



2026/2027 Year in Review

The 2026 General Assembly session has adjourned, and the Medical Society of Virginia (MSV) is pleased to provide this legislative update on key issues affecting physicians, their teams, and patients across the Commonwealth. Legislative work will continue in the coming weeks, with the reconvened session scheduled for April 22 to consider the Governor's vetoes and amendments, followed by a special session on April 23 to finalize the state budget. MSV remains actively engaged as these decisions move forward. To schedule a briefing to further discuss these issues and their impact on physicians, patients, and the healthcare system, please contact govtaffairs@msv.org.

2026 VICTORIES

1 Legislative Challenges to Virginia's Medical Malpractice Cap

The Medical Society of Virginia (MSV) faced two legislative efforts this session to change Virginia's medical malpractice laws. Over the past five years, interest in revising or repealing the malpractice cap has grown in the General Assembly, including among key legislative leaders. Even so, MSV has successfully defeated these efforts for the past five years and remains committed to protecting a stable medical liability environment for physicians and patients across the Commonwealth.

Senator Stanley reintroduced SB 99 to remove the cap on medical malpractice claims for patients age 10 and under. The MSV led a coalition of healthcare groups that successfully opposed the bill, defeating it in the Senate Finance and Appropriations Committee with a 13-2 vote.

Senator Obenshain introduced SB 536 as an effort to puncture Virginia's medical malpractice cap by allowing prejudgment interest, accrued from the date of alleged injury, to exceed the cap. MSV strongly opposed the bill from the start. Even so, it passed the Senate unanimously, underscoring the growing bipartisan support for changes to the medical malpractice cap.

When the bill reached the House, MSV lobbied heavily against it in the House Courts of Justice Civil Subcommittee and entered the hearing confident the votes were there to stop the bill. However, after the Speaker designated it a top priority, the bill advanced on a 9-1 vote. The next day, the Speaker's office informed the MSV, VHHA, and VTLA that the bill would serve as the legislative vehicle for increasing the medical malpractice cap.

At that point, MSV was faced with two options: walk away and allow the Trial Lawyers Association to draft the bill alone or stay engaged. MSV chose to stay at the table and work in good faith. The new version of the bill passed the House Courts Committee (18-4) and the House floor with bipartisan support.

In the last week of session, the Senate sent the bill to a committee of conference, where legislators rewrote it into a data reporting and transparency measure. The final bill requires insurers and hospitals to report detailed information on premiums, claims, payouts, and other financial metrics—data that will be used to support efforts to increase the medical malpractice cap in 2027. House and Senate leadership have made clear that such legislation is coming and that the votes exist to pass it. By staying engaged and working in good faith, MSV secured a seat at the table this summer and ensured physicians will have a voice in the discussions ahead.

2 Standing Up to Insurance Downcoding

In response to growing concerns from member practices about a sharp rise in insurance downcoding, MSV worked with Delegate Shin and Senator McPike to advance HB 484 and SB 164. In one striking example, a member practice reported that 80 percent of its claims submitted to a single carrier were downcoded. The legislation was designed to address these abuses by placing limits on carriers' ability to reduce claims based solely on CPT codes, requiring clear and detailed explanations when a claim is downcoded, and creating a transparent, consistent appeals process. Just as importantly, the bills allow providers to appeal downcoded claims in batches, significantly reducing the administrative burden on practices. The bills passed with overwhelming bipartisan support. Once signed into law, Virginia will have some of the strongest statutory protections in the country to promote transparency and accountability in the downcoding process.

3 Fighting for COPN Reform

As the leading voice for COPN reform at the General Assembly, MSV worked with Senator Head and Delegate Clark to advance SB 239 and HB 1337 to expand access to care for patients in underserved communities. The legislation was designed to allow projects in designated medical deserts to move through an expedited COPN review process, cutting months of delay and thousands of dollars in costs so providers can bring needed services to patients faster.

Although the bills were amended, MSV secured an important step forward. The final legislation directs the COPN Task Force to develop recommendations for designating areas of the Commonwealth as medical deserts and establishing clear criteria for when projects in those areas should qualify for expedited review. MSV is driving this issue at the Capitol and will continue leading the effort to modernize COPN and remove barriers that stand between patients and timely access to care.

4 Protecting Provider Mobility and Patient Access

MSV partnered with Senator VanValkenburg and Delegate Herring to advance SB 128 and HB 627, legislation banning the use of non-compete agreements in employment contracts for providers licensed by the Boards of Medicine, Nursing, Counseling, Optometry, and Social Work. This legislation ensures that providers are free to continue practicing in the communities they serve without being forced out by restrictive contract terms, while also helping protect patient access to care.

The bills passed the Senate unanimously and cleared the House with overwhelming bipartisan support, 92-6. Once signed into law, non-compete agreements in contracts entered or renewed on or after July 1, 2026, will be prohibited and unenforceable. This is a major win for providers, patients, and a healthcare system that depends on continuity, access, and the ability of clinicians to practice where they are needed most.



5 Advancing Workplace Violence Prevention Through Transparency

Last year, MSV successfully passed legislation requiring hospitals to establish workplace violence reporting systems and report incidents to Chief Medical Officers and the Virginia Department of Health. Building on that progress, MSV worked with Delegate Tran this year to advance HB 1489, requiring VDH to make that data public. This is a critical next step, because strong policy begins with strong data, and transparency is essential to understanding the scope of the problem and driving meaningful change. MSV will use this information to identify policy solutions, strengthen prevention strategies, and advance efforts to better protect healthcare teams across the Commonwealth.

6 Supporting the Next Generation of Physicians

MSV worked with Senator Deeds and Delegate Willett on SB 625 and HB 663, legislation to create a loan-for-service program for medical students. The proposal would have allowed students to receive up to \$200,000 in forgivable loans in exchange for five years of practice in a rural or underserved area. The program was designed to provide support early in training, when students are making critical decisions about specialty choice and practice location, at a time when rising medical student debt and new caps on federal borrowing are creating even greater financial pressure.

The legislation faced an uphill path. The bill failed in the House but passed the Senate with amendments that moved it closer to a traditional loan repayment model, and the Senate included \$3.3 million in the budget to support the program. Ultimately, however, the proposal was defeated in the House. Even so, MSV successfully elevated the issue in an exceptionally difficult budget year and will continue fighting for policies that address rising debt, support medical students, and strengthen Virginia's physician workforce in rural and underserved communities.

2027 SESSION

The Defining Year for Virginia Medicine

Efforts to weaken or repeal Virginia's medical malpractice cap are no longer hypothetical—they are actively underway. Legislative leadership has made clear that the votes exist, and the groundwork is already being laid for action in 2027. Next year will be the most pivotal moment yet for the future of medical liability in the Commonwealth.

MSV will be at the table every step of the way—but meeting this moment will require significant resources and a strong, unified physician voice. We are facing well-organized, well-funded efforts, and it is critical that physicians are equally prepared and represented.

A contribution to MSVPAC ensures that physicians have the presence, influence, and advocacy strength needed to protect our profession and our patients.

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.

Protect the practice of medicine in Virginia by donating at

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