



# 2025/2026 Year in Review

The Medical Society of Virginia PAC (MSVPAC) Year in Review & Action Plan 2026 recaps the crucial victories achieved thanks to your support and highlights some goals we can accomplish in the coming year with your renewed annual commitment.

# 2025 VICTORIES

## 1 A Successful Defense of the Medical Malpractice Cap

Senator Bill Stanley (R) introduced Senate Bill 904 that sought to repeal the medical malpractice cap in instances when a patient is under ten years of age. Modifying this cap would significantly increase the cost of providing and receiving healthcare in the Commonwealth. The MSV led a broad coalition of healthcare stakeholders and educated every member of the Senate Courts committee on our collective opposition to the legislation. The bill passed out of the Courts committee but was re-referred to Finance where it failed to advance.

The defeat of this legislation would not have been possible without the engagement and advocacy efforts of our members. **This fight is not over.** The MSV has defeated attempts to remove or puncture the cap for the past four legislative sessions and will likely continue to do so.

## 2 Health Insurance Carrier Practices

Healthcare providers are in a constant battle to reduce the administrative burden associated with health insurers. Recently, providers across Virginia have had to spend additional time inquiring as to why they are being charged processing fees for electronic reimbursements without their knowledge. One MSV member practice reported paying thousands of dollars a month in fees alone. Whether from the insurance carrier, or a third party, better transparency is needed to provide clear guidelines, reduce the administrative burden, and allow providers to spend more time with patients.

The MSV Government Affairs team worked with Senator Chris Head (R) and Delegate Irene Shin (D) on legislation requiring insurers, and their third-party payers, to disclose any fees associated with receiving payments, as well as **provide a payment option that does not include any fees.** SB 925 and HB 2085 passed the House and Senate unanimously and will take effect on July 1, 2025.

## 3 Maintaining the Highest Standards for Independent Practice

Healthcare workers in the U.S. are four times more likely to be exposed to workplace violence than police officers and prison guards.

Over the past 5 years, the Medical Society of Virginia (MSV) has heard from countless physician and PA members, as well as allied health professionals such as nurses and pharmacists, who have experienced physical violence, threats against their family, and even death threats while simply performing their duties treating and helping patients.

To better understand the scope of this issue, the MSV worked with Senator Aird (D) and Delegate Tran (D) on HB 2269 and SB 1260 to require hospitals to develop a reporting system to document, track, and analyze incidents of workplace violence. Hospitals are required to report this data to their Chief Medical Officer, Chief Nursing Officer, and the Department of Health.

The bill also establishes a work group to make recommendations to the General Assembly on how this data can be reported to the public in the future. Reporting is the first step in creating a safer and more supportive work environment for healthcare workers. The bills passed the legislature unanimously and were signed into law by the Governor.

## 4 Expanding the SafeHaven® Program

In 2020, the Virginia General Assembly passed legislation to create SafeHaven, a first-in-the-nation program that supports healthcare professionals with a protected, confidential resource to address career fatigue. Thanks to the success of the program, the MSV has passed legislation in recent years to expand SafeHaven protections to nurses, pharmacists and dentists, as well as students studying to enter those professions.

After requests from even more provider groups, this year, the MSV worked with Delegate Hope (D) to introduce HB 1636 which **expands these protections to all providers** licensed by the Department of Health Professions (DHP). This legislation passed unanimously and has been signed by the Governor. Now, all healthcare providers can seek support for career burnout without fear of losing their livelihood.

## 5 Adult Psychiatric Access Line (APAL)

In 2024, the MSV launched the Adult Psychiatric Access Line (APAL) as a pilot program under a one-time federal grant. Built on the success of the VMAP model, APAL is an adult substance use training, consultation, and referral program designed for primary care providers to treat and respond to substance use disorders in adult patients. During the 2025 legislative session, the MSV worked with Senator Creigh Deeds (D) and Delegate Ellen Campbell (R) to secure \$2.25 million in state funds to replace the expiring grant and ensure the continued operation of this vital program.

The shortage of behavioral health providers has put primary care on the front lines of the substance use disorder crisis. APAL empowers primary care providers with same-day consultation, care navigation, and training to help them better identify and treat their patients with substance use disorder.

**The Medical Society of Virginia Political Action Committee (MSVPAC) needs your urgent support.** Without funds, we cannot afford to educate new and returning lawmakers on the issues facing the practice of medicine.

*It is now or never.*

Mail a check or visit [www.msv.org/msvpac](http://www.msv.org/msvpac)

MSVPAC

2924 Emerywood Parkway, Suite 300  
Richmond, VA 23294



# 2026 CHALLENGES

## 1 Scope of Practice

The MSV expects several bills to expand the scope of practice for CRNAs, Psychologists, and others. Many of these issues have been analyzed by respective workgroups and state agencies over the last few years with minimal consensus as to any type of broad scope expansion.

The MSV remains opposed to legislation that reduces the amount of training needed to care for patients. We will follow related workgroups closely to ensure that the MSV voice is at the table from the start.

## 2 Codifying the Practice of Medicine

The MSV opposes any government mandated efforts to direct the provision of medically appropriate care, as decided by the physician and patient. Those mandates fundamentally interfere with the patient-clinician relationship.

## 3 Planning for Potential Federal Impacts

The MSV is preparing for a range of changes that could affect Virginia providers and patients because of actions taken by the federal government.

Virginia is a Medicaid expansion state covering adults up to 138% of the Federal Poverty Level. When expansion passed, Virginia included a provision in our state budget known as a trigger law to limit financial risk. If the Federal Government reduces its share of funding for the expanded Medicaid population below 90%, coverage will automatically end for over 600,000 Virginians.

Additionally, the threat of Affordable Care Act subsidies may jeopardize insurance affordability for tens of thousands of Virginians.

The MSV will continue to work closely with state and federal lawmakers to assess and stymie any negative impacts of these changes on Virginia patients and providers.

## 4 Prior Authorization and Insurance Reform

The Commonwealth of Virginia continues to work toward electronic prior authorization. Of course, MSV is committed to making any new tool workable for all of Virginia's physicians.

The legislative working group responsible for prior authorization are collecting feedback from providers to inform its findings and recommendations.

The MSV Government Affairs team will ensure all policymakers have the information they need about the complexities of the practice of medicine to make the best decisions.

## 5 Medical Malpractice

Change is coming and MSV is fighting for you. In 2026, there will be legislation that undermines the medical malpractice cap and significantly increase the cost to provide and receive care in Virginia.

The MSV, Virginia Hospital & Healthcare Association (VHHA), and the Virginia Health Care Foundation continue to work together on the med mal cap issue. We are gathering information across the country to provide perspective on possible effects of changes to the medical liability environment.

The MSV remains steadfastly opposed to increasing costs on healthcare providers and will fight any effort to remove the cap.

# 2024 MSVPAC CONTRIBUTORS

## Voice of Medicine

Hancock Daniel Johnson Law Firm  
Mid-Atlantic Women's Care  
Privia Medical Group  
Virginia Academy of PAs  
(VAPA)  
Virginia Physicians for Women  
Virginia Society of  
Rheumatology  
Virginia Urology

## Policy Champion

Thomas Eppes, MD  
Harry Gewanter, MD  
Mohit Nanda, MD  
Lee Ouyang, MD

## Political Heavyweight

Alice T. Coombs, MD  
Michele A. Nedelka, MD

## Advocates

Bruce T. Carter, MD  
Albert Coombs, MD  
George W. Cornell, MD  
Clifford L. Deal, MD  
Jacqueline M. Fogarty, MD  
Randolph J. Gould, MD  
William S. Grover, MD  
Hayley James, MD  
Mary Beth McIntire  
Jacob C. Meyer, MD  
Gary P. Miller, MD  
Thomas L. Moffatt, MD  
Rita D. Page, MD

Bhushan H. Pandya, MD  
Sterling N. Ransone, MD  
David M. Rowe, MD  
Kathleen Scarbalis, PA-C  
Carol S. Shapiro, MD  
Robert A. Sikora, MD  
Bruce A. Silverman, MD  
Brenda L. Stokes, MD  
Bhavin S. Suthar, MD  
John R. Sweeney, MD  
Richard A. Szucs, MD  
Chi G. Young, MD

## First Line of Defense

Matthew H. Adsit, MD  
Adam N. Akari  
Marc C. Alembik, MD  
Raziuddin Ali, MD  
Kirk Aliotti  
Barbara Allison-Bryan, MD  
Alexander D. Bao, MD  
Shari Barkin, MD  
Robert C. Bernstein, MD  
Shreyas S. Bhalle  
Barbara Boardman, MD  
Robert H. Bowden, MD  
Owen W. Brodie, MD  
Hugh M. Bryan, MD  
Joel T. Bundy, MD  
Jessica R. Burgess, MD  
B. C. Carter, MD  
Samuel D. Caughron, MD  
Taylor Cepeda-Laporte

Varun Choudhary, MD  
Bobby L. Cockram, PA-C  
Stephen P. Combs, MD  
Caroline V. Coster, MD  
Michael S. Czekajlo, MD  
Shawn P. Dziepak  
Paul R. Eason, MD  
Marc A. Eisenbaum, MD  
Kurtis S. Elward, MD  
Joseph S. Galeski, MD  
Robert A. Glasgow, PA-C  
Leroy T. Gravatte, MD  
Melvin Hodges  
Lindsay S. Holtz, MD  
Daniel S. Hurd, DO  
E. C. Irby, MD  
Christine R. Isaacs, MD  
Cynda A. Johnson, MD  
Lisa S. Kennedy, MD  
Areesheh Khan  
Mark A. Kleiner, MD  
Joseph F. LePage, MD  
Michael J. Levine, MD  
Paul D. Lyons, MD  
Atul V. Marathe, MD  
Carolyn F. McCrea  
Tiffany Millner  
Larry G. Mitchell, MD  
Jose M. Morey, MD  
Vandana S. Nanda, MD  
Houston Nelson  
Peter A. Netland, MD  
Marnie Plovan

Orinia Plowden  
Moiria A. Rafferty, MD  
Morgan B. Reamy  
Karen S. Rheuban, MD  
Kathryn G. Riggs  
Andreea B. Risser, MD  
Cynthia C. Romero, MD  
Soheila Rostami, MD  
Arturo P. Saavedra, MD  
Kimberly Sapre, PA-C  
Michelle Saroff  
Shawn Scott  
Ally Singer Wright  
Kathryn M. Smith, MD  
Bobbie J. Sperry, MD  
Kurt F. Strosahl, MD  
Rohit K. Suri, MD  
Vanessa M. Taylor, PA-C  
Arthur J. Vayer, MD  
Joseph L. Verdirame, MD  
Suzanne R. Welsh-Agnew