

Health

FY16-17 Biennial Budget Change Item

Change Item: Ebola Deficiency

Fiscal Impact (\$000s)	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
General Fund					
Expenditures	891	0	0	0	0
Revenues		0	0	0	0
Other Funds					
Expenditures					
Revenues					
Net Fiscal Impact = (Expenditures – Revenues)	891	0	0	0	0
FTEs		0	0	0	0

Recommendation:

The Governor recommends one-time funding of \$891,000 from the General Fund in FY 2015 to cover a deficiency in the Department of Health (MDH) budget for unanticipated, statewide planning, coordination, preparation and response activities related to the Ebola outbreak in West Africa, for which no other source of funding is currently available.

Rationale/Background:

Ebola is a rare and deadly hemorrhagic fever disease with a high fatality rate (50-90 percent). There are no available medications to cure Ebola, and there is no vaccine or medicine to prevent Ebola at this time. Ebola is spread by direct contact with blood or other body fluids of an infected person who currently has symptoms of Ebola, or who has recently died from Ebola. The most effective way to protect the public from Ebola is to identify cases quickly and prevent the spread of the disease. Beginning in July 2014, an Ebola outbreak in West Africa greatly intensified and resulted in over 21,000 cases and more than 8,000 deaths worldwide (as of January 15th). Persons with potential exposures to Ebola are entering the United States on a daily basis.

In times of emergency and uncertainty involving a potential disease outbreak, MDH serves as the state's lead public health agency, to respond swiftly and provide effective leadership to protect the health of the public. The serious nature of Ebola and the spread of the disease to the U.S. has created an unprecedented public health threat in Minnesota and other states. Although infectious disease monitoring and emergency preparedness activities are part of MDH's core services, the extent of the activities required to respond to the Ebola threat has far exceeded existing resources for such activities.

MDH is currently engaged in a wide range of activities with a variety of partners to prepare for the possibility of an Ebola case in the state. In addition to MDH's executive office and legal and communications units, there are three sections of the Department working to prevent and prepare for a possible Ebola outbreak: Infectious Disease, Emergency Preparedness, and the Public Health Lab. MDH is engaged in the following ongoing activities related to Ebola preparedness and response:

- Monitoring returning travelers from three affected countries for up to 21 days using an on-call system. If the information on the individual is not correct or current, this becomes a labor and time-intensive process which often includes sending out a disease investigator to locate individuals;
- Following-up on suspected Ebola cases, including follow-up with persons who have had potential contact;
- Maintaining a phone hotline for providers, first responders, the public, and other stakeholders, and creating and maintaining an Ebola website;
- Responding to inquiries from health care providers, health care facilities, public, media, and community organizations;
- Developing educational materials, fact sheets, and public service announcements for the public and health care providers using diverse media resources and translated into multiple languages;
- Intensive planning and training with all hospitals and emergency response providers regarding infection control, waste management, medical consultation, and development of protocols, to ensure that patients, staff and the public are protected in the case of an outbreak;
- Working intensively with the four hospitals which have been identified as the treatment sites for a potential patient with Ebola.
- Providing logistics and support to personnel from the Centers for Disease Control (CDC) for site visits to four hospitals in Minnesota designated to care for suspected or confirmed Ebola patients in Minnesota;

- Purchasing and maintenance of personal protective equipment for health care workers at four designated hospitals;
- Providing guidance to local public health agencies, tribal governments and health care organizations as they develop plans and protocols for responding to public health threats;
- Implementation of an Ebola Zaire Detection assay to test suspect patient samples which includes initial training and continued competency assessment of staff;
- Establishing on-call staff for 24/7 testing and surge capacity for the Public Health Lab;
- Conducting laboratory exercises to practice mock samples and safety procedures, and to identify gaps in entire testing process from receipt of a specimen to reporting a result; and
- Coordination of efforts for the clinical laboratories of the four designated hospitals.

Wherever possible, MDH has redirected existing resources to cover the costs of the Ebola response. More than ninety percent of the funding MDH received for infectious disease and emergency preparedness activities in the current biennium is from federal funding sources. MDH receives those funds in the form of competitive and formula-based federal grants that obligate the Department to perform a variety of public health activities unrelated to the Ebola response. With limited state funding for this activity and significant restrictions on federal funds, MDH has limited flexibility to redirect resources to respond to unanticipated public health threats. In order to respond effectively to the Ebola outbreak, the Department has needed to temporarily reassign staff that are funded through federal funds to address other infectious disease issues. The obligations incurred when receiving federal funding must still be met and MDH does not currently have financial resources to meet those obligations. The penalty for not meeting those federal obligations is repayment of federal funds.

Proposal:

The U.S. Centers for Disease Control has permitted Minnesota and other states to use a small portion of the current federal Public Health Emergency Preparedness (PHEP) grant to cover some costs associated with Ebola preparedness and response activities. However, the expenditures incurred to date, as well as those expected to be incurred through the end FY 2015, are in excess of the amount of PHEP funding the Department is authorized to use for Ebola preparedness and response activities. The Department anticipates it will incur a total of \$891,000 in costs through the end of FY 2015 above the allowable amount of PHEP funding. MDH is not able to cover these costs with other existing resources. This proposal requests a one-time General Fund appropriation to cover those costs. MDH is not adding any additional FTEs with this proposal.

Recently enacted federal budget legislation (H.R. 83, The Consolidated and Further Continuing Appropriations Act of 2015) includes federal funding for state and local governments to assist with costs related to Ebola preparedness and response activities. Minnesota has received an initial allocation of \$122,000 from the federal government for Ebola-related costs. However, those funds are going to be split among a number of government entities including counties, and are likely to only be available for future expenses.