

FYI Weekly

HEALTH CARE NEWS FOR VIRGINIA'S HOSPITALS AND HEALTH SYSTEMS

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1. VHHA in Action

Each day, VHHA actively works on behalf of its members, their employees, and Virginians to advance the interests of Virginia's hospitals and health care systems. In the past week, here are some developments of interest to Virginia hospitals and health systems:

- VHHA held a weekly legislative briefing call for its **Board of Directors** and convened a meeting of the **Virginia Hospital & Healthcare Advocacy Committee (VHHAC)** for discussions about pending legislation, policy, and budgetary issues before the **Virginia General Assembly**.
- The **Substance Abuse and Mental Health Services Administration (SAMSHA)** recently updated its [Overdose Prevention and Response Toolkit](#) that includes basic information on overdose prevention and treatment as well as guidance and resources for health care providers and prescribers.
- The **U.S. Food and Drug Administration (FDA)** is warning consumers, health care providers, and health care facilities not to use certain Cardinal Health Monoject luer-lock and enteral syringes following a product recall by the company. Read more [here](#).
- When it comes to health care spending, Virginia is in the enviable position of having expenditure rates that remain well below national levels. The same cannot be said for health insurance costs, unfortunately. On the contrary, the amount that individuals and families across the Commonwealth spend on annual health insurance premiums and out-of-pocket deductibles continues to rise sharply year-over-year. Meanwhile, the gap between what individuals and families pay for insurance, and what insurance companies pay for health care services, continues to widen. Those findings are part of a [new report from the non-partisan research firm Altarum](#) that examines 2022 health spending in Virginia based on data from the **Centers for Medicare & Medicaid Services (CMS)**, Virginia's All-Payer Claims Database, and other public sources. The Altarum analysis shows that the average single health insurance premium in 2022

was \$7,400 and the average family health insurance premium was \$21,400 for people with private sector employer-sponsored health care coverage. When the average cost of deductibles is included, the averages increase to “\$9,400 for single coverage and \$25,200 for family coverage.” The report further notes that “premiums for single coverage of a private-sector employee are up 76.6 percent and family premiums are 79.3 percent higher” since 2008. When increases in cost-sharing co-pays and deductibles for single and family plans are factored in, total plans costs in 2022 were 89.1 percent higher over that span in both categories. The Altarum report found that “Virginia’s total health spending” as a percent of GDP “mainly stayed constant between 2015 and 2020 but has been declining in 2021 and 2022.” In fact, the share of state GDP spent on health care declined from 15.8 percent in the fourth quarter of 2020 to 14.7 percent in the fourth quarter of 2022, reflecting an amount of spending in Virginia that “is the lowest since 2011 and well below the national average.” Read more [here](#).

- The **Pacific Americans with Disabilities Act Center** is hosting its annual conference as a virtual event on Feb. 27-28. The program includes presentations on ADA in health care settings such as effective communication requirements. View a conference agenda [here](#) and registration information is [here](#). Anyone interested in joining the peer group for ADA in health care settings, which is for health care personnel with responsibilities for ADA compliance, are encouraged to contact the Mid-Atlantic ADA Center at adatrainig@transcen.org.
- The **U.S. Food and Drug Administration** (FDA) recently announced a revision to the emergency use authorization (EUA) indicating that Paxlovid manufactured and labeled in accordance with the EUA currently in U.S. distribution will remain authorized for use through the labeled or extended expiration date, as applicable, or through March 8, 2024, whichever is earlier. Read more [here](#).
- The **Centers for Disease Control and Prevention** (CDC) 2024 [Maternity Practices in Infant Nutrition and Care \(mPINC\)](#) survey launched in January. The mPINC survey measures maternity care practices and policies and includes questions about infant nutrition. About every two years, CDC invites all hospitals with maternity services in the United States and territories to participate. Learn more about how the CDC administers the mPINC survey [here](#). Those with questions about mPINC, or an interest in being added to a listserv to participate in the survey, are encouraged to e-mail mPINC@cdc.gov and include the full name and e-mail address of the facility maternal health lead.
- Virginia birthing hospitals can contact VFC@vdh.virginia.gov to discuss enrollment in the **Vaccines for Children** (VFC) program, which provides RSV vaccines to facilities at no cost. Enrollment in the VFC program is an important step to ensuring access to RSV immunization for children with Medicaid or no insurance coverage born at Virginia hospitals.
- The **Centers for Medicare & Medicaid Services** (CMS) recently finalized [regulations](#) designed to streamline the health plan prior authorization process, promote greater transparency into medical necessity criteria, and improve the electronic exchange of health care information. The requirements apply to Medicare Advantage plans, state Medicaid fee-for-service (FFS) programs, Medicaid managed care plans, state Children’s Health Insurance Program (CHIP) FFS programs, CHIP managed care entities, and qualified health plan issuers on the federally facilitated exchange. The rule requires impacted payers to implement and maintain several Fast Healthcare Interoperability Resources (FHIR)-based application programming interfaces (APIs) to improve the electronic exchange of data.
- The **Centers for Disease Control and Prevention** (CDC) has updated [guidance](#) for the use of the monoclonal antibody nirsevimab to prevent severe respiratory syncytial virus (RSV) in young children due to an expected increase in supply from manufacturers.

- The **Virginia State Corporation Commission (SCC)** has updated its website to provide resources for health care providers who submit complaints alleging insurer noncompliance with applicable laws and regulations. Under the [law](#), the SCC **Bureau of Insurance (BOI)** investigates all complaints and, following subsequent investigations, reports its findings and any resulting action to the complainants. The provider complaint procedures can be accessed online [here](#) under the “File Your Complaint/Appeal by Mail or Fax (Complaint Forms)” section.
- VHHA actively engages with the news media to share public messaging and coordinate member media appearances to showcase the important work done by Virginia hospitals. Recent coverage includes multiple [articles](#) from [WFXR](#), [Yahoo News](#), [WVIR](#), [News Pub](#), and the [Augusta Free Press](#).

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2. Virginia General Assembly Acts on COPN, Non-Compete Contract, Medical Malpractice Legislation

The fate of several bills seeking to deregulate aspects of Virginia’s certificate of public need (COPN) law has been determined for the year, as have the fates of bills seeking to prohibit non-compete contracts for health care professionals and to modify the medical malpractice cap in the Commonwealth. A measure to eliminate COPN in a series of phases ([House Bill 1188](#)) was tabled. A proposal ([Senate Bill 277](#)) that initially sought to expand the expedited application and review process for COPN has been amended to direct the state **Board of Health** to convene the State Health Services Plan Task Force to develop recommendations on expedited review of projects and the criteria for that. That legislation is advancing through the process. A pair of bills ([House Bill 628](#) and [Senate Bill 404](#)) to remove psychiatric hospitals from the COPN process were carried over to next year. The **Virginia Senate** also defeated a measure ([Senate Bill 360](#)) that would have prohibited non-compete contracts for health care professionals. And a proposal to weaken Virginia’s existing medical malpractice law ([Senate Bill 493](#)) failed to advance in the Senate this week following significant debate in the **Virginia General Assembly**. The bill sought to remove the medical malpractice cap in cases involving patients 10 years old and younger. Under current law, the medical malpractice award cap is uniformly applied. The proposed law change represented a significant threat to health care access and affordability by potentially resulting in excessive damage awards that would raise the cost of malpractice insurance to levels that could reduce the availability of providers offering specialty services, particularly in rural and underserved communities. VHHA supports the presence of a health care liability system that provides accountability and fair compensation in the rare instances when mistakes occur. The legislation was initially reported out of the **Senate Courts of Justice Committee** on a [split vote](#) this week before failing to advance during a [vote](#) in the **Senate Finance and Appropriations Committee**. – Julie Dime

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3. Register for 2024 Virginia Patient Safety Summit in February

Register now for the **2024 Virginia Patient Safety Summit**, which will be held as a virtual event on Feb. 22 from 9:30 a.m.-3:45 p.m. Having an innovative mindset in health care is in high demand right now. Health care delivery innovation is necessary to find new ways to improve quality, enhance the patient experience, expand safety initiatives, increase efficiency, and reduce costs. As hospitals and health systems pursue innovative solutions in all aspects of their care delivery and quality and safety improvement efforts, they are making real strides toward what the industry refers to as “quadruple aim” – higher quality of patient care with improved and equitable outcomes, increased value for both the patient and provider, improved patient satisfaction and an improved care provider experience. The

2024 Virginia Patient Safety Summit will highlight the progress being made in that regard in Virginia and across the nation. Keynote speakers for the 2024 Summit include: **Dr. Aditi Mallick**, the Acting Director of the **CMS Office of Minority Health**; and **Bonnie Clipper**, DNP, MA, MBA, RN, CENP, FACHE, FAAN, an internationally recognized nurse futurist and nursing innovation expert. Registration for the 2024 Virginia Patient Safety Summit is free for staff and providers associated with Virginia hospitals and health systems, members of Virginia Patient Safety Summit partner organizations (**Medical Society of Virginia**, the **Virginia Nurses Association**, and the **Virginia Pharmacists Association**), federal and state health partner organizations and event sponsor organizations, and students. Others may register for a fee of \$95. Visit this [link](#) for more details and event registration. To register, you may need to reset your password or create a new one (if you do not already have an account). Contact events@vhha.com if you encounter trouble registering an account or creating a new password. – Abraham Segres and Kristie Burnette

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4. VHHA, Hospital Leaders Visit Members of Congress on Capitol Hill

Members of the VHHA team and hospital leaders from health systems across the Commonwealth travelled to Washington, D.C. this week for a series of meetings with members of Virginia’s congressional delegation. Officials from **Carilion Clinic**, **Inova**, **UVA Health**, **Valley Health**, **VCU Health**, **VHC Health** spent two days in the nation’s capital for meetings with the following congressional offices: **U.S. Senator Tim Kaine**, **U.S. Senator Mark Warner**, **U.S. Senate Majority Leader Chuck Schumer**, **U.S. Representative Don Beyer**, **U.S. Representative Morgan Griffith**, **U.S. Representative Jennifer Wexton**, **U.S. Representative Bob Good**, **U.S. Representative Abigail Spanberger**, **U.S. Representative Rob Wittman**, **U.S. Representative Bobby Scott**, **U.S. Representative Ben Cline**, and **U.S. Representative Jen Kiggans**. VHHA and hospital leaders made the trip to share their perspective on pending congressional legislative proposals including issues such as site neutral payment policy, health care price transparency, and health care workforce safety, among other topics. View images of the congressional visits [here](#). – Sean Connaughton

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5. VHHA Cybersecurity Committee Meets on ASPR Performance Goals for Health Care Organizations

The discussion during a recent meeting of the **VHHA Cybersecurity Committee** covered topics related to cybersecurity vulnerabilities as well as voluntary [cybersecurity performance goals for health care entities](#) and a new [gateway website](#) with information about implementing these goals in light of the growing cybersecurity threat to hospitals and health systems. The voluntary goals and web portal are provided by the **Administration for Strategic Preparedness and Response (ASPR)** of the **U.S. Department of Health and Human Services (HHS)**. The release of the voluntary goals and gateway website follow a [December announcement from HHS](#) of its intent to introduce “new enforceable cybersecurity standards...that would be incorporated into existing programs, including Medicare and Medicaid and the HIPAA Security Rule.” Officials at VHHA member hospitals and health systems interested in nominating a technology leader to join the committee are encouraged to contact Ryan Lodata at rlodata@vhha.com. – Ryan Lodata

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6. VHHA Patients Come First Podcast Features UVA Resident Anesthesiologist, Elite Marathon Runner

The latest episode of VHHA's *Patients Come First* podcast features **Dr. Martin Hehir**, an anesthesiology resident at UVA Health, who joins us for a conversation about his medical and athletic career, participating in the U.S. Olympic trials as a long-distance runner, and more. Listen to the episode [here](#) and hear past episodes through this [link](#). Podcast episodes are also available through these podcast apps and networks: [Apple Podcast](#), [Amazon Music](#), [Spotify](#), [Pandora](#), [Google Podcasts](#), [Stitcher](#), [TuneIn](#), [SoundCloud](#), [Blubrry](#), [iHeart Radio](#), [Deezer](#), [Podbay](#), [Overcast](#), [Pocket Casts](#), the [Virginia Audio Collective](#), the [Public Health Podcast Network](#), the [World Podcast Network](#), and the [Family Podcast Network](#). The podcast can also be heard on the radio airwaves – episodes air each Saturday at noon and Sunday at 10 a.m. on 100.5 FM, 107.7 FM, 92.7 FM, and 820 AM across Central Virginia and 1650 AM in Hampton Roads, and Wednesdays at 1 p.m. on 93.9 FM in Richmond. Send questions, comments, feedback, or guest suggestions to pcfpodcast@vhha.com. – Salinna Lor

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7. SAMHSA Issues Final Rule Regarding Opioid Treatment Programs and Standards

The **Substance Abuse and Mental Health Services Administration** (SAMHSA) recently issued a [final rule](#) that updates certain regulations for opioid treatment programs and the standards for treatment of opioid use disorder. The rule makes some COVID-19-related flexibilities permanent, including take-home doses of methadone, the ability of an OTP to prescribe medication for OUD via telehealth without an initial in-person physical evaluation, and the removal of certain requirements for admission to an OTP to better align with evidence-based practice.

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8. CMS Issues Advance Notice on Proposed Medicare Advantage Capitation Rates for 2025

The **Centers for Medicare & Medicaid Services** (CMS) recently released the calendar year 2025 [advance notice](#) of proposed changes to Medicare Advantage plan capitation rates and Part C and Part D payment policies. The agency estimates the proposal will increase plan revenues by an average 3.70 percent, amounting to a \$16 billion increase in overall payments (representing a -0.16 percent reduction in the 2025 benchmark rate compared to current policy). CMS expects to publish the final 2025 rate announcement by April 1. Read more [here](#).

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9. Sickle Cell Disease is Initial Focus of Cell and Gene Therapy Access Model

The Cell and Gene Therapy Access Model, which seeks to increase access to treatments for Medicaid enrollees with rare and severe diseases, will initially focus on sickle cell disease, CMS recently [announced](#). Sickle cell disease is a genetic blood disorder affecting more than 100,000 Americans, most of whom are black and at least half of whom are enrolled in Medicaid. The model will begin in 2025.

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10. Around the State

Dr. Rawle “Tony” Seupaul, MD, has been named Executive Vice President and Chief Physician Executive at **Carilion Clinic**. Dr. Seupaul comes to Carilion from the University of Arkansas for Medical Sciences. He graduated Alpha Omega Alpha from the Honors in Medical Education Program at Northwestern

University, completed his residency in Emergency Medicine at Carolinas Medical Center, and earned his master's degree in health care delivery from Dartmouth College. – Salinna Lor

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