



## **Economic Impact Analysis Virginia Department of Planning and Budget**

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### **18 VAC 60-20 – Regulations Governing the Practice of Dentistry and Dental Hygiene Department of Health Professions November 4, 2003**

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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 Dentistry (board) proposes to establish that at least 10 of the required annual 15 hours of continuing education be conducted in venues other than home study and on-line course work.

### **Estimated Economic Impact**

Dentists and dental hygienists are required to have 15 hours of continuing education (CE) each year in order to maintain licensure. The board proposes to specify that only 5 hours of the requirement may be met through home study or the Internet. Regardless of venue, all continuing education must be obtained via an approved sponsor.

The proposed limitation will raise costs for dentists and dental hygienists who currently satisfy their CE requirement without taking 10 hours or more of their continuing education outside of home study or the Internet. These licensees will incur new time and travel costs in

order to attend additional continuing education outside of their home or place of work. Some may have to pay higher fees as well.

On the other hand, requiring that licensees obtain at least 10 hours of CE outside of home study or the Internet may result in some improved practice if dentists and dental hygienists participate in more hands-on interactive CE. In a study on different forms of continuing medical education, Davis, O'Brien, Freemantle, Wolf, Mazmanian, and Taylor-Vaisley<sup>1</sup> found that passive forms of CE, such as reading and listening to lectures, to be ineffective in changing physician performance; but that interactive CE sessions, such as workshops and individualized training sessions, "can effect change in professional practice and, on occasion, health outcomes."<sup>2</sup> If the licensees just substitute passive listening to lectures for home study and Internet-based CE, then there will likely be little or no benefit to the proposed limitation on qualifying home study and Internet CE. Thus, the benefit of the proposed restriction will depend on how much affected licenses switch to hands-on interactive CE. If all, or nearly all, affected licensees switch to passive CE, then the proposed restriction will most likely result in a net cost since there will be a definite cost to those affected, and research indicates that practitioner performance is not enhanced by passive CE. If some or several of the affected licensees switch to hands-on interactive CE, then the benefit of the proposed restriction may exceed the cost.

Since this rule will only be binding on those dentists who are currently meeting the 15 hour CE minimum by exceeding the proposed standard for in-home CE, then it would seem reasonable to assume that few in this group will substitute active CE for the in-home passive CE they are now choosing. Thus, it would seem fair to conclude that little or no improvement in the quality of dental care can be expected from this change. Given the obvious costs involved, then it must be considered likely that this proposal will have a small but negative economic impact on the Commonwealth.

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<sup>1</sup> Davis D, O'Brien M, Freemantle N, Wolf F, Mazmanian P, and A Taylor-Vaisley, "Impact of Formal Continuing Medical Education: Do Conferences, Workshops, Rounds, and Other Traditional Continuing Education Activities Change Physician Behavior or Health Care Outcomes?" *Journal of the American Medical Association*, September 1, 1999, Vol 282, No.9.

<sup>2</sup> This study examined the effects of different forms of physician CE, not dentist and dental hygienist CE. The professions have enough similarities that it seems reasonable to project that results for physicians will likely apply for dentists and dental hygienists as well.

## **Businesses and Entities Affected**

The proposed amendments affect the 5,360 dentists and 3,770 dental hygienists who are licensed in Virginia, as well as providers of continuing education.

## **Localities Particularly Affected**

The proposed regulations affect all Virginia localities.

## **Projected Impact on Employment**

The proposed amendments will increase business for non-home study and non-Internet-based CE providers. This may result in a small increase in labor hours for these providers.

## **Effects on the Use and Value of Private Property**

Dentists and dental hygienists who currently satisfy their CE requirement without taking 10 hours or more of their CE outside of home study or the Internet will need to increase the amount of non-home study and non-Internet-based CE they take. This will raise their costs in terms of time, travel, and perhaps fees. Providers of non-home and non-Internet-based CE will receive some additional business.