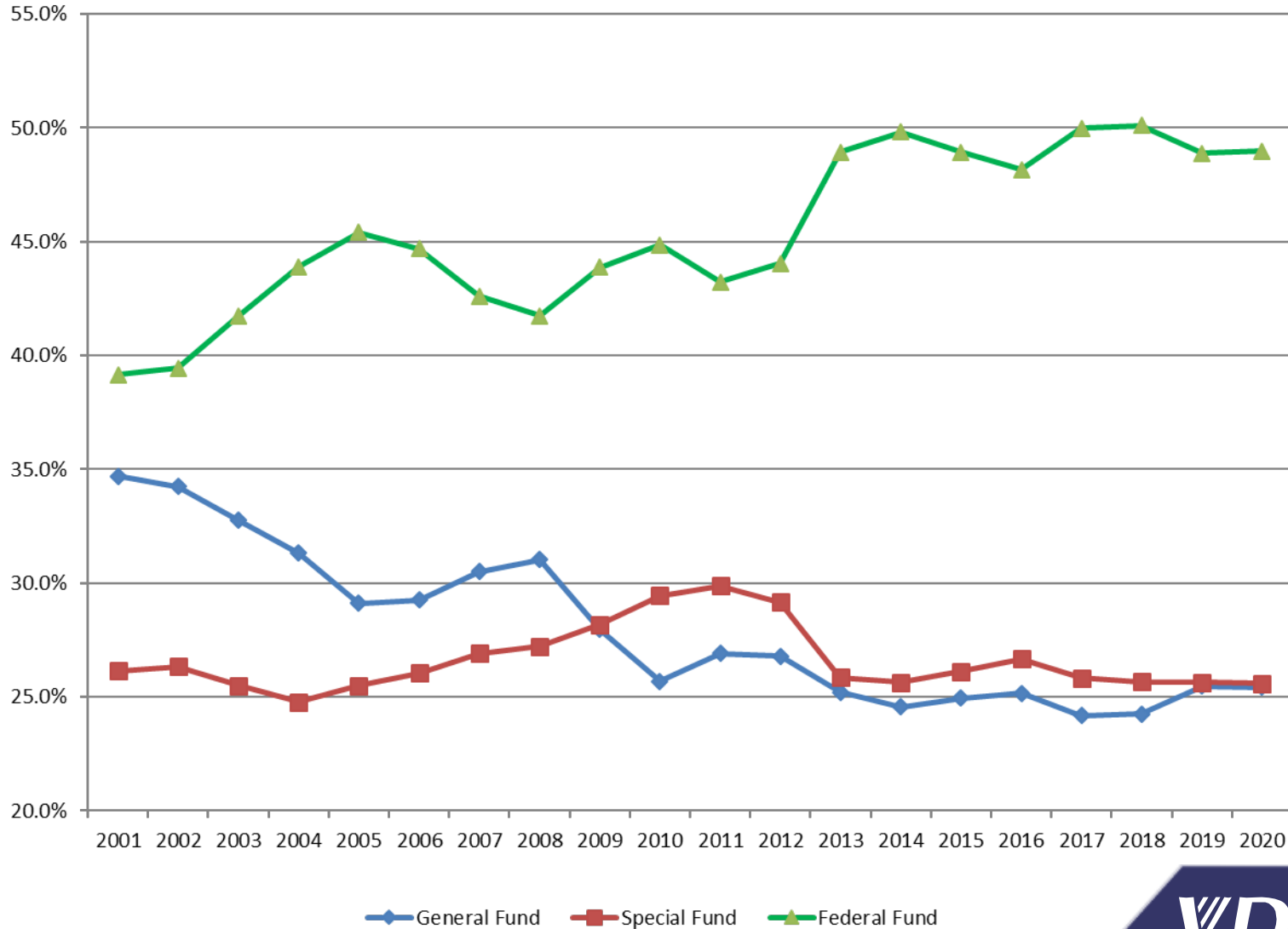
Virginia Department of Health Appropriation by Fund 2008 - 2020



- The increase in federal funds in FY17 is largely due to AIDS/HIV grants and is not new funding, but a technical appropriation increase, as these funds increased in the last biennium (FY19 increase is also Ryan White related and just a technical).
- The increase in federal appropriation in FY2013 is attributable to funding for the Child and Adult Special Feeding Programs.
- The federal appropriations illustrated above do not include ARRA or H1N1 funding.

Virginia Department of Health Appropriation by Fund 2001 - 2020

(As A Percent of Total Appropriation)



2018 Introduced VDH Budget

Governor's Introduced Budget	FY19		FY20	
	GF	NGF	GF	NGF
Base Appropriation	182,000,222	548,203,813	184,159,722	548,203,813
Proposed New Funding / Appropriation	5,476,507	-	4,128,223	4,205,071
Proposed Budget	187,476,729	548,203,813	188,287,945	552,408,884
Total Proposed Budget	735,680,542		740,696,829	
Authorized Positions	1,503	2,196	1,503	2,196
Proposed New Positions	2	-	3	2
Maximum Employment Level	1,505	2,196	1,506	2,198
Total MEL	3,701		3,704	

Budget Amendments

Medical Examiner

- Funding for the Office of the Chief Medical Examiner to establish the State Overdose Fatality Review Team
 - Provides general fund appropriation to establish the State Overdose Fatality Review Team. The team will work alongside the local and regional overdose fatality review teams in the prevention of overdoses from prescribed, commercially available, or illicit substances as a result of misuse, overuse, and abuse.

FY20 - \$256,248 GF 3 FTE

Budget Amendments

Licensure and Certification

- Increase the Certificate of Public Need State Medical Facilities Plan staffing
 - Provides general fund appropriation in the first year and nongeneral fund in the second year to support two positions pending legislation for increasing fees for COPN applicants. The legislation would allow additional fee revenue to cover the cost of these positions to review, update, and provide technical support to ensure the accuracy of the State Medical Facilities Plan.

FY19 - \$168,982 GF 2 FTE

FY20 - \$167,682 NGF 2 FTE

Budget Amendments

Epidemiology

- Support for childhood immunizations
 - Provides general fund to be used to purchase Meningococcal Conjugate (MCV4), Hepatitis A, and Human Papillomavirus (HPV) vaccines for children and adolescents to be administered at local health departments.
FY20 - \$1,461,742 GF

Environmental Health Services

- Provide support for an increase in rent for the Office of Environmental Health's White Stone Field Office
 - Provides general fund to support an increase in rent at the Office of Environmental Health, Shellfish Division, White Stone field office's laboratory. The new rent amount will allow the current landlord to make the necessary renovations to the facility.
FY19 - \$107,525 GF
FY20 - \$107,525 GF

Budget Amendments

Community Health Services

- Provide support for rent increases at local health departments
 - Supports local health districts that are expecting significant cost increases due to moving to new facilities or rent increases in existing facilities by providing additional general and nongeneral fund appropriation. Health Districts do not fully control the process for determining when and where their facilities will be located.

FY20 - \$257,708 GF \$197,530 NGF

- Provide funding to contract with Eastville Community Health Center
 - Provides general fund to contract with the Eastern Shore Rural Health System to help support the pediatrics wing at the new Eastville Center.

FY20 - \$795,000 GF

Budget Amendments

Financial Assistance to Community Human Services Organizations

- Provide additional funding for proton beam therapy
 - Increases funding for the Proton Beam Therapy Institute at Hampton University. This funding allows the institute to continue to provide cancer care for the Commonwealth. Funding will also assist in infrastructure development and advance the research and training components of the institute.

FY19 - \$5,000,000 GF

Budget Amendments

State Health Services

- Support Federation of Virginia Food Banks with TANF
Supports the Federation of Virginia Food Banks from the Temporary Assistance for Needy Families (TANF) block grant to strengthen outreach to food-insecure children throughout the Commonwealth.

FY20 - \$3,000,000 NGF

- Additional funding for the Virginia Neonatal Perinatal Collaborative
 - Provides the Virginia Neonatal Perinatal Collaborative with general fund support to improve pregnancy outcomes for women and newborns.

FY20 - \$50,000 GF

Budget Amendments

NGF Spending Authority Increases

- Increase the Central Pharmacy's appropriation.
 - Provides nongeneral fund appropriation in 2020 for the Central Pharmacy to make additional drug purchases for the health districts.

FY20 - \$422,037 NGF

- Receive nongeneral fund appropriation from the Department of Social Services for Healthy Families.
 - Transfers appropriation from the Department of Social Services for Healthy Families, eliminating the need for an administrative transfer during the fiscal year.

FY20 - \$417,822 NGF

Budget Amendments

Administration

- Provides one-time general fund support for anticipated additional OAG charges related to defending a pending lawsuit
FY19 - \$200,000 GF

Long-Acting Reversible Contraceptives (LARCs) Program

Provides LARCS to women under 250% FPL



Funds 12 Facilities Across Virginia via \$6M in TANF Funds Allocated to VDH Over 2 Years

Reduces Unintended Pregnancies, Preterm Births and Abortion Rates to Build Healthy Families



VDH Electronic Health Records

- In 2018, the Secretary of HHR was asked to stand up a workgroup to “oversee the development of a statewide integrated EHR system.”
- The workgroup report recommended:
- Agencies must conform to data interoperability standards so that data may be shared real-time among partners
- Agencies must determine whether an existing EHR solution will meet its business needs without increased cost due to customization
- Any EHR RFPs released must contain language that requires vendors to demonstrate interoperability and real-time data exchange with other EHR systems
- The workgroup should continue to meet and more fully evaluate the cost and benefits of implementing a single, statewide EHR system

Questions

Thank You!