



Economic Impact Analysis Virginia Department of Planning and Budget

18 VAC 85-20 – Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry and Chiropractic Department of Health Professions September 21, 2005

The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed regulation in accordance with Section 2.2-4007.G of the Administrative Process Act and Executive Order Number 21 (02). Section 2.2-4007.G requires that such economic impact analyses include, but need not be limited to, the projected number of businesses or other entities to whom the regulation would apply, the identity of any localities and types of businesses or other entities particularly affected, the projected number of persons and employment positions to be affected, the projected costs to affected businesses or entities to implement or comply with the regulation, and the impact on the use and value of private property. The analysis presented below represents DPB's best estimate of these economic impacts.

Summary of the Proposed Regulation

The Board of Medicine (board) proposes to clarify the intent of regulations for performance of office-based anesthesia.

Estimated Economic Impact

The current regulations state that "Deep sedation, general anesthesia or a major conductive block shall only be administered by an anesthesiologist or by a certified registered nurse anesthetist." The board did not intend to prohibit non-anesthetist physicians with appropriate training from performing major conductive blocks¹ for non-surgical diagnostic or therapeutic purposes. To clarify this intent, the board proposes to eliminate the word "only" from the above quoted sentence, and add another sentence. The proposed language is as follows: "Deep sedation, general anesthesia or a major conductive block shall be administered by an anesthesiologist or by

a certified registered nurse anesthetist. If a major conductive block is performed for diagnostic or therapeutic purposes, it may be administered by a doctor qualified by training and scope of practice.”

As far as the department knows, qualified physicians have not refrained from performing major conductive blocks for diagnostic or therapeutic purposes. The department has told inquiring physicians that it was not the board’s intent to prohibit this, and that no punitive actions would be taken toward physicians who did these procedures.

If the board were to not amend the regulations and to enforce a prohibition on any major conductive block performed by anyone other than an anesthesiologist or a certified registered nurse anesthetist, then non-anesthetist physicians or their employers would be required to hire an anesthesia provider to perform major conductive blocks for non-surgical diagnostic or therapeutic purposes. According to the Department of Health Professions (department), it would cost from \$700 to \$1,000 a day to hire a certified registered nurse anesthetist, or about \$2,000 a day for an anesthetist. Since major conductive blocks for non-surgical diagnostic or therapeutic purposes are done daily throughout the Commonwealth,² the annual cost of compliance would likely reach millions of dollars statewide.³

The proposal to continue to permit all doctors qualified by training and scope of practice to perform major conductive blocks for non-surgical diagnostic or therapeutic purposes will not put the public at significantly greater risk than requiring anesthesiologists or a certified registered nurse anesthetists to perform all major conductive blocks, presuming that the non-anesthetists training is rigorous enough. Also, since requiring anesthesiologists or a certified registered nurse anesthetists to perform all major conductive blocks would significantly increase the cost of major conductive blocks for non-surgical diagnostic or therapeutic purposes, these procedures may be performed less often, potentially to some patients’ detriment. Thus, the proposal to clarify that all doctors qualified by training and scope of practice are permitted to perform major conductive blocks for non-surgical diagnostic or therapeutic purposes should produce a net benefit.

¹ A “conductive block” blocks all sensation to a specific part of the body. (Source: Department of Health Professions)

² Source: Department of Health Professions

³ According to the department, well over a thousand such procedures are performed each year, and $1,000 \times \$1,000 = \1 million.

Businesses and Entities Affected

The proposed amendments potentially affect the 28,535 persons licensed as doctors of medicine and surgery, the 1,103 persons licensed as doctors of osteopathy and surgery, the 474 persons licensed as podiatrists, and their patients. Some of these doctors likely work for hospitals or universities with greater than 500 employees. Many others work for entities with far fewer than 500 employees. There are 4,206 offices of physicians (excepting mental health), 165 offices of podiatrists, and 50 general medical and surgical hospitals in the Commonwealth with fewer than 500 employees.

Localities Particularly Affected

The proposed amendment does not disproportionately affect particular Virginia localities.

Projected Impact on Employment

The proposed amendments are clarifications. The amendments will not significantly affect employment levels since the effective policy is not changing.

Effects on the Use and Value of Private Property

The proposed amendments are clarifications. The amendments will not significantly affect the use and value of private property since the effective policy is not changing.

Small Businesses: Costs and Other Effects

The proposed amendments are clarifications. The proposed amendments do not produce additional costs for small businesses.

Small Businesses: Alternative Method that Minimizes Adverse Impact

Since the proposed amendments do not produce additional costs for small businesses, there is no alternative method that minimizes adverse impact.