

## Economic Impact Analysis Virginia Department of Planning and Budget

 $18\ VAC\ 85\text{-}20$  – Regulations Governing the Practice of Medicine, Osteopathy, Chiropractic and Podiatry

**Department of Health Professions** 

December 20, 2002

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**

Pursuant to a statutory mandate found in § 54.1-2910.1 as amended by Chapter 38 of the 2002 Session of the General Assembly, the Board of Medicine (board) proposes several changes to the practitioner profile system for doctors of medicine, osteopathy, and podiatry.

# **Estimated Economic Impact**

Per Chapter 38 of the 2002 Acts of the Assembly, the board proposes to eliminate the requirement that doctors provide the names of all insurance plans accepted, and instead make that field in the practitioner profile optional. Under the proposed regulations the practitioner can: 1) report no insurance plans, 2) list the plans most frequently used in her office, 3) state that most plans are accepted with instructions for the patient to call her office to check on specific plans, or 4) respond in some other fashion. Since the list of insurance plans accepted can be well over

1,000,<sup>1</sup> and licensees are not always promptly notified when they have been added or deleted from insurers' lists of approved practitioners, it is not reasonable to hold the practitioner responsible for keeping the list accurate. Since, unlike in the current regulations, the proposed field in the practitioner profile for insurance plans accepted can be feasibly kept accurate by all practitioners, this proposed change is beneficial.

Under the current regulations, practitioners are required to provide, among other information, their primary and secondary location addresses and whether there is access to translating services for non-English speaking patients at the primary practice setting (specifying the language translated). Pursuant to Chapter 38 of the 2002 Acts of the Assembly, the board proposes to additionally require that practitioners provide the telephone numbers for their primary and secondary practice locations and whether there is access to translating services for non-English speaking patients at the secondary practice setting (specifying the language translated). The practitioners can provide this information at very little cost and there is no clear disadvantage to their providing the data. Since the cost of providing the information is minimal and the inquiring public may find it useful, this proposed change likely creates some net benefit.

Also pursuant to the Code of Virginia (§ 54.1-2910.1), the board proposes to require that practitioners report felony convictions. Many prospective patients would likely find this information to be useful in choosing a doctor. Practitioners with convictions may find reporting this data unpleasant, but the actual reporting of the information could be performed quickly. The result of reporting the information would likely be somewhat costly for doctors with felony convictions in that they would most likely lose some business. On the other hand, physicians without felony convictions would overall likely benefit by an approximately equal increase in business. Prospective patients would benefit by being able to make better-informed choices in doctors. Thus, this proposed amendment will produce a net benefit.

#### **Businesses and Entities Affected**

The proposed amendments affect 28,174 doctors of medicine and surgery, 893 doctors of osteopathy and surgery, and 487 doctors of podiatry licensed in Virginia, as well as their patients and prospective patients.

<sup>&</sup>lt;sup>1</sup> Source: Department of Health Professions

### **Localities Particularly Affected**

The proposed regulations affect all Virginia localities.

### **Projected Impact on Employment**

The proposed changes to the to the practitioner profile system for doctors of medicine, osteopathy, and podiatry will in aggregate likely increase the amount of employment hours for staff in practices that have doctors without felony convictions, and decrease the amount of work hours for staff in practices that have doctors with felony convictions. The amount of employment hours for all practices in total will not be significantly affected.

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

Practices with doctors that have felony convictions will likely lose some business, and consequently some value. Practices without doctors that have felony convictions will in total increase their business by approximately the same amount lost by practices with doctors that have felony convictions, and consequently increase their value.