



Virginia  
Regulatory  
Town Hall

## Final Regulation Agency Background Document

<b>Agency Name:</b>	Department of Health Professions
<b>VAC Chapter Number:</b>	18 VAC 76-40-10 et seq.
<b>Regulation Title:</b>	Regulations Governing Emergency Contact Information
<b>Action Title:</b>	Initial regulations
<b>Date:</b>	March 16, 2004

Please refer to the Administrative Process Act (§ 9-6.14:9.1 *et seq.* of the *Code of Virginia*), Executive Order Twenty-Five (98), Executive Order Fifty-Eight (99) , and the *Virginia Register Form, Style and Procedure Manual* for more information and other materials required to be submitted in the final regulatory action package.

### Summary

*Please provide a brief summary of the new regulation, amendments to an existing regulation, or the regulation being repealed. There is no need to state each provision or amendment; instead give a summary of the regulatory action. If applicable, generally describe the existing regulation. Do not restate the regulation or the purpose and intent of the regulation in the summary. Rather, alert the reader to all substantive matters or changes contained in the proposed new regulation, amendments to an existing regulation, or the regulation being repealed. Please briefly and generally summarize any substantive changes made since the proposed action was published.*

Chapter 602 of the 2003 Acts of the Assembly requires the Director of the Department of Health Professions, in consultation with the Department of Health and the Department of Emergency Management, to adopt regulations for the collection of emergency contact information to be used to notify health professionals in the event of a public health emergency. Regulations identify those licensed, certified or registered persons to which the requirement to report shall apply, the information to be reported and the procedures and time limits for reporting.

### Changes Made Since the Proposed Stage

*Please detail any changes, other than strictly editorial changes, made to the text of the proposed regulation since its publication. Please provide citations of the sections of the proposed regulation that have been altered since the proposed stage and a statement of the purpose of each change.*

There were no changes made to the proposed regulation in the final adoption.

### Statement of Final Agency Action

*Please provide a statement of the final action taken by the agency: including the date the action was taken, the name of the agency taking the action, and the title of the regulation.*

On March 16, 2004, the Director of the Department of Health Professions adopted a final regulation, 18 VAC 76-40-10 et seq. for the **Regulations Governing Emergency Contact Information**.

### Basis

*Please identify the state and/or federal source of legal authority to promulgate the regulation. The discussion of this statutory authority should: 1) describe its scope and the extent to which it is mandatory or discretionary; and 2) include a brief statement relating the content of the statutory authority to the specific regulation. In addition, where applicable, please describe the extent to which proposed changes exceed federal minimum requirements. Full citations of legal authority and, if available, web site addresses for locating the text of the cited authority, shall be provided. If the final text differs from that of the proposed, please state that the Office of the Attorney General has certified that the agency has the statutory authority to promulgate the final regulation and that it comports with applicable state and/or federal law*

The legislative mandate for promulgation of 18 VAC 76-40-10 is found in Chapter 602 of the 2003 Acts of the Assembly:

#### CHAPTER 602

*An Act to amend and reenact § 54.1-2506.1 of the Code of Virginia, relating to health practitioner contact information for a public health emergency; emergency.*

[H 2182]

Approved March 18, 2003

Be it enacted by the General Assembly of Virginia:

1. That § [54.1-2506.1](#) of the Code of Virginia is amended and reenacted as follows:

§ [54.1-2506.1](#). Submission of required information.

A. The Department is authorized to require individuals applying for initial licensure and individuals who are licensed to practice medicine, osteopathic medicine, dentistry, or to practice as a physician assistant, nurse practitioner or dental hygienist, to provide information in addition to that which is required to determine the individual's qualifications to be licensed. Such additional information shall identify the individual's specialty and subspecialty; credentials and certifications issued by professional associations, institutions and boards; and locations of practice and number of hours spent practicing at each practice location. Such information shall be collected and maintained by the Department for manpower planning purposes in cooperation with agencies and institutions of the Commonwealth and shall be released by the Department only in the aggregate without reference to any licensee's name or other individual identifying particulars. Prior to collecting any information described in this section from individual

licensees, the Department shall first attempt to obtain from other sources information sufficient for manpower planning purposes.

*B. For the purpose of expediting the dissemination of information about a public health emergency, the Department is authorized to require certain licensed, certified or registered persons to report any email address, telephone number and facsimile number that may be used to contact such person in the event of a public health emergency. Such email addresses, telephone numbers and facsimile numbers shall not be published, released or made available for any other purpose. The Director, in consultation with the Department of Health and the Department of Emergency Management, shall adopt regulations that identify those licensed, certified or registered persons to which the requirement to report shall apply and the procedures for reporting.*

**Purpose**

*Please provide a statement explaining the need for the new or amended regulation. This statement must include the rationale or justification of the final regulatory action and detail the specific reasons it is essential to protect the health, safety or welfare of citizens. A statement of a general nature is not acceptable, particular rationales must be explicitly discussed. Please include a discussion of the goals of the proposal and the problems the proposal is intended to solve.*

The purpose of these regulations is to set out the listing of licensees, certificate holders, and registrants that are required to provide contact numbers and email addresses which may be used in the event of a public health emergency to disseminate information to health care providers and to request mobilization of those providers needed to deliver services in an affected area of the state. Phone numbers, fax numbers and email addresses will be collected from those who list Virginia as their address of record, as well as those from contiguous states and the District of Columbia. The Department of Health Professions must collect the data which is maintained in a web-based system and available for use by the Department of Health in the event of a public health emergency. In such an event, expedited notification to health care professionals giving them vital instruction and information could be crucial to public health and safety. Also, the Emergency Contact Information system may be activated in order to mobilize a volunteer workforce of health professionals who could report to an affected area of the state.

**Substance**

*Please identify and explain the new substantive provisions, the substantive changes to existing sections, or both where appropriate. Please note that a more detailed discussion is required under the statement of the regulatory action's detail.*

Regulations list those categories of regulated entities that will be required to provide emergency contact information and limits that requirement to those persons or entities whose address of record is in Virginia, a contiguous state or the District of Columbia. The contact information required to be reported is set forth in regulation, along with the time frame within the regulant is expected to respond. Regulated entities are only required to provide fax numbers or email addresses if they have direct access to such, and all collected information may be only used for

the purpose of disseminating notification of a public health emergency. After the initial data collection, the regulants will be asked to update their information on a renewal application and whenever there is a change in the contact information provided to the Department.

## Issues

*Please provide a statement identifying the issues associated with the final regulatory action. The term "issues" means: 1) the advantages and disadvantages to the public of implementing the new provisions; 2) the advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, please include a sentence to that effect.*

- 1) The primary advantage to the public of implementing these provisions is the ability to have a notification system in place in the event of a public health emergency. By being able to provide immediate, reliable information to health care workers, a vital, appropriate response to an emergency may be expedited. There are no disadvantages to the public or to licensees. Emergency contact information is not subject to the Freedom of Information Act, so private numbers and email addresses are protected.
- 2) The advantage to the Commonwealth is the facilitation of emergency management planning. With a database of emergency contact numbers, response time to a public health emergency should be greatly reduced and much more effective. There are no disadvantages; the Department of Health has secured a federal grant from which the initial cost of creating the database and collecting the information is to be paid.
- 3) There is no other pertinent information regarding this regulatory action.

## Public Comment

*Please summarize all public comment received during the public comment period and provide the agency response. If no public comment was received, please include a statement indicating that fact.*

Proposed regulations were published in the Virginia Register of Regulations on December 29, 2003. Public comment was requested for a 60-day period ending February 27, 2004. Proposed regulations replace emergency regulations that have been in effect since August 6, 2003. There was no public comment received.

## Detail of Changes

*Please detail any changes, other than strictly editorial changes, that are being proposed. Please detail new substantive provisions, all substantive changes to existing sections, or both where appropriate. This statement should provide a section-by-section description - or crosswalk - of changes implemented by the proposed regulatory action. Include citations to the specific sections of an existing regulation being amended and explain the consequences of the changes.*

Current section number	Proposed new section number, if applicable	Current requirement	Proposed change and rationale
n/a	10	n/a	<p>Section 10 delineates which of the regulated entities under the Department are required to report to include persons whose address of record is in Virginia or in the District of Columbia or a contiguous state. For the purpose of disseminating emergency information and mobilizing a response, it was not necessary to obtain contact numbers and addresses on regulants whose residency is in states beyond the borders of Virginia.</p> <p>The alphabetical listing of licensees or certificate holders required to report was derived from the priority list set by the Departments of Health and Emergency Management based on the types of professionals that may need to be contacted in a public health emergency or may be requested to volunteer their services. Contact information is currently collected and available on doctors of medicine, osteopathy and podiatry, so they are not included.</p> <p><b>Change from the emergency regulation:</b>                      Instead of pharmacies, the proposed final regulation would collect emergency contact information from pharmacy technicians. Emergency contact information is already being collected from all pharmacists, including the pharmacist-in-charge of each pharmacy location, so the information is redundant. Programming would have to be altered to accommodate collection of information relevant to a facility rather than a person. Pharmacy technicians are added because they are trained in repackaging and could be utilized to break down the CDC national stockpile in the event of a bioterrorism event.</p>
n/a	20	n/a	<p>Section 20 delineates the information that is to be collected upon request from the Department, including telephone numbers for the workdays and during non-business hours, a fax number and an email address. If the person does not have direct access to fax or email, he is not required to report that information. Subsection C restates the statutory provision that the information collected cannot be disseminated for any purpose other than to be provided to the Department of Health in a public health emergency.</p>
n/a	30	n/a	<p>Section 30 requires that the time limit for reporting be set by the Director and that it be no less than 30 days or more than 90 days from receipt of the notification from the Department. This section also provides that whenever there is a change in the information given, it should be provided to the Department within 30 days.</p>

## Family Impact Statement

*Please provide an analysis of the regulatory action that assesses the impact on the institution of the family and family stability including the extent to which the regulatory action will: 1) strengthen or erode the authority and rights of parents in the education, nurturing, and supervision of their children; 2) encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one's spouse, and one's children and/or elderly parents; 3) strengthen or erode the marital commitment; and 4) increase or decrease disposable family income.*

There is no impact of the regulatory action on the institution of the family and family stability. In the event of a public health emergency, it would be expected that the ready availability of contact numbers to disseminate information and mobilize a response by health care workers and entities could have a positive effect of the stability and viability of many families in the Commonwealth.