

Office of Regulatory Management
Economic Review Form

Agency name	State Board of Health
Virginia Administrative Code (VAC) Chapter citation(s)	12VAC5-391-10 <i>et seq.</i>
VAC Chapter title(s)	Regulations for the Licensure of Hospice
Action title	Amend Regulation to Conform to Chapter 525 of the 2021 Acts of Assembly, Special Session I
Date this document prepared	September 8, 2022

Cost Benefit Analysis

Table 1a: Costs and Benefits of the Proposed Changes (Primary Option)

(1) Direct Costs & Benefits	<ul style="list-style-type: none"> Hospices must have a protocol to allow patients to receive visits from a clergy of any religious denomination or sect during public health emergencies related to communicable diseases <p>Direct Costs: VDH is not aware of any quantifiable direct costs at this time.</p> <p>Direct Benefits: VDH is not aware of any quantifiable direct benefits at this time.</p>		
(2) Quantitative Factors	Estimated Dollar Amount	Present Value	
Direct Costs	(a) \$0	(c) \$0	
Direct Benefits	(b) \$0	(d) \$0	
(3) Benefits-Costs Ratio	Undefined (zero divided by zero)	(4) Net Benefit	\$0
(5) Indirect Costs & Benefits	<p>VDH is not aware of any quantifiable indirect costs.</p> <p>VDH is not aware of any quantifiable indirect benefits.</p>		
(6) Information Sources	Code of Federal Regulations; Virginia Department of Health Office of Licensure and Certification Division of Acute Care Services		

(7) Optional	<p>VDH has numerous challenges and constraints that limit a cost benefit analysis, including limited data availability, limited statutory discretion, and insufficient analytical models.</p> <p>Federal regulations for hospices that are certified to participate in Medicare and Medicaid already require visitation with clergy be facilitated and that an infection control program be in place to protect visitors from communicable diseases (see 42 CFR §§ 418.60 and 418.64(d)(3)(iii)); every licensed hospice in Virginia is also certified, so they are all covered by these requirements. Therefore, the changes being made by this regulatory action have no direct or indirect cost or benefit because Chapter 525 of the 2021 Acts of Assembly, Special Session I does not change the substance of any existing requirements that hospices are meeting.</p> <p>From a qualitative perspective, access to clergy are that spiritual support during end-of-life care can improve patient well-being by alleviating or reducing anger, fear, or depression and that both patients and their family members can receive assistance in processing grief before, during, and after death.</p> <p>The regulatory change is designed to conform the regulation to the Code of Virginia.</p>
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Table 1b: Costs and Benefits under the Status Quo (No change to the regulation)

(1) Direct Costs & Benefits	The changes being made by this regulatory action are non-discretionary.		
(2) Quantitative Factors	Estimated Dollar Amount	Present Value	
Direct Costs	(a) See response to (1) above	(c) See response to (1) above	
Direct Benefits	(b) See response to (1) above	(d) See response to (1) above	
(3) Benefits-Costs Ratio	See response to (1) above	(4) Net Benefit	See response to (1) above
(5) Indirect Costs & Benefits	See response to (1) above		
(6) Information Sources	See response to (1) above		

(7) Optional	See response to (1) above
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Table 1c: Costs and Benefits under an Alternative Approach

(1) Direct Costs & Benefits	The changes being made by this regulatory action are non-discretionary.		
(2) Quantitative Factors	Estimated Dollar Amount	Present Value	
Direct Costs	(a) See response to (1) above	(c) See response to (1) above	
Direct Benefits	(b) See response to (1) above	(d) See response to (1) above	
(3) Benefits-Costs Ratio	See response to (1) above	(4) Net Benefit	See response to (1) above
(5) Indirect Costs & Benefits	See response to (1) above		
(6) Information Sources	See response to (1) above		
(7) Optional	See response to (1) above		

Impact on Local Partners

Table 2: Impact on Local Partners

(1) Direct Costs & Benefits	Local partners will not incur any direct costs or benefits of the regulatory change as they do not operate any hospice subject to the mandates contained in this regulatory action.
(2) Quantitative Factors	Estimated Dollar Amount
Direct Costs	(a) \$0
Direct Benefits	(b) \$0

(3) Indirect Costs & Benefits	<p>VDH is not aware of any quantifiable indirect costs.</p> <p>VDH is not aware of any quantifiable indirect benefits.</p>
(4) Information Sources	Code of Federal Regulations; Virginia Department of Health Office of Licensure and Certification Division of Acute Care Services
(5) Assistance	N/A
(6) Optional	<p>VDH has numerous challenges and constraints that limit a cost benefit analysis, including limited data availability, limited statutory discretion, and insufficient analytical models.</p> <p>Federal regulations for hospices that are certified to participate in Medicare and Medicaid already require visitation with clergy be facilitated and that an infection control program be in place to protect visitors from communicable diseases (see 42 CFR §§ 418.60 and 418.64(d)(3)(iii)); every licensed hospice in Virginia is also certified, so they are all covered by these requirements. Therefore, the changes being made by this regulatory action have no direct or indirect cost or benefit because Chapter 525 of the 2021 Acts of Assembly, Special Session I does not change the substance of any existing requirements that hospices are meeting.</p> <p>From a qualitative perspective, access to clergy are that spiritual support during end-of-life care can improve patient well-being by alleviating or reducing anger, fear, or depression and that both patients and their family members can receive assistance in processing grief before, during, and after death.</p> <p>The regulatory change is designed to conform the regulation to the Code of Virginia.</p>

Economic Impacts on Families

Table 3: Impact on Families

(1) Direct Costs & Benefits	Families will not incur any direct costs or benefits of the regulatory change as they are not subject to the mandates contained in this regulatory action.
(2) Quantitative Factors	Estimated Dollar Amount
Direct Costs	(a) \$0

Direct Benefits	(b) \$0
(3) Indirect Costs & Benefits	<p>VDH is not aware of any quantifiable indirect costs.</p> <p>VDH is not aware of any quantifiable indirect benefits.</p>
(4) Information Sources	Code of Federal Regulations; Virginia Department of Health Office of Licensure and Certification Division of Acute Care Services
(5) Optional	<p>VDH has numerous challenges and constraints that limit a cost benefit analysis, including limited data availability, limited statutory discretion, and insufficient analytical models.</p> <p>Federal regulations for hospices that are certified to participate in Medicare and Medicaid already require visitation with clergy be facilitated and that an infection control program be in place to protect visitors from communicable diseases (see 42 CFR §§ 418.60 and 418.64(d)(3)(iii)); every licensed hospice in Virginia is also certified, so they are all covered by these requirements. Therefore, the changes being made by this regulatory action have no direct or indirect cost or benefit because Chapter 525 of the 2021 Acts of Assembly, Special Session I does not change the substance of any existing requirements that hospices are meeting.</p> <p>From a qualitative perspective, access to clergy are that spiritual support during end-of-life care can improve patient well-being by alleviating or reducing anger, fear, or depression and that both patients and their family members can receive assistance in processing grief before, during, and after death.</p> <p>The regulatory change is designed to conform the regulation to the Code of Virginia.</p>

Impacts on Small Businesses

Table 4: Impact on Small Businesses

(1) Direct Costs & Benefits	<ul style="list-style-type: none"> Hospices must have a protocol to allow patients to receive visits from a clergy of any religious denomination or sect during public health emergencies related to communicable diseases <p>Direct Costs: VDH is not aware of any quantifiable direct costs at this time.</p>
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	Direct Benefits: VDH is not aware of any quantifiable direct benefits at this time.
(2) Quantitative Factors	Estimated Dollar Amount
Direct Costs	(a) \$0
Direct Benefits	(b) \$0
(3) Indirect Costs & Benefits	VDH is not aware of any quantifiable indirect costs. VDH is not aware of any quantifiable indirect benefits.
(4) Alternatives	Because the changes being made by this regulatory action are non-discretionary, there were no alternatives for the State Board of Health (Board) to consider. The Board is required to regulate the licensure of hospices consistent with the provisions of Article 7 (§32.1-162.1 <i>et seq.</i>) of Chapter 5 of Title 32.1 of the Code of Virginia.
(5) Information Sources	Code of Federal Regulations; Virginia Department of Health Office of Licensure and Certification Division of Acute Care Services
(6) Optional	<p>VDH has numerous challenges and constraints that limit a cost benefit analysis, including limited data availability, limited statutory discretion, and insufficient analytical models.</p> <p>Federal regulations for hospices that are certified to participate in Medicare and Medicaid already require visitation with clergy be facilitated and that an infection control program be in place to protect visitors from communicable diseases (see 42 CFR §§ 418.60 and 418.64(d)(3)(iii)); every licensed hospice in Virginia is also certified, so they are all covered by these requirements. Therefore, the changes being made by this regulatory action have no direct or indirect cost or benefit because Chapter 525 of the 2021 Acts of Assembly, Special Session I does not change the substance of any existing requirements that hospices are meeting.</p> <p>From a qualitative perspective, access to clergy are that spiritual support during end-of-life care can improve patient well-being by alleviating or reducing anger, fear, or depression and that both patients and their family members can receive assistance in processing grief before, during, and after death.</p>

	<p>From a qualitative perspective, access to clergy are that spiritual support during end-of-life care can improve patient well-being by alleviating or reducing anger, fear, or depression and that both patients and their family members can receive assistance in processing grief before, during, and after death.</p> <p>The regulatory change is designed to conform the regulation to the Code of Virginia.</p>
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Changes to Number of Regulatory Requirements

Table 5: Total Number of Requirements

	Number of Requirements			
Chapter number	Initial Count	Additions	Subtractions	Net Change
391	574	1	0	1