

Office of Regulatory Management  
Economic Review Form

<b>Agency name</b>	Virginia Department of Health
<b>Virginia Administrative Code (VAC) Chapter citation(s)</b>	12VAC5-115
<b>VAC Chapter title(s)</b>	Virginia Immunization Information System
<b>Action title</b>	Periodic Review
<b>Date this document prepared</b>	12/12/23
<b>Regulatory Stage (including Issuance of Guidance Documents)</b>	Periodic Review

**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.

**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**

<p>(1) Direct &amp; Indirect Costs &amp; Benefits (Monetized)</p>	<p>Direct Costs: Any clinics owned/operated by local government, such as local health departments, are affected by this regulation. Health care clinics incur personnel costs related to mandatory input of patient immunizations into VIIS if they are reporting manually. Over 90% of immunization records received in VIIS are sent electronically through data exchange. The actual costs are difficult to quantify as costs will vary based on the salary of the employee entering data, the volume of immunizations that are administered at a practice, data exchange costs from electronic health record vendors, and employee efficiency while entering VIIS data. Additional costs may include computer equipment and internet access, but these costs would be negligible as clinics would likely have computer equipment and internet access with or without these requirements. For the purposes on this Form, VDH has assumed that all monetizable costs will be borne by health care providers. Some or all the costs may, however, be passed along to families in the form of higher health care costs.</p> <p>There are no indirect monetized costs or direct or indirect monetized benefits associated with the regulation.</p>	
<p>(2) Present Monetized Values</p>	<p>Direct &amp; Indirect Costs</p>	<p>Direct &amp; Indirect Benefits</p>
	<p>(a) \$0 (but see explanation above)</p>	<p>(b) \$0 (but see explanation above)</p>
<p>(3) Other Costs &amp; Benefits (Non-Monetized)</p>	<p>Benefits:</p> <ul style="list-style-type: none"> <li>(1) Health care providers have access to complete patient immunization records, enabling them to make appropriate and timely patient care decisions when treating patients.</li> <li>(2) VDH has access to patient immunization data, enabling the state agency to make appropriate and timely public health decisions, assess immunization coverage rates, and provide direction to health care providers and the public.</li> <li>(3) Enables VDH the ability to provide insurance carriers with Healthcare Effectiveness Data and Information Set (HEDIS) data which is used to evaluate program effectiveness.</li> <li>(4) Enables VDH to create and publish vaccination dashboards to inform the public about coverage for vaccine-preventable diseases in Virginia.</li> </ul>	

(4) Assistance	N/A
(5) Information Sources	N/A

**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)	<p>Indirect Costs: Any costs incurred by families would be a result of a business choosing to pass staff costs along to consumers. These costs should be negligible.</p> <p>Indirect monetized benefits include the reduction in health care costs associated with reduced morbidity and mortality from public health interventions informed by VIIS data.</p> <p>There are no direct monetized costs, or direct monetized benefits to families associated with this regulation.</p>	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) \$0 (but see explanation above)	(b) \$0 (but see explanation above)
(3) Other Costs & Benefits (Non-Monetized)	<p>Benefits:</p> <ul style="list-style-type: none"> <li>(1) Enhanced health care services - health care providers have access to complete patient immunization records, enabling them to make appropriate and timely patient care decisions when treating patients.</li> <li>(2) Enhanced public health services - VDH has access to patient immunization data, enabling the state agency to make appropriate and timely public health decisions and provide direction to health care providers and the public.</li> <li>(3) Patients have direct access to COVID-19 immunization records through a VDH-created electronic interface and all immunization records through a request process.</li> </ul>	
(4) Information Sources	N/A	

## 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**

<p>(1) Direct &amp; Indirect Costs &amp; Benefits (Monetized)</p>	<p>Direct Costs: Small Businesses, such as health care providers, are affected by this regulation. Small businesses will incur personnel costs related to mandatory input of patient immunizations into VIIS if they are reporting manually. Over 90% of immunization records received in VIIS are sent electronically through data exchange. The actual costs are difficult to quantify as costs will vary based on the salary of the employee entering data, the volume of immunizations that are administered at a practice, data exchange costs from electronic health record vendors, and employee efficiency while entering VIIS data. Additional costs may include computer equipment and internet access, but these costs would be negligible as clinics would likely have computer equipment and internet access with or without these requirements. For the purposes on this Form, VDH has assumed that all monetizable costs will be borne by health care providers. Some or all the costs may, however, be passed along to families in the form of higher health care costs.</p> <p>There are no indirect monetized costs or direct or indirect monetized benefits associated.</p>	
<p>(2) Present Monetized Values</p>	<p>Direct &amp; Indirect Costs</p> <p>(a) \$0 (but see explanation above)</p>	<p>Direct &amp; Indirect Benefits</p> <p>(b) \$0 (but see explanation above)</p>
<p>(3) Other Costs &amp; Benefits (Non-Monetized)</p>	<p>Benefits:</p> <ol style="list-style-type: none"> <li>(1) Health care providers have access to complete patient immunization records, enabling them to make appropriate and timely patient care decisions when treating patients.</li> <li>(2) VDH has access to patient immunization data, enabling the state agency to make appropriate and timely public health decisions, assess immunization coverage rates, and provide direction to health care providers and the public.</li> <li>(3) Enables VDH the ability to provide insurance carriers with Healthcare Effectiveness Data and Information Set (HEDIS) data which is used to evaluate program effectiveness.</li> <li>(4) Enables VDH to create and publish vaccination dashboards to inform the public about coverage for vaccine-preventable diseases in Virginia.</li> </ol>	

(4) Alternatives	N/A
(5) Information Sources	N/A