



Economic Impact Analysis Virginia Department of Planning and Budget

18 VAC 76-40 – Regulations Governing Emergency Contact Information Department of Health Professions November 12, 2003

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

Chapter 602 of the 2003 Acts of the Assembly requires the Department of Health Professions (department), 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. The department proposes regulations that 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.

Estimated Economic Impact

The Department of Health and the Department of Emergency Management provided the categories of professionals and entities from which contact information is needed in case of a public health emergency. The list includes: 1) certified massage therapists, 2) clinical psychologists,

3) clinical social workers, 4) dentists, 5) funeral service licensees, embalmers and funeral directors, 6) licensed acupuncturists, 7) licensed practical nurses, 8) licensed professional counselors, 9) medical equipment suppliers, 10) pharmacists, 11) pharmacy technicians, 12) physical therapists, 13) physician assistants, 14) radiologic technologists, 15) registered nurses, 16) respiratory care practitioners, 17) surface transportation and removal service registrants, 18) veterinarians, and 19) wholesaler distributors of pharmaceuticals. Doctors of medicine, osteopathy, and podiatry are not on the list since they already provide such information through a previous legislative mandate.

The proposed regulations specify that “Upon a request from the [department], a person or entity [listed above] shall be required to report the following information for contact in the event of a public health emergency:

1. A telephone number at which he may be contacted during weekday business hours (8:00 am – 5:00 pm);
 2. A telephone number at which he may be contacted during non-business hours (5:00 pm – 8:00 am weekdays and on weekends or holidays);
 3. A fax number at which he may be sent information concerning the emergency;
- and
4. An email address at which he may be sent information concerning the emergency.”

On the other hand, the department states in the Proposed Regulation Agency Background Document that it "does not anticipate initiating an enforcement proceeding against practitioners who fail to respond at this time. In addition, no one will be denied licensure renewal for failure to comply."¹

Also, the department states in the Proposed Regulation Agency Background Document that “The practitioner will also be asked whether he would be willing to volunteer for medical response during a bioterrorism event or any other public health emergency...” Combining the collection of emergency contact information with information on whether the practitioner is

¹ The Department of Health Professions also confirmed via phone conversation that the requirement to provide emergency contact information will not be enforced.

willing to volunteer for medical response during public health emergencies will be beneficial. Practitioners who are interested and able to respond on short notice to emergency situations will be more easily identified and contacted quickly. This will likely provide faster medical response.

The department projects that the initial cost to implement the collection of emergency contact information from the approximately 144,000 affected practitioners is \$201,901. Approximately half of this expenditure will be reimbursed through a federal grant.² Whether or not a net benefit is created for the Commonwealth depends on how much faster medical responses will be, and how much those faster responses are valued. The net value of the proposal will be greater if practitioners are made aware that providing emergency contact information is in practice voluntary. Forcing practitioners who do not intend to volunteer to provide emergency contact information is a waste of time and resources for the practitioners and the Commonwealth.

Businesses and Entities Affected

The proposed regulation affects the 3,165 certified massage therapists, 1,914 clinical psychologists, 3,848 clinical social workers, 4,627 dentists, 1,520 funeral service licensees, embalmers and funeral directors, 184 licensed acupuncturists, 26,252 licensed practical nurses, 2,431 licensed professional counselors, 256 medical equipment suppliers, 1,151 pharmacy technicians, 7,097 pharmacists, 3,927 physical therapists, 879 physician assistants, 2,323 radiologic technologists, 77,629 registered nurses, 2,851 respiratory care practitioners, 43 surface transportation and removal service registrants, 2,577 veterinarians, and 172 wholesaler distributors of pharmaceuticals that whose address of record is in Virginia or a contiguous state.

Localities Particularly Affected

The proposed regulations affect all Virginia localities.

Projected Impact on Employment

The proposed amendments will not affect employment levels.

Effects on the Use and Value of Private Property

The proposed amendments will not affect the use and value of private property.

² Source: Department of Health Professions