Office of Regulatory Management

Economic Review Form

Agency name	Virginia Department of Health
Virginia Administrative Code (VAC) Chapter citation(s)	12VAC 5-90
VAC Chapter title(s)	Disease Reporting and Control Regulations
Action title	Amendment to comply with changes in public health practice
Date this document prepared	March 2023
Regulatory Stage (including Issuance of Guidance Documents)	Proposed

Cost Benefit Analysis

Complete Tables 1a and 1b for all regulatory actions. You do not need to complete Table 1c if the regulatory action is required by state statute or federal statute or regulation and leaves no discretion in its implementation.

Table 1a should provide analysis for the regulatory approach you are taking. Table 1b should provide analysis for the approach of leaving the current regulations intact (i.e., no further change is implemented). Table 1c should provide analysis for at least one alternative approach. You should not limit yourself to one alternative, however, and can add additional charts as needed.

Report both direct and indirect costs and benefits that can be monetized in Boxes 1 and 2. Report direct and indirect costs and benefits that cannot be monetized in Box 4. See the ORM Regulatory Economic Analysis Manual for additional guidance.

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

(1) Direct & Indirect Costs & Benefits (Monetized)	Direct Costs: There are no direct monetized costs associated with any of the proposed regulatory changes. Indirect Costs: There are no indirect costs associated with the proposed regulatory changes that can be quantified. Direct Benefits: Replacing the Epi-1 form with the online morbidity portal is likely to improve efficiency for transferring the data to VDH. Entering the data into the portal is not expected to take longer for physicians, directors of laboratories, and directors of medical care facilities than using paper forms and may be faster. For physicians and other entities required to report, it could be more cost effective compared to faxing or mailing paper reports because those methods cost money for postage, fax lines, and paper. VDH is not able to quantify the direct monetary benefit of this regulatory change. Indirect Benefits: There are no monetized indirect benefits associated with any of the proposed regulatory changes.	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	$0	(b) $0
(3) Net Monetized Benefit	$0	
(4) Other Costs & Benefits (Non-Monetized)	Non-monetized benefits: Some of these changes could result in more efficient reporting practices and eliminate redundant reporting. Adding ethnicity to the minimum required elements to report will help improve our ability to analyze disease data by this important demographic variable. **No non-monetized cost or benefit** Adding ethnicity is not expected to create a cost for labs or healthcare providers. They already collect other demographic data for reportable conditions, and this will be one additional variable to be added which should only affect the initial process and will be automated after that point for labs and physicians reporting electronically. The update regarding tuberculosis testing clarifies that other types of tests can also be submitted but does not add burden of any additional testing that is required by healthcare providers.	

	Non-monetized benefits The proposed changes to influenza reporting will reduce the burden of reporting for physicians and persons in charge of medical care facilities because they will no longer need to report results of rapid flu tests which are often conducted at the point of care in a physician's office. Only lab-confirmed influenza tests will be reportable, which will be reported by laboratories (not physicians or persons in charge of medical care facilities), mostly through existing automated electronic lab reporting processes. Requiring lead tests for children living in houses built before 1950 rather than 1960 will result in fewer children needing to take a blood test. Not requiring confirmatory tests for values below the CDC's reference level would theoretically also result in fewer tests being done.
(5) Information Sources	

Table 1b: Costs and Benefits under the Status Quo (No change to the regulation)

(1) Direct & Indirect Costs & Benefits (Monetized)	Direct Costs: There are no direct monetary costs associated with the current regulations. Indirect Costs: There are no monetary indirect costs associated with the current regulations. Providers currently expend resources on staffing, office supplies and time associated with printing or faxing laboratory reports; if regulations are maintained as-is, they will continue to incur these costs for maintaining a less efficient and modern disease reporting requirement. Direct Benefits: There are no direct monetary benefits associated with the current regulations. Indirect Benefits: There are no indirect monetary benefits associated with the current regulations.	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) $0	(b) $0
(3) Net Monetized Benefit	$0	

(4) Other Costs & Benefits (Non-Monetized)	If the regulations are maintained as-is, physicians and persons in charge of medical care facilities will maintain the same level of burden associated with disease reporting and efficiencies and modernization of the disease reporting process will be thwarted. This will result in less timely data, inability to analyze data by ethnicity, and unnecessary requirements on busy healthcare providers (such as reporting rapid flu tests to public health).
(5) Information Sources	

Table 1c: Costs and Benefits under Alternative Approach(es)

(1) Direct & Indirect Costs & Benefits (Monetized)	VDH has not considered other alternative approaches other than the ones described in the proposed action.	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) $0	(b) $0
(3) Net Monetized Benefit	$	
(4) Other Costs & Benefits (Non-Monetized)	The proposed regulatory changes serve to bring Virginia in line with CDC guidance, and current public health best practices. For this reason, there are not any other alternatives to consider for most of the individual changes.	
(5) Information Sources		

Impact on Local Partners

Use this chart to describe impacts on local partners. See Part 8 of the ORM Cost Impact Analysis Guidance for additional guidance.

Table 2: Impact on Local Partners

(1) Direct & Indirect Costs & Benefits (Monetized)	Direct Costs: There are no monetized costs to local partners. Direct Benefits: There are no monetized benefits to local partners.

(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) $0	(b) $0
(3) Other Costs & Benefits (Non-Monetized)	Benefits include more complete and efficient reporting of diseases of public health importance to VDH so that actions can be taken to minimize the spread of diseases in Virginia's communities. A better understanding of the magnitude of these health problems in Virginia will be gained.	
(4) Assistance		
(5) Information Sources		

Impacts on Families

Use this chart to describe impacts on families. See Part 8 of the ORM Cost Impact Analysis Guidance for additional guidance.

Table 3: Impact on Families

(1) Direct & Indirect Costs & Benefits (Monetized)	There are no monetized costs or benefits to families.	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) $0	(b) $0
(3) Other Costs & Benefits (Non-Monetized)	The general benefits to families include more complete and timely reporting of diseases to public health. This allows VDH to take actions to minimize the spread of diseases in Virginia's communities and allows for a better understanding of the magnitude of health problems in Virginia. Regarding lead screening changes, fewer children will be required to undergo a blood lead test compared to the status quo. This will save parents the time taking children to appointments, the appointment cost, and any out-of-pocket costs not covered by private health insurance or Medicaid.	

(4) Information Sources	

Impacts on Small Businesses

Use this chart to describe impacts on small businesses. See Part 8 of the ORM Cost Impact Analysis Guidance for additional guidance.

Table 4: Impact on Small Businesses

(1) Direct & Indirect Costs & Benefits (Monetized)	Direct Costs: Describe the direct costs of this proposed change here. There are no direct costs to small businesses. Indirect Costs: Describe the indirect costs of the proposed change. There are no indirect costs to small businesses. Direct Benefits: As described above, for physicians and other entities required to report, it could be more cost effective compared to faxing or mailing paper reports because those methods cost money for postage, fax lines, and paper. VDH is not able to quantify the direct monetary benefit of this regulatory change. Indirect Benefits:	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a)	(b)
(3) Other Costs & Benefits (Non-Monetized)	There are an estimated 665 small medical laboratories, 4,637 small physician offices, 135 small hospitals, 297 small nursing homes, and 188 small assisted living facilities who may be considered small businesses and would be impacted by these changes. The indirect benefit to local businesses is a more efficient reporting mechanism for diseases required to be reported to VDH per code of Virginia 12VAC5-90. For physicians working in settings as described above and persons in charge of medical care facilities, the burden of reporting influenza lab tests will be reduced because only lab-confirmed test results will be required to be reported to VDH. Positive rapid influenza tests will no longer be reportable to public health.	

(4) Alternatives	No alternatives have been identified.
(5) Information Sources	

Changes to Number of Regulatory Requirements

For each individual VAC Chapter amended, repealed, or promulgated by this regulatory action, list (a) the initial requirement count, (b) the count of requirements that this regulatory package is adding, (c) the count of requirements that this regulatory package is reducing, (d) the net change in the number of requirements. This count should be based upon the text as written when this stage was presented for executive branch review. Five rows have been provided, add or delete rows as needed. In the last row, indicate the total number for each column.

Table 5: Total Number of Requirements

	Number of Requirements			
Chapter number	**Initial Count**	**Additions**	**Subtractions**	**Net Change**
12VAC5-90	170	4	2	+2
TOTAL	170	4	2	+2