

Department of Planning and Budget 2024 Session Fiscal Impact Statement

1. **Bill Number:** HB1130

House of Origin ☐ Introduced ☐ Substitute ☐ Engrossed
Second House ☐ In Committee ☐ Substitute ☒ Enrolled

2. **Patron:** Hayes

3. **Committee:** Passed both Houses.

4. **Title:** Board of Medicine; Board of Nursing; continuing education; continuing competency; unconscious bias and cultural competency

5. **Summary:** Directs the Board of Medicine to require unconscious bias and cultural competency training as part of the continuing education and continuing competency requirements for renewal of licensure. The bill specifies requirements for the training and requires the Board of Medicine to report on the training to the Department of Health and the Neonatal Perinatal Collaborative.

6. **Budget Amendment Necessary:** Yes, item 273.

7. **Fiscal Impact Estimates:** Indeterminate, final. Identified costs do not represent the full expected impact of this legislation.

7a. Expenditure Impact:

<i>Fiscal Year</i>	<i>Dollars</i>	<i>Positions</i>	<i>Fund</i>
2024			
2025	\$140,750	1	Nongeneral fund
2026	\$140,750	1	Nongeneral fund
2027	\$140,750	1	Nongeneral fund
2028	\$140,750	1	Nongeneral fund
2029	\$140,750	1	Nongeneral fund
2030	\$140,750	1	Nongeneral fund

8. **Fiscal Implications:** The bill places specific requirements on the Boards of Medicine to promulgate regulations, designate organizations to identify and facilitate evidence-based curriculums, update training, and report on the number of licensees.

There are currently nearly 86,257 practitioners licensed by the Board of Medicine that would be impacted by this legislation. Physicians must renew licenses every two years. In 2022 there were 51,082 licensed physicians in Virginia. Tracking, validating, and analyzing compliance with the requirements of this bill represent new responsibilities for each of these renewals.

Currently, the Board of Medicine relies on practitioner self-reporting of compliance with continuing education requirements. The bill would require not only compliance with training requirements but for the agency to assess the effectiveness of the training. As such, reliance on self-reporting would not be appropriate. Because the training varies by year, the Board will have to monitor new licensees to ensure they complete the first step of the required training and that licensees fulfill the requirements of the second step for every subsequent renewal. The agency's data system would need to be modified to capture details related to the specific training each licensee has attended and to allow for some analysis of the effectiveness of such training. There is no cost estimate for these modifications.

For illustrative purposes only, adding additional fields to the VaCMS system at Department of Social Services was estimated to cost \$100,000 in 2022. Metrics would be necessary to determine the effectiveness of training programs. The Board does not currently have a method to investigate the effectiveness of training nor analyze and report such information. The agency would need to identify and develop appropriate metrics and indicates that external expertise would likely be necessary to accomplish this. To the extent such external expertise is not available from academic or not-for-profit sources, a consultant may be needed to meet this requirement. The cost of such a consultant is not included in the expenditure impact table at the top of this section.

To meet the internal requirements of this legislation, the agency indicates that the Board will need one new pay band 5 FTE at a cost of \$140,750 (salary + benefits + other costs related to operation, training, supplies, travel). This position will also be responsible for transmitting data to the private institution named in the bill. It is unclear what this transmittal includes and any impact is unknown.

The bill also would require inclusion of data in the Virginia Department of Health's annual report, related to the number of successful completions of this training and recommendations for training improvement. It is assumed that any cost at Department of Health associated with this inclusion will be incidental.

9. Specific Agency or Political Subdivisions Affected: The Department of Health Professions and the Virginia Department of Health.

10. Technical Amendment Necessary: No.

11. Other Comments: SB35S1, introduced by Senator Clark, is a companion bill.