

Department of Health

Expenditures By Program	FY2020	FY2021	FY2021	Change from		FY2022	Change from	
	Actual	Enacted	Governor	Enacted		Governor	Enacted	
Central Management	\$15.4	\$15.6	\$27.3	\$11.7	74.7%	\$18.9	\$3.3	21.4%
Community Health and Equity	99.2	106.1	109.8	3.7	3.5%	111.4	5.3	5.0%
COVID-19	14.9	86.8	406.0	319.3	368%	161.7	75.0	86.4%
Customer Services	13.2	14.5	17.2	2.7	18.8%	17.0	2.5	17.4%
Environmental Health	13.0	13.6	14.0	0.4	2.9%	13.9	0.4	2.6%
Health Laboratories and Medical Examiner	13.2	16.6	14.8	(1.7)	-10.5%	12.2	(4.4)	-26.3%
Policy, Information and Communications	5.2	5.0	5.8	0.8	15.1%	5.2	0.2	3.6%
Preparedness, Response, Infectious Disease, &	19.0	320.5	47.4	(273.1)	-85.2%	24.0	(296.5)	-92.5%
Total	\$193.2	\$578.6	\$642.3	\$63.6	11.0%	\$364.4	(\$214.2)	-37.0%

Expenditures By Source								
General Revenue	\$38.3	\$110.3	\$32.8	(\$5.5)	-5.0%	\$30.6	(\$79.7)	-72.3%
Federal Funds	112.0	420.4	547.3	126.9	30.2%	277.7	(142.7)	-33.9%
Restricted Receipts	42.5	47.8	62.0	14.2	29.7%	55.6	7.7	16.2%
Other Funds	0.4	0.2	0.2	0.0	0.0%	0.6	0.4	200%
Total	\$193.2	\$578.6	\$642.3	\$135.6	23.4%	\$364.4	(\$214.2)	-37.0%

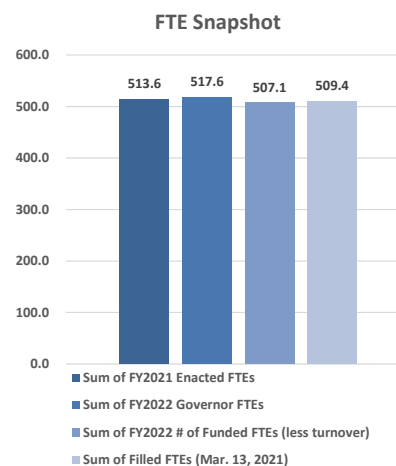
Authorized FTE Levels 499.6 513.6 513.6 - - 517.6 4.0 0.8%
\$ in millions. Totals may vary due to rounding.

The mission of the Rhode Island Department of Health (RIDOH) is to prevent disease and to protect and promote the health and safety of the people of Rhode Island. Since Rhode Island has no local health departments, the Department coordinates public health activities across the State. The Department's responsibilities include licensing and regulation, collection and analysis of health data, disease surveillance, prevention, and control, vital records, and state laboratories. The Department also houses the Office of the Medical Examiner, the agency responsible for investigating and certifying suspicious or otherwise unexplained deaths.

MAJOR ISSUES AND TRENDS

The FY2022 Budget allocates funding for the eight programs within the Department of Health (DOH): Central Management, Community Health and Equity, COVID-19, Customer Services, Environmental Health, Health Laboratories and Medical Examiner, Policy, Information and Communications, and Preparedness, Response, Infectious Diseases and Emergency Response. The Budget includes \$364.4 million in all funds for FY2022, a decrease of \$214.2 million from the FY2021 Budget as Enacted. General revenues compromise 8.4 percent of the total funds, equaling \$30.6 million, a decrease of \$79.7 million from the FY2021 Budget as Enacted.

The Budget increases the FTE authorization by 4.0 FTEs compared to the FY2021 Budget as Enacted. This includes 6.0 new positions, offset by the elimination of 2.0 FTEs to reflect the closure of the Vital Records satellite location at the Division of Motor Vehicles. The new positions include 3.0 FTE positions funded by general revenues for the proposed Shellfish Dockside Program, 2.0 FTE positions funded by restricted receipts for the adult-use marijuana program, and 1.0 FTE position funded by restricted receipts for a Supervisor Accountant to oversee the Opioid Stewardship Fund.



CENTRAL MANAGEMENT

Central Management provides overall leadership, management, and administrative functions for the Department. The Division includes two subprograms: Executive Functions and the Health Equity Institute.

Central Management	General Revenue
FY2021 Enacted	\$3,177,680
<i>Target and Other Adjustments</i>	9,475
Facilities Management	452,750
FY2022 Governor	\$3,639,905

Facilities Management **\$452,750**

The Budget increases general revenue for centralized services by \$452,750. The FY2018 Budget as Enacted authorized the Governor to establish centralized accounts for information technology, facilities management, and human resources. Beginning in FY2019, these expenditures are reflected in each agency based on actual use, thereby showing the true costs associated with a particular program or agency. The FY2021 Budget as Enacted appropriated \$2.3 million for facilities management, which is increased by \$452,750 to \$2.7 million in the FY2022 Governor's Budget.

COMMUNITY HEALTH AND EQUITY

The Division of Community Health and Equity aims to eliminate health disparities, assure healthy child development, control disease, and strive for healthy communities. The division includes four centers: chronic care and disease management, health promotion and wellness, perinatal and early childhood health, and preventive services.

Community Health and Equity	General Revenue
FY2021 Enacted	\$527,012
<i>Target and Other Adjustments</i>	5,475
Home Visiting Programs	605,538
Shift from COVID-19 Funding	116,032
First Connections Expansion	95,755
FY2022 Governor	\$1,349,812

Home Visiting Program **\$605,538**

The Family Home Visiting program provides pregnant women and families with services to improve maternal and child health, prevent child abuse and neglect, encourage positive parenting, promote child development, and improve school readiness. The program is funded by the Department of Health; coordinated along with the Departments of Children, Youth, and Families (DCYF) and Human Services (DHS); and administered by local, community-based agencies.

Family Home Visiting encompasses three sub-programs: Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. These programs are currently supported by a federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) formula grant. Federal grant funding will be reduced in FY2022 and RIDOH will need to reduce capacity from 1,400 to 1,150 families. The Governor proposes establishing a costs not otherwise matchable (CNOM) program in order to maintain Family Home Visiting services at the current capacity. CNOMs are programs that cover populations that are not mandatory under federal Medicaid rules, but for which the federal government authorizes Medicaid reimbursement. Rhode Island establishes its CNOM programs in the Section 1115 waiver. Two of the home visiting sub-programs, Healthy Families America and Nurse-Family Partnership, are already included in the waiver as a CNOM program but are not funded as such. The Budget adds \$605,538 from general revenues (\$1.4 million all funds) to maintain the current capacity of the Family Home Visiting Program.

Shift from COVID-19 Funding**\$116,032**

The Budget increases general revenues by \$116,032 to reflect a shift to general revenue for personnel expenditures. The FY2021 Budget as Enacted shifted personnel to COVID-19 related activities, and were therefore eligible for reimbursement through Coronavirus Relief Funds. The Budget shifts the personnel costs back from federal funds to general revenues.

First Connections Expansion**\$95,755**

The First Connections Program is a referral-based program that works to connect families with services such as food assistance, behavioral health services, child care, long-term family home visiting, Early Intervention (EI), and other community-based services and supports. The goal of the program is to reduce poor outcomes for children. Article 12 of the Budget would authorize the State to seek Medicaid coverage and reimbursement for services provided to pregnant women. The Budget includes a general revenue increase of \$95,755 (\$226,800 all funds) to expand the program to pregnant women to support positive outcomes for pregnant women and their children.

Federal Fund Adjustments**\$3.0 million**

The Budget increases federal funds by \$3.0 million within the Community Health and Equity Program as compared to the FY2021 Budget as Enacted. The following table illustrates the various federal fund adjustments.

Federal Fund Adjustments	FY2020 Actuals	FY2021 Enacted	FY2021 Revised	Change from Enacted	FY2022 Governor	Change from Enacted
Immunizations	\$15,419,258	\$13,996,871	\$13,999,610	\$2,739	\$16,707,911	\$2,711,040
Tobacco Control Program	-	-	1,364,143	1,364,143	1,369,518	1,369,518
Chronic Disease Prevention And Control	1,052,364	1,144,045	1,146,089	2,044	-	(1,144,045)
Support for Expectant/Parenting Teens	898,414	828,699	829,265	0.0	-	(828,699)
Suicide Prevention Project	417,274	-	746,605	746,605	643,727	643,727
WIC Benefits	14,043,891	15,700,000	15,700,000	-	15,100,000	(600,000)
Prescription Drug Overdose Prevention	3,059,134	3,760,304	3,766,388	6,084	4,338,018	577,714
All changes less than \$500,000	29,370,966	30,447,394	29,826,768	(620,626)	30,688,208	240,814
Total	\$64,261,301	\$65,877,313	\$67,378,868	\$1,501,555	\$68,847,382	\$2,970,069

Totals may vary due to rounding.

- **Immunizations:** The Budget increases by \$2.7 million in federal funds for the immunization program to reflect an increased demand for flu and other vaccines unrelated to the COVID-19 pandemic.
- **Tobacco Control Program:** The Budget increases by \$1.4 million in federal funds for the tobacco control program which works to prevent tobacco use and exposure to second-hand smoke. Previously this was funded under the Chronic Disease Prevention and Control Program.
- **Support for Expectant/Parenting Teens:** The Budget eliminates \$828,699 in federal funds related to supporting expectant and parenting teen. The program was funded through a federal grant which ended in December 2021.

COVID-19

The COVID-19 program was established within the Department of Health to support Rhode Island's pandemic response. The Department of Health is responsible for coordinating the State's efforts in combatting COVID-19 with contact tracing and case investigations, treatment, testing, vaccinations, and lab processing.

COVID-19	General Revenue
FY2021 Enacted	\$86,750,000
<i>Target and Other Adjustments</i>	0
Shift to Federal Funds	(86,750,000)
FY2022 Governor	-

COVID-19	Other Fund Changes
COVID-19 Expenditures	\$161,721,718

Shift to Federal Funds **(\$86.8 million)**

In the FY2022 Budget, expenditures related to the COVID-19 pandemic are fully funded by federal dollars and do not require any matching state funds. In February 2021, the Federal Emergency Management Agency (FEMA) announced that all work eligible under FEMA’s existing COVID-19 policies are reimbursable with a 100.0 percent federal share, rather than the typical 75.0 percent reimbursement. The change in the federal share eliminates the need for general revenues.

COVID-19 Expenditures (federal funds) **\$161.7 million**

The Budget includes \$161.7 million in federal funds to support the State’s response to the COVID-19 pandemic. Expenditures are funded through stimulus funds, grants, and FEMA disaster resources. The funding within the Department of Health will support efforts in testing, contact tracing, vaccination, and other public health related activities. The Budget includes \$134.4 million in FEMA funds and \$27.3 million in stimulus reserves.

COVID-19 Federal Funds	FY2022
Testing	\$73.1
Contact Tracing and Case Investigations	29.2
Stimulus Reserve	27.3
Vaccinations	22.4
Public Health Communications and Data Analytics	4.9
High Density Support	2.7
Technology Enablement	2.0
Total	\$161.7

\$ in millions. Totals may vary due to rounding.

- **Testing:** The Budget increases by \$73.1 million in federal funds for costs related to testing of COVID-19. This includes testing and lab supplies, infrastructure for testing sites, and transportation costs.
- **Contact Tracing and Case Investigations:** The Budget includes \$29.2 million in federal funds for the infrastructure required for contract tracing and investigations and the personnel to manage the overall process.
- **Stimulus Reserve:** The Budget includes \$27.3 million in federal funds for stimulus reserves. This was included in the Budget on the assumption that additional coronavirus relief funds would be passed by Congress. In March, Congress passed the American Rescue Plan, which is anticipated to provide \$1.1 billion in funding to the State to be spent through 2024.
- **Vaccinations:** The Budget includes \$22.4 million in federal funds for the distribution of the COVID-19 vaccine. This includes cold storage, security, transportation, and supplies of the vaccine, personnel to conduct vaccinations, infrastructure, and communications and outreach.
- **Public Health Communications and Data Analytics:** The Budget increases by \$4.9 million in federal funds for communications, data, modeling and analytics related to the COVID-19 pandemic.

- **High Density Support:** The Budget includes \$2.7 million in federal funds to provide resources for communities that have had a disproportionate spread of COVID-19 infection and mortality. The efforts include hygiene and mask campaigns, testing, vaccinations and communications.
- **Technical Enablement:** The Budget increases federal funds by \$2.0 million for the development of technology related to the COVID-19 pandemic. This includes expenses for the CrushCovid application which provides support to users with contact tracing and locating available resources.

CUSTOMER SERVICES

The Division of Customer Services has licensure and regulatory responsibilities of health care professionals and facilities, and is comprised of three centers: Professional Licensing, Boards and Commissions; the Center for Vital Records’, and the Center for Health Facilities Regulation.

Customer Services	General Revenue
FY2021 Enacted	\$6,416,479
<i>Target and Other Adjustments</i>	<i>(13,548)</i>
Shift from COVID-19 Funding	1,811,299
Vital Records Program	(275,875)
FY2022 Governor	\$7,938,355

Customer Services	Other Fund Changes
Opioid Stewardship Fund	\$1,912,497
Adult-Use Marijuana	366,785

Shift from COVID-19 Funding ***\$1.8 million***

The Budget increases general revenues by \$1.8 million to reflect a shift back to general revenue for personnel expenditures. The FY2021 Budget as Enacted shifted personnel to COVID-19 related activities, and were therefore eligible for reimbursement through Coronavirus Relief Funds. The Budget shifts the personnel costs back from federal funds to general revenues.

Vital Records Program ***(\$264,910)***

The Budget reduces general revenues by \$264,910 (\$158,537 all funds) to reflect the elimination of the Vital Records Program satellite location at the Division of Motor Vehicles. The satellite location has temporarily been closed since the start of the COVID-19 pandemic, and the Budget would make the closure permanent. Customers would still be able to request vital records online or in-person at the Department of Health.

Adult-Use Marijuana (restricted receipts) ***\$366,785***

Article 11 of the Budget legalizes recreational adult-use marijuana and provides restricted receipt funding to DOH for food safety staffing and operational costs related to the adult-use marijuana market. DOH is allocated \$366,785 in restricted receipts for adult-use marijuana expenditures, of which \$225,112 is dedicated to the personnel costs of 2.0 FTEs and \$141,673 is allocated to operating costs.

Opioid Stewardship Fund (restricted receipts) ***\$1.9 million***

Article 13 of the FY2020 Budget as Enacted established an opioid registration fee deposited quarterly to the Opioid Stewardship Fund by all manufacturers, distributors, and wholesalers of opioids. The fee is calculated based on the licensee’s in-state market share of opioid sales. The total annual amount of the Fund equals \$5.0 million and is subject to indirect cost recoveries, adjusting the total available restricted receipts to \$4.5 million. The FY2022 Budget allocates \$1.9 million for 1.0 supervising accountant to administer the funds, staffing costs for FTE positions working on Rhode Island’s opioid response efforts including the Prescription Drug Monitoring Program (PDMP), and shifts funding from general revenues for the Toxicology and Drug Chemistry labs. The remaining available funds are distributed among the following

departments: Corrections, Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH), and the Executive Office of Health and Human Services (EOHHS).

ENVIRONMENTAL HEALTH

The Environmental Health program holds responsibility for the licensure and regulatory activities related to Environmental Health and all activities related to Healthy Homes. The program regulates and provides oversight of population-based activities related to safe food; clean water; healthy homes in the areas of lead, asbestos, radon; and, health and safety in the workplace. The program includes three Centers: the Center for Food Protection, the Center for Drinking Water Quality, and the Center for Healthy Homes and Environment.

Environmental Health	General Revenue
FY2021 Enacted	\$2,649,946
<i>Target and Other Adjustments</i>	<i>(24,534)</i>
Shift from COVID-19 Funding	2,829,400
Dockside Shellfish Program	366,300
FY2022 Governor	\$5,821,112

Shift from COVID-19 Funding **\$2.8 million**

The Budget increases general revenues by \$2.8 million to reflect a shift back to general revenue for personnel expenditures. The FY2021 Budget as Enacted shifted personnel to COVID-19 related activities, and were therefore eligible for reimbursement through Coronavirus Relief Funds. The Budget shifts the personnel costs back from federal funds to general revenues.

Shellfish Dockside Sampling Program **\$366,300**

Article 10 of the Budget authorizes the Director of DOH, with the assistance of Department of Environmental Management (DEM), to establish a shellfish dockside sampling program. The article also provides DOH with the authority to set a shellfish-licensing fee through rules and regulations. In April 2019, the National Marine Fisheries Council closed a large portion of fishing grounds used for harvesting surf clams in order to protect certain marine species. Authorizing DOH to establish the program allows companies in the State to continue processing certain shellfish and ensure they are safe for human consumption.

The new dockside program would require 2.0 FTE Lab Scientist positions and 1.0 FTE Food Specialist with \$296,952 in personnel funding. The Budget also includes \$69,186 in operating costs for the purchase and maintenance of dockside testing equipment. Personnel and operating costs would increase by \$366,300. The expenditures are fully funded by the proposed license fee, which would be deposited as general revenues.

HEALTH LABORATORIES AND MEDICAL EXAMINER

The Health Laboratories and Medical Examiner provides laboratory services to state and municipal agencies, health care providers, and the general public, for the purposes of public health, environmental protection, and forensic science.

The Medical Examiner investigates and certifies the cause of death in the case of all known or suspected homicides, suicides, accidents, sudden infant deaths, drug related deaths, medically unattended or unexplained deaths, and deaths which may be evidence of an epidemic or other threat to the public health. The Division also provides expert testimony in criminal and civil cases.

Health Laboratories and Medical Examiner	General Revenue
FY2021 Enacted	\$8,329,909
<i>Target and Other Adjustments</i>	(50,017)
COVID-19 Related Personnel Shift	1,910,476
Shift to Opioid Stewardship Funds	(1,457,797)
FY2022 Governor	\$8,732,571

COVID-19 Related Personnel Shift **\$1.9 million**

The Budget increases general revenues by \$1.9 million to reflect a shift back to general revenue for personnel expenditures. The FY2021 Budget as Enacted shifted personnel to COVID-19 related activities, and were therefore eligible for reimbursement through Coronavirus Relief Funds. The Budget shifts the personnel costs back from federal funds to general revenues.

Shift to Opioid Stewardship Funds **(\$1.5 million)**

The Budget includes a general revenue savings of \$1.5 million to reflect a cost shift to opioid stewardship funds. Article 13 of the FY2020 Budget as Enacted established an opioid registration fee paid deposited quarterly to the Opioid Stewardship Fund by all manufacturers, distributors, and wholesalers of opioids. The fee is calculated based on the licensee's in-state market share of opioid sales. The total annual amount of the Fund equals \$5.0 million and is subject to indirect cost recoveries, adjusting the total available restricted receipts to \$4.5 million. In FY2022 there are additional funds available since not all of the fund was allocated in FY2021.

Funds raised through the opioid registration fee must be appropriated by the General Assembly and can only be used for opioid treatment, recovery, prevention, education services, and other related programs. The Budget allocates a total of \$1.5 million for the forensic sciences labs. The Budget includes a total of \$1.2 million in general revenues (\$3.2 million all funds) for the forensic sciences labs.

Analyst Note: The Opioid Stewardship Fund will fund approximately 45.6 percent of the total costs of the forensic science labs, but it is unclear how much of the labs work is opioid-related.

POLICY INFORMATION AND COMMUNICATION

The Policy Information and Communication division is responsible for public health communications; data collection, analysis, and dissemination; coordination of the Department's legislative and regulatory functions; and ensuring standards of care are maintained in new and existing healthcare facilities. The division includes four centers: Public Health Communications, Health Data and Analysis and Public Informatics, Health Systems Policy and Regulation, and Legislative and Regulatory Affairs.

Policy, Information and Communication	General Revenue
FY2021 Enacted	\$839,975
<i>Target and Other Adjustments</i>	(2,513)
Center for Health Data and Analysis	219,450
COVID-19 Related Personnel Shift	91,567
FY2022 Governor	\$1,148,479

Center for Health Data and Analysis **\$219,450**

The Budget increases general revenue expenditures by \$219,450 to support the management of data systems within the Center for Health Data and Analysis. The additional expenditures are funded with a new fee of \$140 proposed in Article 6 of the Budget for special data requests that require CDHA to analyze, calculate, and/or interpret data. The funding allocated from the fee will directly support the staffing costs for hours worked to compile the requested data sets. The fee would be set by the Department of Health through rules and regulations and is expected to generate \$438,900 in general revenues. The fee would apply to external requests that require fifteen or more hours and would not apply to Access to Public Records Act (APRA)

requests as the records must be created and APRA requests are for existing records. Massachusetts also charges fees for special data requests, at a rate of \$140 per hour.

COVID-19 Related Personnel Shift **\$91,567**

The Budget increases general revenues by \$91,567 to reflect a shift back to general revenue for personnel expenditures. The FY2021 Budget as Enacted shifted personnel to COVID-19 related activities, and were therefore eligible for reimbursement through Coronavirus Relief Funds. The Budget shifts the personnel costs back from federal funds to general revenues.

PREPAREDNESS, RESPONSE, INFECTIOUS DISEASE, AND EMERGENCY MEDICAL SERVICES

The Preparedness, Response, Infectious Disease, and Emergency Medical Services division includes four centers: Emergency Preparedness and Response; Infectious Disease and Epidemiology; HIV, Hepatitis, STD, and TB Epidemiology; and, Emergency Medical Services.

The division prepares for and responds to catastrophic events, disasters, and emergencies. It also monitors and works to prevent the spread of infectious diseases, and licenses and regulates emergency medical services in the state.

Preparedness, Response, Infections Disease, and Emergency Medical Services	General Revenue
FY2021 Enacted	\$1,563,083
<i>Target and Other Adjustments</i>	<i>(44,264)</i>
COVID-19 Related Personnel Shift	433,702
FY2022 Governor	\$1,952,521

COVID-19 Related Personnel Shift **\$433,702**

The Budget increases general revenues by \$433,702 to reflect a shift back to general revenue for personnel expenditures. The FY2021 Budget as Enacted shifted personnel to COVID-19 related activities, and were therefore eligible for reimbursement through Coronavirus Relief Funds. The Budget shifts the personnel costs back from federal funds to general revenues.

CAPITAL PROJECTS

The Budget includes \$600,000 in RICAP funds within DOH for various capital improvement projects in FY2022, with a total project fund of \$2.6 million from FY2020 through FY2026. The funding will support the Laboratory Medical Equipment Fund to replace laboratory equipment at the DOH State Health Laboratory. Much of the equipment is obsolete or no longer supported by the manufacturer. Failure to replace the equipment could result in the Health Labs losing the capability to complete necessary testing on food and water, infectious diseases, insect-borne viruses, forensics, and air quality.