Virginia Academy of Sleep Medicine Legislative Update

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Accreditation Statement

- This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of The American Academy of Sleep Medicine and the Virginia Academy of Sleep Medicine. The American Academy of Sleep Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Conflict of Interest Disclosures for Speakers

- I have no conflicts of interest or relevant financial relationships with ineligible companies.
- Disclosures:
  - The views expressed herein are my own
  - I consider myself to be a political moderate
  - As medical professionals we should be encouraging both parties to:
    - Prioritize the health of Virginians and Americans
    - Work together to improve our healthcare system

Learning Objectives

Upon completion, attendees should be able to…

1. Discuss the MSV advocacy process
2. Understand the impacts of recent legislation
3. Describe steps for future action

Advocacy Background

- MSV is the Virginia chapter of the AMA
- Promote advocacy for medical community
- Legislature receives innumerable proposals
  - Identify the most pressing health related
  - Individuals and small groups have difficulty navigating the process and voicing concerns
- Focus on the areas of greatest need and impact

Advocacy Timeline

Prior MSV Proposals

- Prior Authorization Reform
- Step Therapy
- Ending Daylight Savings Time
- School Start Times

2024 House of Delegates Actions

- **Adopted Resolutions and Policies**
  - Supporting the Right of Conscience, Stop the Bleed training in medical schools, and various healthcare initiatives
  - Standardization of advanced practice registered nurses' education
  - Defining exceptions for information blocking
  - Supporting independent practices
- **Referrals and Continued Discussions**
  - Expanded education for advanced practice registered nurses
  - Equitable access to care for individuals with disabilities
  - Discussions on access to healthcare for the homeless, transgender treatment for minors, and innovative primary care models were continued to the 2025 House of Delegates
- **Amendments and Reaffirmations**
  - Reaffirmed existing policies regarding insurance coverage for medical conditions
  - Amendments to policies concerning non-compete covenants, secondhand smoke, and reproductive health services
  - Removal of Certificate of Need laws was amended to support deregulation while ensuring patient safety and access to quality care
- **Resolutions Not Adopted**
  - A proposal to move the profession of medicine from a free market to the Code of Virginia was not adopted, indicating a preference for maintaining the current economic structure
- **Key Initiatives and Support**
  - High-quality healthcare for incarcerated individuals
  - Supporting educational initiatives for medical students
  - Resolution on healthcare protections for in vitro fertilization highlighted the Society's commitment to reproductive health rights and opposition to restrictive legislative efforts

Proposals for 2025

1. 25-214 Resolution to Amend MSV Policy 40.22.01 – State Funding for Childhood Vaccines
2. 25-104 Protecting Patients' Access to Safe and Effective Vaccines
3. 25-211 Physician Assisted Suicide (PAS)
4. 25-105 Protect Immigrants From Discrimination
5. 25-204 Guidance for Physician Education Regarding Immigrant Detention
6. 25-113 Adopting the Definition of Anti-Palestinian Racism and Recognizing its Impact on Mental and Physical Health
7. 25-206 Resolution to Support the Patient's Right to Save Act
8. 25-212 Achieving Parity in Reimbursement for Emergency Department On-Call Coverage by Specialty Physicians/Practices
9. 25-102 MSV 2025 Policy Compendium Ten Year Review
10. 25-101 Medical Society of Virginia Proposed 2026 Budget
11. 25-103 Amending MSV Bylaws to Provide Further Clarity on Membership Types, Voting Privileges, and Lifetime Membership
12. 25-207 Exploration of Social Prescribing Programs
13. 25-208 Protecting Mental Health Treatment Privacy in Legal Proceedings

Proposals for 2025 Continued

14. 25-209 Reducing DPC Patient Burden
15. 25-210 Resolution in Support for Routine Tardive Dyskinesia Screening in Alignment with APA Clinical Guidance
16. 25-107 Resolution to Transition Virginia Medicaid from Managed Care Organizations to a Managed Fee-For-Service Program
17. 25-108 Medical Society of Virginia Endorsement of the 2025 Medicare for All Act: Resolution of the General Assembly of Virginia Endorsing Universal Comprehensive Healthcare and Calling on Congress to Pass the 2025 Medicare for All Act
18. 25-109 Regulating Private Equity in the Healthcare Market
19. 25-110 A Resolution on Self Defense for Domestic Violence Victims
20. 25-111 Prioritizing Child Safety in Custody Decisions
21. 25-112 Incorporating Critical Medical Treatment Planning into Emergency/Disaster Preparedness
22. 25-201 Ensuring Transparency and Appropriate Disclosures to Limit Patient Harm from Physician and Institutional Conscience Clauses
23. 25-202 Fairness in Funding for the Virginia Birth-Related Neurological Injury Compensation Program
24. 25-203 Guidance for Healthcare Facilities Regarding Immigrant Detention
25. 25-205 Resolution Opposing Legislative Efforts to Restrict the Provision of Reproductive Health Services
26. 25-106 Resolution Condemning Forced Organ Harvesting in China

2024 House of Delegates Resolutions

- HOD meeting occurring October 24-26
  - Hilton “The Main” Norfolk VA
  - Register online for free
- Check the MSV website for details on resolutions passed

signs 'big beautiful bill' at Jul
h ceremony at White House

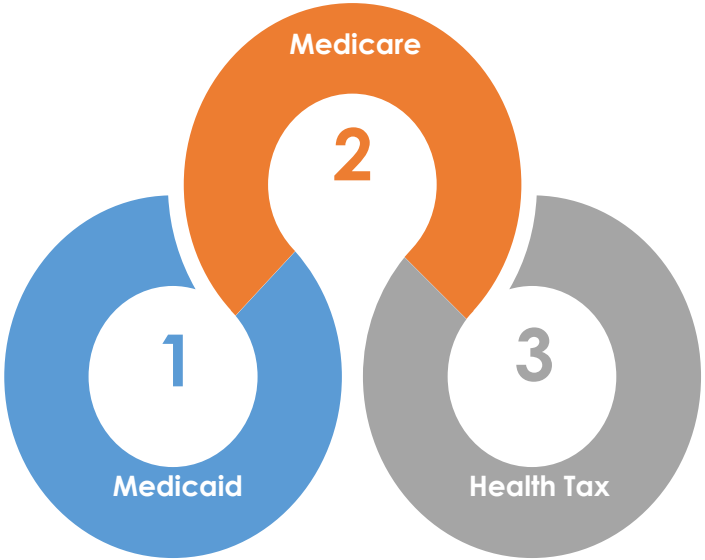
lative win caps off a string of favorable developments for president

President Donald Trump, [illegible] and Republican lawmakers celebrate the signing of legislation [illegible] the One Big Beautiful Bill Act during a military family picnic on the South [illegible] on Friday. (Alex Brandon/POOL/AFP via Getty Images)

By John T. Bennett
Posted July 4, 2025 at 6:41pm

THE WHITE HOUSE
WASHINGTON

COMPONENTS OF "ONE BIG BEAUTIFUL BILL" : SUBTITLE B – HEALTH CARE



1. Medicaid

A. Reducing fraud and improving enrollment processes
B. Preventing wasteful spending
C. Stopping abusive financing practices
D. Increasing personal accountability
E. Expanding access to care

2. Medicare

Strengthening eligibility requirements
Improving services for seniors

3. Health Tax / ACA / Med Education

A. Improving eligibility criteria
B. Preventing waste, fraud, and abuse
C. Protecting Rural Hospitals and Providers

Health Savings Accounts
Research

ANALYSIS OF "ONE BIG BEAUTIFUL BILL" FROM DIFFERENT PERSPECTIVES

ANALYSIS OF "ONE BIG BEAUTIFUL BILL"

1. **Medicaid Program Cuts and Restrictions**:
   - $1 Trillion in Medicaid cuts over ten years
     - Provider taxes
     - State-directed payments
     - Shortened eligibility redetermination timelines
     - Limiting/eliminating Medicaid coverage for many noncitizens
   - State funding pressure increased
     - Reduced federal matching
     - Limited ability to finance Medicaid through provider taxes and state payments

IMPACT FOR MEDICAL EDUCATION & WORKFORCE DEVELOPMENT

2. **Implications for Medical Education and Workforce**:
   - Eliminates Grad PLUS loan program (federal loans for graduate/medical students).
   - Cap on Federal loans ($50,000/yr for grad school; $257,500 lifetime)
   - Residency no longer counts for loan forgiveness programs
   - Limit access to medical education with
   - Downstream effects on workforce
   - Disproportionately affect those of lower SES

OTHER IMPACT

3. Additional Healthcare Provisions

- Limit Medicare coverage for certain immigrant groups.
- CY2026: Temp increase to Medicare Physician Fees by 2.5%.
- $50 billion Rural Health Transformation Program to support rural hospitals and healthcare access.
- Stricter eligibility verification
- Preventing duplicate Medicaid enrollment across states.

VIRGINIA IMPACT

MSV SM
MEDICAL SOCIETY OF VIRGINIA

DMAS

- **<u>Reduction in State Directed Payments</u>**: loss of $26 billion to Virginia's healthcare system over the next 14 years.
  - Reductions to Provider Taxes to Reduce State Resources
  - Capping New State Directed Payments at 100% of Medicare Rates and Reducing Existing State Directed Payments by 10% Annually
- **<u>Changes to Coverage</u>:** Apr. half of the $1 trillion in projected Medicaid cuts are expected to result from changes to eligibility determinations (Work Req. & Frequency of Eligibility Redeterminations of the 138% FP)

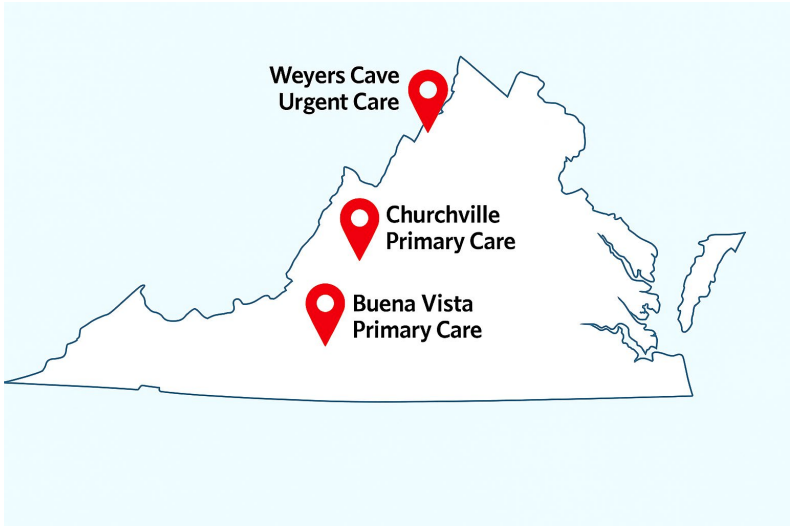
<u>Source</u>: Cheryl Roberts, J.D., DMAS Director & Chris Gordon, DMAS CFO - Joint Subcommittee for Health and Human Resources Oversight, July 15, 2025.

Rural Closures in Virginia

Home » **Virginia News** » Rural health clinics are...

Rural health clinics are closing after Trump's 'One Big Beautiful Bill,' raising the legislation's political risks

CNN
September 22, 2025, 2:51 PM



"The consolidation is also part of Augusta Health's ongoing response to the One Big Beautiful Bill Act and the resulting realities for healthcare delivery."

www.augustahealth.com/2025/09

Loss of Insurance Coverage

- Report by CBO:
  - Estimated 302,608 Virginians will lose coverage
    - 136,583 losing ACA coverage
    - 166,025 losing Medicaid coverage

- Report by Kaiser Foundation
  - Estimated 310,000 Virginians will lose coverage
    - 260,000 losing Medicaid
    - 38,000 losing ACA coverage
    - 12,000 due to changes in Medicare Policies

U.S. Congress Joint Economic Committee – Minority; June 2025

Medicaid Expansion States

	Expansion States	Non-Expansion States
Hospital Closures per million population	**0.47**	**1.27**
Net Change in Hospitals per million population	**+0.22**	**-0.91**
Hospital Operating Margin	**+1.5%**	**-1.5%**
Per Capita Spending	**$8,076**	**$6,486**
Population Using Prescription Medications	**62%**	**55%**
Population Receiving Mental Health Treatment	**30%**	**23%**
Maternal Mortality	**29.5** /100k	**51.3** /100k
Infant Mortality Rate	**5.4** /1k	**6.7** /1k
Life Expectancy	**78.3 years**	**75.5 years**

https://www.cdc.gov/nchs/state-stats/deaths/infant-mortality.html
Rowleyet al. *American Journal of Public Health* 114.S9 (2024): S723-S730.
https://www.cbpp.org/research/health/medicaid-expansion-has-saved-at-least-19000-lives-new-research-finds

Long Term Costs

- Reducing federal healthcare payments does not eliminate need; it simply shifts costs to hospitals, practices and healthcare systems
  - Legal and moral obligation to care for patients regardless of ability to pay
  - Increased financial strain on hospitals
  - Rise in insurance premiums, copays, taxes, and medical charges
  - Eliminating preventative care and only providing care for advanced disease can be more costly in the long run

SUMMARY ANALYSIS OF "ONE BIG BEAUTIFUL BILL"

- Accelerate Medicaid cuts and reduce coverage.
- Increase admin and financial burdens on states and providers.
- Risk of worsening healthcare access at all levels, especially for vulnerable populations, including many Medicaid enrollees and medical trainees.
- Limit medical education access by eliminating the Grad PLUS loan and restricting loan forgiveness.
- Recent experience with Medicaid Expansion suggest rural hospitals at risk for closure.
- Shift away from preventative/primary care to acute illness.

Macon & Joan Brock Virginia Health Sciences
EVMS MEDICAL GROUP
at Old Dominion University

Bloomberg

POLITICS & REGULATION

House GOP seeks more Medicaid, Medicare cuts in next budget bill

By: **Erik Wasson and David Gura, Bloomberg**
July 14, 2025 02:32 PM

The ink is hardly dry on President Donald Trump's $3.4 trillion tax and spending package and House Republicans are already at work on a follow-up budget bill coming this autumn.

What Can I Do?

- Work with the legislative committee to create a new proposal for Advocacy Summit
  - Sample proposals available on the MSV website
- Reach out to your state and national representatives, asking them to prioritize health related issues
- Join the VASM legislative committee
- Get involved with the MSV or other advocacy groups

Summary

- VASM working with MSV to advocate for physicians and patients
- VASM proposals have been the top priority of the MSV in past years
- Accepting ideas for new proposals
- Most analyses of recent legislation suggest challenges ahead:
  - Substantial reduction in payments and rise in number of uninsured
  - Reduced access to care, especially in rural areas
  - Caps on student loans and access to loan forgiveness programs
- Get involved in advocacy efforts
- Encourage both parties to prioritize healthcare and work together for optimal solutions

THANK YOU!!!

To get involved email:

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