

Session Highlights

- Tracked over **400 bills and budget amendments**.
- **Hosted two lobby days and nine student lobby days** with VTC, VCOM, EVMS, UVA, LUCOM, and VCU with almost 200 members in attendance, collectively.
- MSV members **sent almost 2,800 Voter Voice messages** to all 140 members of the General Assembly in support or opposition to important legislation affecting the practice of medicine.

Legislative Successes

Legal Protections for Threatening a Provider

The MSV worked with Delegate Bell to increase legal protections for threatening a healthcare provider in care settings outside the hospital – including physician offices and free clinics.

Mental Health Question on DHP Application

The MSV worked closely with the Dr. Lorna Breen Heroes Foundation to change the mental health question on Department of Health Professions applications and further reduce the stigma around doctors getting help for depression, anxiety, and burnout.

Bills Dealing with Telehealth & Telemedicine

The MSV also worked closely with Dr. Rheuban and the Virginia Telehealth Network to amend bills dealing with telehealth and telemedicine to ensure patient safety while also expanding access.

Reforming Certificate of Public Need (COPN)

The MSV remains committed to increasing access to care and decreasing costs for patients by reforming Certificate of Public Need (COPN). The MSV worked with Senator Petersen and Delegate Robinson to implement an expedited review for certain projects under COPN. Although the legislation did not progress this year, the ongoing conversations around COPN reform have continued to gain support in both chambers.

Standards for Independently-Practicing Healthcare Providers

Our team worked to oppose many pieces of legislation that lower the amount of training or create different standards for different types of independently practicing healthcare providers:

Legislation was introduced to entirely remove the five years of supervised training required before a nurse practitioner may be independently responsible for a patient. This supervision requirement was implemented when autonomous practice was created for NPs in Virginia in 2018 to align the education and training requirements with what physicians get in residency. Ultimately this legislation was defeated after strong opposition from the physician community and leadership from the MSV.

Similar legislation was introduced to remove the physician supervision requirements for Certified Registered Nurse Anesthetists (CRNAs)

Legislation was introduced for the second year in a row to create a new health profession known as Associate Physicians, which are medical school graduates who have passed Step I and Step II but have not completed residency training. Residency programs are an essential pillar of physician education, providing specialized, practical training for 3-7 years and up to 16,000 hours of direct clinical care depending on specialty. The MSV opposed lowering the training standards for practicing medicine. After working closely with the patron, the issue will be studied by the Department of Health Professions and a report will be sent to the General Assembly for consideration in 2024.