

The Medical Society of Virginia (MSV) staff was honored to support such active member engagement and significant legislator outreach through yet another General Assembly Session.

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 built significant support from legislators to increase funding for the VMAP program in Virginia's biannual budget. This support comes after year-round advocacy efforts from our members, the Virginia Chapter of the American Academy of Pediatrics, and the Department of Behavioral Health and Developmental Services. The Governor and legislators included the increased VMAP funding in the biannual budget deal.

Increasing Medicaid Reimbursement Rates

The 2022 Executive Budget increases Medicaid for primary care reimbursement rates to 80% of the Medicare rate. The MSV is thrilled to report that General Assembly has allocated this money in the biannual budget.

Defeated Medical Malpractice Increase

Senator Bill Stanley introduced Senate Bill 599 which would undermine Virginia's medical malpractice cap in instances of "bodily impairment or other specified injury". The MSV caught wind of this effort months prior to the General Assembly session and built a coalition of partner organizations which defeated this legislation.

Fixing Credentialing Delays

Several years ago, the General Assembly passed legislation so providers would be paid by a health plan while a new 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 credentialing applications, which prevented these providers from seeing 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 for plans to confirm receipt of an application.

Prevented Codifying Standards of Care

The MSV continues to track and amend any legislation that codifies the standard of care. The MSV opposes legislative restrictions or interventions in medicine that fundamentally interfere with the patient-clinician relationship.

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

Increasing Transparency and Accountability for Health Plans

On behalf of the MSV, Delegate Chris Head introduced HB 146 to allow third parties to file complaints of health plan noncompliance on behalf of a healthcare provider to the Bureau of Insurance. This will ease the administrative burden for physicians and physician offices.

This legislation unanimously passed out of both chambers.

Expanded 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.

Your MSV team worked to permanently afford providers and patients more telehealth flexibility as seen during the COVID-19 pandemic while maintaining important patient safety safeguards.

Defeated Changes to Patient Care Teams

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.

Defeated Increased Postgraduate Training for MDs and Dos

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.

Delaying Autonomous Practice for NPs

Delegate Dawn Adams 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.

The legislation ended up in a committee of conference during the last days of the session. The conference committee took no action on this bill.

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