# Office of Regulatory Management

## Economic Review Form

Agency name	State Board of Health
Virginia Administrative Code (VAC) Chapter citation(s)	12VAC5-410-10 <i>et seq.</i>
VAC Chapter title(s)	Regulations for the Licensure of Hospitals in Virginia
Action title	Amend Regulation to Conform to Chapters 219, 233, and 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> <li>Hospitals must have a protocol to allow prients to receive visits from a clergy of any religious denomination or sect during public health emergencies related to communicable diseases</li> <li>Direct Costs: \$1,250 per hospital, which VDH estimates to be 170. Direct Benefits: VDH is not aware of any quantifiable direct benefits at time.</li> <li>Hospitals must establish and implement policies related to patient access and use of intelligent personal assistants</li> <li>Direct Costs: \$5,000 per hospital, which VDH estimates to be 105. Direct Benefits: VDH is not aware of any quantifiable direct benefits at time.</li> <li>Hospitals must establish and implement policies related to patient access and use of intelligent personal assistants</li> <li>Direct Costs: \$5,000 per hospital, which VDH estimates to be 105. Direct Benefits: VDH is not aware of any quantifiable direct benefits at time.</li> <li>Hospitals with emergency departments (EDs) must amend their protocols for substance use-related emergencies to incorporate new statutory minimums such as referrals to providers of pharmacotherapy for the treatment of drug or alcohol dependence or mental health diagnoses and expanding what information and access is provided about opioid antagonists</li> <li>Direct Costs: \$1,250 per hospital with an ED, which VDH estimates to be 104.</li> </ul>
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(2) Quantitative			
Factors	Estimated Dollar Amount	Present Va	lue
Direct Costs	(a) \$867,500	(c) \$867,50	
Direct Benefits	(b) \$0	(d) \$0	
(3) Benefits- Costs Ratio	0.00	(4) Net Benefit	-\$867,500
(5) Indirect Costs &	VDH is not aware of any quantifiable indirect costs.		
Benefits	VDH is not aware of any quant	ifiable indire	ect benefits.
(6) Information Sources	Virginia Department of Health Office of Licensure and Certification Division of Acute Care Services (staff estimate it would cost \$1,250 one time for a hospital to amend existing policies to conform to the regulatory minimums and would cost \$5,000 one time for a hospital to develop new policies)		
(7) Optional	analysis, including limited data insufficient analytical models. From a qualitative perspective during end-of-life care can in reducing anger, fear, or depress members can receive assistance death. Additionally, intelligen persons with disabilities and connected with friends and fa substance use-related emerge outcomes for individuals experi the changes are based on recom	e, access to nprove patiession and that in procession the elderly unily. Finall encies impro- iencing a sub nmended bes	traints that limit a cost benefit , limited statutory discretion, and clergy are that spiritual support ent well-being by alleviating or at both patients and their family ng grief before, during, and after assistants are often utilized by to access information or stay y, the changes to protocols for ove the likelihood of positive estance use-related emergency, as t practices.

# 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 res	ponse to (1) above
Direct Benefits	(b) See response to (1) above	(d) See res	ponse 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		

# Table 1c: Costs and Benefits under an Alternative Approach

<ul><li>(1) Direct Costs</li><li>&amp; Benefits</li></ul>	The changes being made by this regulatory action are non-discretionary.		
(2) Quantitative			
Factors	Estimated Dollar Amount Present Value		lue
Direct Costs	(a) See response to (1) above	(c) See response to (1) above	
Direct Benefits	(b) See response to (1) above	(d) See res	ponse 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

<ul> <li>(1) Direct Costs &amp; Benefits</li> <li>Hospitals must have a protocol to allow patients to receive visi a clergy of any religious denomination or sect during public emergencies related to communicable diseases</li> <li>Direct Costs: \$1,250 per hospital, which VDH estimates to operated by local partners.</li> <li>Direct Benefits: VDH is not aware of any quantifiable direct b at time.</li> <li>Hospitals must establish and implement policies related to access and use of intelligent personal assistants</li> <li>Direct Costs: \$5,000 per hospital, which VDH estimates to operated by local partners.</li> <li>Direct Costs: \$5,000 per hospital, which VDH estimates to operated by local partners.</li> <li>Direct Costs: \$5,000 per hospital, which VDH estimates to operated by local partners.</li> <li>Direct Benefits: VDH is not aware of any quantifiable direct b at time.</li> <li>Hospitals with emergency departments (EDs) must amene protocols for substance use-related emergencies to incorpora statutory minimums such as referrals to provide</li> </ul>	health o be 2 benefits
<ul> <li>operated by local partners.</li> <li>Direct Benefits: VDH is not aware of any quantifiable direct b at time.</li> <li>Hospitals must establish and implement policies related to access and use of intelligent personal assistants</li> <li>Direct Costs: \$5,000 per hospital, which VDH estimates to operated by local partners.</li> <li>Direct Benefits: VDH is not aware of any quantifiable direct b at time.</li> <li>Hospitals with emergency departments (EDs) must amene protocols for substance use-related emergencies to incorporated emergencies to incorporated emergencies to incorporate and the substance use-related emergencies to incorporate and the substance use-relat</li></ul>	oenefits
<ul> <li>at time.</li> <li>Hospitals must establish and implement policies related to access and use of intelligent personal assistants</li> <li>Direct Costs: \$5,000 per hospital, which VDH estimates to operated by local partners.</li> <li>Direct Benefits: VDH is not aware of any quantifiable direct b at time.</li> <li>Hospitals with emergency departments (EDs) must amene protocols for substance use-related emergencies to incorporated emergencies to incorporate emergenci</li></ul>	
<ul> <li>access and use of intelligent personal assistants</li> <li>Direct Costs: \$5,000 per hospital, which VDH estimates to operated by local partners.</li> <li>Direct Benefits: VDH is not aware of any quantifiable direct b at time.</li> <li>Hospitals with emergency departments (EDs) must amene protocols for substance use-related emergencies to incorporated emergencies to incorporate emergenci emergencies to incorporate emergencies to incorporate emerg</li></ul>	patient
<ul> <li>operated by local partners.</li> <li>Direct Benefits: VDH is not aware of any quantifiable direct b at time.</li> <li>Hospitals with emergency departments (EDs) must amene protocols for substance use-related emergencies to incorporate the substance use-related emergencies to incorporate</li></ul>	
<ul> <li>at time.</li> <li>Hospitals with emergency departments (EDs) must amene protocols for substance use-related emergencies to incorpora</li> </ul>	o be 2
protocols for substance use-related emergencies to incorpora	enefits
statutory minimums such as referrals to provide pharmacotherapy for the treatment of drug or alcohol depende mental health diagnoses and expanding what information and is provided about opioid antagonists	te new rs of ence or
Direct Costs: \$1,250 per hospital with an ED, which VDH est to be 2 operated by local partners.	timates
Direct Benefits: VDH is not aware of any quantifiable direct b at time.	enefits
(2) Quantitative	
Factors Estimated Dollar Amount	
Direct Costs (a) \$15,000	
Direct Benefits (b) \$15,000	
(3) Indirect VDH is not aware of any quantifiable indirect costs.	
Costs &	
Benefits VDH is not aware of any quantifiable indirect benefits.	

(4) Information Sources	Virginia Department of Health Office of Licensure and Certification Division of Acute Care Services (staff estimate it would cost \$1,250 one time for a hospital to amend existing policies to conform to the regulatory minimums and would cost \$5,000 one time for a hospital to develop new policies)
(5) Assistance	No funding, training, or other technical implementation assistance has been funded to assist local partners in complying with the changes in this regulatory action.
(6) Optional	<ul> <li>VDH has numerous challenges and constraints that limit a cost benefit analysis, including limited data availability, limited statutory discretion, and insufficient analytical models.</li> <li>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. Additionally, intelligent personal assistants are often utilized by persons with disabilities and the elderly to access information or stay connected with friends and family. Finally, the changes to protocols for substance use-related emergencies improve the likelihood of positive outcomes for individuals experiencing a substance use-related emergency, as the changes are based on recommended best practices.</li> <li>The regulatory change is designed to conform the regulation to the Code of Virginia.</li> </ul>

### **Economic Impacts on Families**

### **Table 3: Impact on Families**

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<ul><li>(1) Direct Costs</li><li>&amp; Benefits</li></ul>	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

OH is not aware of any quantifiable indirect costs. OH is not aware of any quantifiable indirect benefits. ginia Department of Health Office of Licensure and Certification vision of Acute Care Services (staff estimate it would cost \$1,250 one e for a hospital to amend existing policies to conform to the regulatory nimums and would cost \$5,000 one time for a hospital to develop new icies)
ginia Department of Health Office of Licensure and Certification vision of Acute Care Services (staff estimate it would cost \$1,250 one e for a hospital to amend existing policies to conform to the regulatory nimums and would cost \$5,000 one time for a hospital to develop new
vision of Acute Care Services (staff estimate it would cost \$1,250 one e for a hospital to amend existing policies to conform to the regulatory nimums and would cost \$5,000 one time for a hospital to develop new
H has numerous challenges and constraints that limit a cost benefit lysis, including limited data availability, limited statutory discretion, and ufficient analytical models. If a qualitative perspective, access to clergy are that spiritual support ing end-of-life care can improve patient well-being by alleviating or ucing anger, fear, or depression and that both patients and their family mbers can receive assistance in processing grief before, during, and after th. Additionally, intelligent personal assistants are often utilized by sons with disabilities and the elderly to access information or stay unected with friends and family. Finally, the changes to protocols for stance use-related emergencies improve the likelihood of positive comes for individuals experiencing a substance use-related emergency, as changes are based on recommended best practices.

#### **Impacts on Small Businesses**

# Table 4: Impact on Small Businesses

(1) Direct Costs & Benefits	• Hospitals 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
	Direct Costs: \$1,250 per hospital, of which VDH estimates 3 would be small businesses.
	Direct Benefits: VDH is not aware of any quantifiable direct benefits at time.
	• Hospitals must establish and implement policies related to patient access and use of intelligent personal assistants

	<ul> <li>Direct Costs: \$5,000 per hospital, of which VDH estimates zero would be small businesses.</li> <li>Direct Benefits: VDH is not aware of any quantifiable direct benefits at time.</li> <li>Hospitals with emergency departments (EDs) must amend their protocols for substance use-related emergencies to incorporate new statutory minimums such as referrals to providers of pharmacotherapy for the treatment of drug or alcohol dependence or mental health diagnoses and expanding what information and access is provided about opioid antagonists</li> <li>Direct Costs: \$1,250 per hospital with an ED, of which VDH estimates zero would be small businesses.</li> <li>Direct Benefits: VDH is not aware of any quantifiable direct benefits at time.</li> </ul>
(2) Quantitative	
Factors	Estimated Dollar Amount
Direct Costs	(a) \$3,750
Direct Benefits	(b) \$0
(3) Indirect Costs &	VDH is not aware of any quantifiable indirect costs.
Benefits	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 hospitals consistent with the provisions of Article 1 (§32.1-123 <i>et seq.</i> ) of Chapter 5 of Title 32.1 of the Code of Virginia.
(5) Information Sources	Virginia Department of Health Office of Licensure and Certification Division of Acute Care Services (staff estimate it would cost \$1,250 one time for a hospital to amend existing policies to conform to the regulatory minimums and would cost \$5,000 one time for a hospital to develop new policies)

(6) Optional	VDH has numerous challenges and constraints that limit a cost benefit analysis, including limited data availability, limited statutory discretion, and insufficient analytical models.
	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. Additionally, intelligent personal assistants are often utilized by persons with disabilities and the elderly to access information or stay connected with friends and family. Finally, the changes to protocols for substance use-related emergencies improve the likelihood of positive outcomes for individuals experiencing a substance use-related emergency, as the changes are based on recommended best practices.
	The regulatory change is designed to conform the regulation to the Code of Virginia.

## **Changes to Number of Regulatory Requirements**

	Number of Requirements				
Chapter number	Initial Count	Additions	Subtractions	Net Change	
410	3,841	5	0	5	