

# 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 is hosting a webinar on July 18 at 2 p.m. on the topic of "Getting Started with Nurse Staffing Committee Implementation." VHHA and the **Virginia Nurses Association (VNA)** spent a year developing the framework and principles for establishing Nurse Staffing Committee models in Virginia hospitals to help elevate the voices of frontline nurses in dialogue with hospital leaders regarding staffing and workforce considerations. Read more about the committee model [here](#) and access framework toolkit materials through this [link](#). Register for the webinar through this [link](#).
- The **VHHA Center for Healthcare Excellence** recently published the Virginia Hospital Quality and Patient Safety Dashboard, which is a tool that will be updated quarterly to showcase average statewide hospital performance across 23 key metrics in five categories. This includes healthcare-associated infections, readmissions, mortality, safety and patient experience, and external hospital ratings. An overview of the latest results (June 2024) can be viewed [here](#).
- The **U.S. Department of Health and Human Services (HHS)** recently issued the Health Data, Technology, and Interoperability: Patient Engagement, Information Sharing, and Public Health Interoperability (HTI-2) [proposed rule](#) with criteria to enable health information technology for public health and payers to be certified under the Office of the National Coordinator for Health Information Technology's Health IT Certification Program.
- **HosPAC**, the political action committee of VHHA, is in the midst of its 2024 fundraising campaign and needs support from members of the health care community. Financial contributions of any amount, large or small, help HosPAC support candidates for state office who are committed to

strengthening the health care delivery system in Virginia by growing the health care workforce, promoting access to care, and investing in public health. By supporting candidates from both parties who champion these values, HosPAC helps advance the voice of the health care community in state public policy development. Please consider contributing to HosPAC to support this important work on behalf of Virginia hospitals, health systems, and their teams. Visit this [link](#) to make contributions and contact Hannah Coley at [hcoley@vhha.com](mailto:hcoley@vhha.com) with any questions.

- In a [recent letter](#) to hospitals and health care providers, **U.S. Health and Human Services Secretary Xavier Becerra** and **Centers for Medicare & Medicaid Services Administrator Chiquita Brooks-LaSure** reiterated the Biden Administration position that the Emergency Medical Treatment and Active Labor Act (EMTALA) requires Medicare-participating hospitals to offer necessary stabilizing medical treatment (or transfer, if appropriate) to all patients experiencing an emergency medical condition. The letter follows a recent **U.S. Supreme Court** action to dismiss a case examining the question of whether an Idaho state law restricting abortion conflicts with federal law (EMTALA). The dismissal leaves in place a lower court injunction regarding the Idaho law. The letter also acknowledges that the federal interpretation of EMTALA as it applies to abortion is currently blocked in Texas where litigation over a conflicting state law is ongoing.
- Last year, the **Virginia Neonatal Perinatal Collaborative** (VNPC) was awarded the [HRSA Maternal Health Innovation](#) grant. The grant components include developing maternal health hubs, convening the Maternal Health Task Force with input from Virginia communities, and developing and implementing a strategic plan over the next five years. As part of an environmental scan related to this grant, the VNPC is asking partner organizations to complete a brief [survey](#) to help identify where maternal health needs exist in Virginia. The VNPC is also asking professionals who work with pregnant or parenting patients and infants impacted by substance use disorder to complete a [survey](#) to help further the work of the [Eliminating Bias in the Dyad Care](#) (EBDC) project, which is focused on improving outcomes for those individuals. The survey targets improvements in substance use and exposure among mothers and infants. All responses are confidential, with aggregate results shared; no personal information is required.
- The **U.S. Department of Health and Human Services (HHS) Health Sector Cybersecurity Coordination Center** has issued an [alert](#) about a critical vulnerability in MOVEit, a common file transfer platform utilized in the health sector. The vulnerability exposes health care organizations to cyberattacks, especially ransomware and data breaches. The alert notes that Progress, the company that owns and operates the MOVEit platform, has released patches to fix this vulnerability. However, exploit code is also available to the public, and this vulnerability is being actively targeted by cyber threat actors. All health care organizations are strongly urged to identify any vulnerable instances of MOVEit that exist in their infrastructure and patch them as a high priority.
- The **Centers for Medicare & Medicaid Services (CMS)** recently released a [proposed rule](#) on mitigating the impact of significant, anomalous and highly suspect (SAHS) billing activity on the Medicare Shared Savings Program financial calculations in calendar year (CY) 2023. In the proposed rule, CMS acknowledges that while the investigation is ongoing, the observed billing volume in CY 2023 for two types of intermittent urinary catheter codes represents SAHS billing activity. CMS proposes to exclude payment amounts for these codes submitted by any supplier from expenditure and revenue calculations for CY 2023. This would include when CY 2023 is the performance year, or when it is used for establishing benchmarks for 2024, 2025, and 2026. CY 2023 amounts would be excluded from factors used in the application cycle for accountable care

organizations (ACO) applying to enter a new agreement period beginning on Jan. 1, 2025. To minimize disruptions to ACO timelines for reporting, reconciliation, and applications, CMS chose a 30-day comment period and will work to reduce delays and communicate changes in timelines. Comments are due to CMS by July 29. CMS indicates that this will be part of a broader strategy to address anomalous spending with additional provisions to be outlined in the pending proposed CY 2025 Physician Fee Schedule.

- The **U.S. Food and Drug Administration (FDA)** has issued [draft guidance](#) to assist medical product sponsors in submitting Diversity Action Plans to support certain clinical studies. Diversity Action Plans are intended to increase clinical study enrollment of participants of historically underrepresented populations to help improve the data the agency receives about the patients who may potentially use the medical product. Enhancing diversity within clinical studies not only facilitates broader applicability of results across a broad spectrum of patient populations, but also enhances understanding of the disease or medical product under study, thus providing valuable insights to inform the safe and effective use of the medical product among patients. Read more [here](#).
- The **Administration for Strategic Preparedness and Response (ASPR)** recently announced a flu pandemic preparedness and response strategy regarding the threat of H5N1 bird flu in humans. Released through ASPR's Biomedical Advanced Research and Development Authority, the strategy has four objectives: strategic implementation and deployment of the national pre-pandemic influenza vaccine stockpile; enhanced protection through novel vaccines; leverage therapeutics through deployment, early availability and development of novel products; and ensure rapid and effective diagnostics tools to inform rapid antiviral prescription and treatment. Read more [here](#).
- The **Centers for Medicare & Medicaid Services (CMS)** has contracted the **Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (CORE)** to develop, reevaluate, and support the implementation of several maternal health measures and the expansion of CMS' Birthing-Friendly Hospital Designation. CORE is seeking individuals with relevant experience and expertise to provide input on the expansion of CMS' Maternal Morbidity Structural Measure and Birthing-Friendly Hospital Designation. Today (Friday, July 12 at 5 p.m. EST), is the deadline for submitting nominations for the technical expert panel (TEP) on maternal health projects. CORE anticipates holding three, two-hour virtual meetings in August, September, and November. Visit this [link](#) for more information about TEP member responsibilities and submit nominations [here](#). Questions may be directed to [cmsmaternalquality@yale.edu](mailto:cmsmaternalquality@yale.edu).
- The **Centers for Disease Control and Prevention (CDC)** has issued a health alert network (HAN) advisory to notify health care providers, public health authorities, and the public about an increased risk of dengue virus (DENV) infections in the United States in 2024. Global incidence of dengue in 2024 has been the highest on record for this calendar year, with many nations reporting higher-than-usual case counts. Dengue is the most common arboviral disease globally. It is a nationally notifiable disease in the U.S. Approximately one in four DENV infections are symptomatic. Symptoms begin after an incubation period of 5-7 days (range 3-10 days) and present as fever accompanied by non-specific signs and symptoms such as nausea, vomiting, rash, muscle aches, joint pain, bone pain, pain behind the eyes, headache, or low white blood cell counts. Read more [here](#).

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This week, the **Centers for Medicare & Medicaid Services (CMS)** announced proposed Medicare payment rates for hospital outpatient and ambulatory surgical center (ASC) services in the calendar year (CY) 2025 Hospital Outpatient Prospective Payment System (OPPS) and ASC Payment System [proposed rule](#). CMS is proposing to update OPPS payment rates for CY 2025 for hospitals that meet applicable quality reporting requirements by 2.6 percent. This update is based on the projected hospital market basket percentage increase of 3 percent, reduced by 0.4 percentage points for the productivity adjustment. Using the proposed hospital market basket update, CMS also proposes to update the ASC rates for CY 2025 by 2.6 percent for ASCs that meet relevant quality reporting requirements. For the first time, CMS is proposing baseline health and safety requirements for hospitals and critical access hospitals (CAHs) for obstetrical services. The new proposal, informed by stakeholder input and requests for information in the fiscal year (FY) 2023 and FY 2025 Inpatient Prospective Payment System (IPPS) proposed rules, introduces new requirements for maternal quality improvement efforts. These include baseline standards for the organization, staffing, and delivery of care within obstetrical units, emergency services readiness, transfer protocols for obstetrical patients, and annual staff training on evidence-based maternal health practices and cultural competencies, among other topics. Public comment on the proposed rule is being accepted for 60 days through Sept. 9. The final rule will be issued in early November. Read more [here](#). CMS also issued the CY 2025 physician fee schedule [proposed rule](#) that calls for cutting the conversion factor by 2.8 percent to \$32.36 in CY 2025 (compared to \$33.29 in CY 2024), which reflects the expiration of the 2.93 percent statutory payment increase for CY 2024; a 0.00 percent conversion factor update under the Medicare Access and Children's Health Insurance Program Reauthorization Act, and a .05 percent budget-neutrality adjustment. Other proposals focus payments and access to behavioral health services, the extension of certain telehealth waivers through 2025, optional Merit-based Incentive Payment System Value Pathways for reporting beginning in 2025, and proposals about the Medicare Shared Savings Program.

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### 3. SAMHSA Funding Totaling \$27.5 Million Available for Women's Behavioral Health Efforts

This week, the **Substance Abuse and Mental Health Services Administration (SAMHSA)**, announced notices of funding opportunities with a total value of \$27.5 million that are focused on improving women's behavioral health across the United States. The notices of funding opportunities, supported with resources from the American Rescue Plan, are intended to support women's behavioral health by expanding access to services, and enhancing the capacity of providers to identify and address mental health conditions, substance use, and gender-based violence. The funding opportunities include \$15 million for the [Community-Based Maternal Behavioral Health Services Program](#), and \$12.5 million from the [Women's Behavioral Health Technical Assistance Center](#). Read more [here](#).

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### 4. Federal Court Issues Preliminary Injunction Against FTC Non-Compete Final Rule

The **U.S. District Court for the Northern District of Texas** recently [granted a motion for a preliminary injunction](#) that postpones the effective date of a **Federal Trade Commission (FTC)** [final rule](#) issued earlier this year that would restrict non-compete contracts between employers and workers. The rule, which had an effective date of Sept. 4, would make many non-compete agreements unenforceable. Under the previous standard, non-compete contract language could prohibit workers from pursuing some other employment opportunities. The FTC final rule includes some exceptions; it does not apply to

existing agreements with executives in policy making positions who earn more than \$151,164 annually. Organizations including the **U.S. Chamber of Commerce** pursued litigation challenging the final rule. The recent federal court order states that “the FTC lacks substantive rulemaking authority with respect to unfair methods of competition” under the applicable federal statute. The court also notes that it intends to issue a ruling “on the ultimate merits of this action” by Aug. 30.

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## 5. Virginia Hospital Staff Encouraged to Complete 2024 VHHA Member Feedback Survey

VHHA is sharing the 2024 Member Feedback Survey, which provides individuals who work for VHHA member hospitals and health systems, as well as other stakeholders engaged with the Association, with an opportunity to share their insights and observations about the VHHA, its work, programming, and engagement activities. Please take a moment to complete the survey and share feedback about VHHA [here](#).

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## 6. VHHA *Patients Come First* Podcast Features Twin County Regional Healthcare Neurologist

The latest episode of VHHA’s *Patients Come First* podcast features **Dr. Clifford Meyers**, a board-certified neurologist and clinical neurophysiologist with **Twin County Regional Healthcare**, a **Lifepoint Health** facility in Galax, VA. He joins us for a conversation about his career, health care delivery in rural Virginia, 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 Sunday at 9 a.m. on 100.5 FM, 107.7 FM, 92.7 FM, and 820 AM across Central Virginia and 1650 AM in Hampton Roads, 105.1 FM and 1050 AM in Lynchburg, and Wednesdays at 1 p.m. on 93.9 FM in Richmond. Send questions, comments, feedback, or guest suggestions to [pcfpodcast@vhha.com](mailto:pcfpodcast@vhha.com). – Julian Walker

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## 7. FDA Updates Draft Guidance on Addressing Health Care Misinformation

The **U.S. Food and Drug Administration** (FDA) is providing updated recommendations to empower companies that issue digital communications to address internet-based misinformation from third parties related to the approval of medical products. The draft guidance, [Addressing Misinformation About Medical Devices and Prescription Drugs: Questions and Answers](#), sets out a policy that supports companies issuing such clarifying communications. [Public comment](#) about the draft guidance is being accepted through Sept. 9. Read more [here](#).

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## 8. HHS Inspector General to Probe Medicare Advantage Prior Authorization Denials

The **U.S. Department of Health and Human Services** (HHS) **Office of Inspector General** (OIG) recently announced a plan to investigate Medicare Advantage organizations’ (MAO) prior authorization denials for post-acute care after a qualifying hospital stay. According to OIG, Medicare Advantage plans must

cover at least the same services as original Medicare, but MAOs may impose additional administrative requirements, such as requiring prior authorization before certain services can be provided. OIG indicates it “will examine selected MAO processes for reviewing prior authorization requests for post-acute care in long-term acute care hospitals, inpatient rehabilitation facilities, and skilled nursing facilities” as well as “the extent to which the selected MAOs denied requests for post-acute care and examine the care settings to which patients were discharged from the hospital.” Read more [here](#).

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## 9. DCJS Offers Free Sexual Exploitation Treatment and Training Services in September

Registration is now open for an upcoming **Virginia Department of Criminal Justice Services (DCJS)** five-day Sexual Exploitation Treatment & Training Services (SETTS) course developed by Trauma and Hope. The five-day course provides education and training to professionals who work with sex trafficking survivors. The in-person training is free but participants must [register](#) in advance. It is scheduled for Sept. 16-20 (9 a.m.-4 p.m. daily) in Fredericksburg, VA. Participants are responsible for their own transportation, lodging, and meals. DCJS will provide participants with hotel information prior to the training session. The address of each training location and complete details about the training will be sent to confirmed participants via e-mail. Read more [here](#) and direct questions to DCJS State Trafficking Training Coordinator Blane Sawyer at [blane.sawyer@dcjs.virginia.gov](mailto:blane.sawyer@dcjs.virginia.gov).

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## 10. Around the State

**Tory Shepherd** has been named Market Chief Operating Officer for **Sovah Health**. She previously served as Chief Executive Officer at Rutherford Regional Health System in North Carolina. Shepherd earned a bachelor of science degree from Old Dominion University and a master of business administration degree from Averett University. Read more [here](#).

**Riverside Smithfield Hospital** has appointed **Dr. Justin Billings** as its first Chief Medical Officer and **Michelle Wooten** as its first Chief Nursing Officer. Dr. Billings joined **Riverside Health** in 2019 and currently serves as the Associate Medical Director of the Hospitalist Service at **Riverside Regional Medical Center**. Wooten currently serves as the Chief Nursing Officer of **Riverside Doctors' Hospital Williamsburg**. Read more [here](#).

**Kathy Helak**, MSN, Assistant Vice President for Patient Safety with **Inova Health System**, has been named to the 2024 list of 90 Patient Safety Experts to Know from [Becker's Hospital Review](#).

**Jennifer Drake**, DNP, RN, NPD-BC, ONC, Clinical Educator for Onboarding at **Inova Alexandria Hospital** and Nurse Residency Coordinator for **Inova Health System**, has been inducted as a 2024 Distinguished Scholar in the **Global Academy of Holistic Nursing (GAHN)**.

**Patricia Lane**, Neuroscience Administrator and Interim Vice President of Behavioral Health at **Inova Health System**, was recently honored at the Women of Achievement Awards Luncheon presented by the **Northern Virginia Kappa Achievement Foundation**.

**Dr. Brian Dawson**, MD, and **Carla Campbell Karst** have recently been elected to the **Ballad Health Board of Directors**. Read more [here](#). – Salinna Lor

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