

The Virginia General Assembly formally adjourned *sine die* on Saturday, March 12, 2022. The General Assembly is likely to reconvene twice in the spring to consider the Governor's amendments to passed legislation as well as finalize the budget for fiscal year 2023-2024.

Here is what you need to know:

Virginia's physicians, residents, PAs, and medical students saw another challenging year of responding to the ongoing public health crisis. Despite those challenges, the Medical Society of Virginia (MSV) staff was honored to support such active member engagement and significant legislator outreach.

Thank you to all MSV members for being so attentive to our MSV Connect posts, legislative updates, and other communications on the issues facing the practice of medicine.

MSV's Session Updates

- The MSV **monitored almost 400 bills and budget amendments.**
- **85 MSV members attended our virtual lobby day, testified in a committee,** or had group meetings with legislators.
- **Over 4,250 messages were sent on priority bills** through the MSV VoterVoice system.

Final Update on the 2022 Issues

Expanding the Virginia Mental Health Access Program (VMAP)

The MSV worked with VA-AAP and the Department of Behavioral Health and Developmental Services (DBHDS) to continue expanding the Virginia Mental Health Access Program (VMAP). After many successful lobby days and many student lobby days of advocacy on this program, we've continued to receive unanimous support for legislators across the aisle in both chambers.

Currently, the Senate version of the budget allocates an additional 2.8 million general fund dollars for VMAP but the House version of the budget only allocates 1.4 million general fund dollars. While we are continuing to advocate for the larger amount in the reconvene session, the MSV is optimistic the VMAP program will be getting additional funding in FY 2023-2024.

Increasing Medicaid Reimbursement Rates

The 2022 Executive Budget increases Medicaid for primary care reimbursement rates to 80% of the Medicare rate. Medicaid physician fees currently remain below Medicare and private insurance fees. Increasing Medicaid reimbursement rates leads directly to increases in availability for primary care appointments.

The MSV is thrilled to report that both chambers have allocated the same amount of money for the reimbursement increase—meaning that increase will almost certainly be in the final budget.

Scope Expansion for Optometrists

A bill to expand the scope of practice for Optometrists to perform laser eye surgery was introduced by Del. Robinson and Sen. Petersen this session. With the leadership from the Virginia Society of Eye Physicians and Surgeons (VSEPS), the MSV and other physician specialties expressed our vocal opposition to allowing surgery to be performed by non-surgeons. Despite strong advocacy, these bills were passed by both chambers. VSEPS and the greater physician community worked as best we could to amend the legislation in both the House and Senate to protect the most patients possible.

The amendment states that the Board of Optometry must develop regulations to confirm proper certifications to perform the surgeries listed in the bill AND have a mandatory reporting requirement for adverse outcomes. While not the outcome we hoped for on this issue, the MSV's engagement and our members' advocacy was well received.

Other Scope of Practice Legislation

Optometrists were not the only health profession who pursued legislation to expand the scope of services they may offer within or without a physician-led practice agreement.

Associate Physicians

Sen. DeSteph introduced legislation to license "Associate Physicians", a term used in other states to categorize medical students who pass STEP I and II, but do not match into a residency. After discussion with the medical school deans, we reported to the patron that only about 15 students from Virginia did not match or find employment through SOAP—the equivalent of a 98% match rate. After a very friendly discussion, the patron offered to instead study the need for licensure with the Department of Health Professions.

Nurse Practitioners

HB 896 as introduced would have allowed NPs to lead a patient care team and remove existing requirements for NPs to carry medical malpractice insurance. After testimony by AAFP National President and former MSV President Dr. Sterling Ransone, a substitute was introduced to strike the patient care team language, but still remove the medical malpractice requirement for NPs. This means NPs are again aligned with MDs, DOs, and PAs who are also not required by law to hold professional liability insurance. HB 896 passed out of the House and Senate with this substitute with bipartisan support—this was a great team win.

Also from Del. Adams, HB 243 would have increased the duration of postgraduate training required before issuing a medical license to practice medicine (MD) or osteopathy (DO) from 12 months to 36 months and require medical malpractice insurance be carried by MDs and DOs by law. This bill was heard in the Health, Welfare, and Institutions subcommittee and thanks to a great deal of advocacy by Virginia's medical school deans, and testimony from UVA, VCU, EVMS, and VT- Carilion, the bill died unanimously.

We want to thank every member who contacted their legislator, joined us for lobby day, or sent a Voter Voice message for making these successes in our advocacy possible.

Delaying Autonomous Practice for NPs

Del. Adams also patroned HB 1245 to reduce the years of full-time clinical experience required for a nurse practitioner (NP) to practice independently from 5 years to 2. After passing the House, the Senate amended the legislation to instead **maintain the 5-year requirement for independent practice** and allow NPs with 2 years of experience who received their autonomous license under the Emergency Order to be grandfathered-in and maintain their autonomous license.

With two different versions of the bills between the two chambers, the legislation ended up in a committee of conference during the last days of the session. Since the Senators and Delegates on the conference committee were not able to reach a compromise before *sine die*, the issue will be carried over to a special session along with other bills that did not receive final action before adjournment.

This is a huge win for the House of Medicine thanks to the phenomenal advocacy and lobbying efforts of MSV's members!

Support the Expansion of Telehealth and Telemedicine

Many legislators introduced legislation this year addressing telehealth and telemedicine. A great deal of our advocacy was coordinating with patrons in the House and Senate to combine or “incorporate” bills together that had similar goals for expanding access or protecting patients.

In the Senate, your MSV team worked with both Sen. Stuart and Sen. Favola on legislation to afford providers and patients more telehealth flexibility afforded during the COVID-19 pandemic. The MSV has coordinated with the Virginia Hospital and Healthcare Association, Americans for Prosperity, and the Virginia Telehealth Network, along with the legislature to maintain high standards of care as telehealth continues to grow.

Prevent Codifying Standards of Care

The Medical Society of Virginia continues to track and amend any legislation that codifies the standard of care. There were several bills pertaining to medical mandates in response to executive orders and public health ordinances during the COVID-19 pandemic. The MSV opposes legislative restrictions or interventions in medicine that fundamentally interfere with the patient–clinician relationship. As an organization of healthcare providers, the MSV is supportive of measures that aim to protect Virginians from serious illness, reduce the rate of hospitalizations, and ease the overall burden on our healthcare system.

Every bill that failed to meet this standard (and there were many) ultimately failed to get out of subcommittee.

Opposition to Removing the Medical Malpractice Cap

Senator Bill Stanley introduced Senate Bill 599 which would undermine Virginia's medical malpractice cap in instances of “bodily impairment or other specified injury”. This bill would needlessly burden healthcare providers and increase healthcare costs for patients.

Thanks to the work of a large coalition of organizations, the MSV and our partners successfully defeated this legislation once again.

This was another great win for the MSV, and thanks to the coordination and effort of many partners and stakeholders, we are prepared to continue our opposition on this issue.

Fixing Credentialing Delays

Several years ago, the General Assembly passed legislation so providers would be paid by a health plan while a credentialing application is pending. This past year, the MSV heard from several practices that health plans were delaying or outright failing to communicate the receipt of those applications. Since the provider could not know if the application was officially “pending” or not, they could not see patients.

The MSV is happy to report back to our members that with the leadership of Senator Dunnavant and Delegate Hodges, we **successfully passed legislation to set a 10-day window on confirming receipt of an application.** This means providers can see patients more quickly.

Increasing Transparency and Accountability for Health Plans

Del. Head introduced HB 146 to allow third party organizations to file complaints of healthcare noncompliance on behalf of a healthcare provider to the Bureau of Insurance. This will ease the administrative burden for physicians and physician offices.

When health plans break the law or break their contracts, providers are put in a difficult position. While a complaint system within the Bureau of Insurance currently exists, it requires a heavy administrative lift on the

part of the provider. Many providers are hesitant to file such complaints, fearing that it will negatively affect future contract negotiations with the health plan.

The MSV is grateful for the input from the Virginia Association of Health Plans and for the work with the Bureau of Insurance. This legislation unanimously passed out of both chambers.

If you have any questions about the 2022 session or MSV's ongoing advocacy work, please email govtaffairs@msv.org.