

FYI Weekly

HEALTH CARE NEWS FOR VIRGINIA'S HOSPITALS AND HEALTH SYSTEMS

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VHHA in Action

Each day, VHHA actively works on behalf of its members, their employees, and Virginians to advance the interests of Virginia's hospitals and health care systems. In the past week, these are some developments of interest to Virginia hospitals and health systems:

VHHA, Multi-State Hospital Coalition Wage Advocacy Campaign to Protect Hospital Funding

- As part of ongoing advocacy efforts in Washington, D.C. to protect Medicaid funding for hospitals, VHHA has convened a multi-state coalition of hospital associations to help educate lawmakers about the policy issues being considered as part of the budget reconciliation process. The coalition includes hospitals associations in Arizona, Iowa, Kentucky, Missouri, Nebraska, Nevada, North Carolina, Oklahoma, South Carolina, Tennessee, and West Virginia. Officials in

these states are working with stakeholders as part of advocacy outreach efforts with members of Congress.

VHHA Solutions Enters Strategic Partnership with Premier, Inc.

- **Virginia Hospital & Healthcare Association** (VHHA) affiliate [VHHA Solutions](#) has entered into a new strategic partnership with [Premier, Inc.](#), a leading technology-driven health care improvement company, providing solutions to two-thirds of care providers across the U.S. Amid rapid evolution in the health care sector, Premier offers a range of solutions and services to support providers in tracking clinical, financial, and operational metrics to enhance decision-making, leveraging advanced AI-enabled technology to improve the quality and safety of care, expanding access to new treatments through clinical research and trials, and promoting sustainable improvements in care delivery. Premier also offers solutions for suppliers and manufacturers seeking to expand their reach with actionable data, group purchasing, and contract management services; the life sciences sector to support the process of assessing the safety and effectiveness of medical devices and drugs; and to help bridge the gap between payers and providers to enhance patient outcomes and streamline administrative processes. VHHA Solutions will work with Premier to showcase its array of services and programs to health care organizations as well as employers in other industries that can benefit from Premier's offerings to help reduce costs and yield savings, strengthen supply chain resiliency, and enhance operational efficiency. Read more [here](#).

VHHA Shares 2025-2026 Membership Directory

- This week, VHHA issued the 2025-2026 Membership Directory, an annual publication that features summary listing information about Virginia hospitals and health systems, VHHA program areas and staff, VHHA Solutions endorsed partners, and more. Access the VHHA 2025-2026 Membership Directory [here](#).

VHHA in the News

- VHHA actively engages with the news media to share public messaging and coordinate member media appearances to showcase the important work done by Virginia hospitals. That work is reflected in recent coverage from [WVVA](#).

News Updates

U.S. Senate Draft Reconciliation Plan Proposes Medicaid Policy Changes Harmful to Hospitals

This week, the [U.S. Senate Finance Committee](#) shared the [text](#) of its portion of the budget reconciliation package. The draft Senate approach deviates from the **U.S. House of Representatives**-approved plan in relation to provider assessments and state directed payment programs (DPP) that have significant revenue implications for hospitals. While the House legislation placed a moratorium on new state DPPs, it grandfathers in existing state programs such as the Virginia DPP program that annually generates significant revenue for participating hospitals. On average, these "supplemental payments" account for 12 percent of net hospital revenue for participating hospitals. For some rural Virginia hospitals, it is as much as 25 percent of revenue. Provisions in the draft Senate proposal that would change the hold

harmless threshold for health care-related taxes (such as a provider assessment) from 6 percent to 3.5 and alter DPP conditions are projected to cost Virginia hospitals \$2.2 billion and \$2.5 billion, respectively, in annual reduction in payments at full implementation. These are deeply concerning proposals that, if enacted, would threaten the survival of many hospitals, including providers serving rural communities. Virginia has a provider [coverage assessment](#) program whereby participating acute care hospitals submit payments to the state to cover the state share of costs for the Medicaid expansion population. There is also a [provider assessment for rate improvement](#). Funds from that assessment are sent by the state to the federal government to draw down funds to support reimbursement rate improvement in the form of supplemental payments through DPP. These supplemental payments help bridge the financial gap for providers due to inadequate Medicaid reimbursement rates. These two assessment programs are interrelated. The Senate's proposed changes as it relates to the provider assessment rate and the DPP could result in provider payments being reduced from the average commercial rate to the Medicare upper payment limit. The projected reductions contemplated in the Senate proposal would have devastating impacts on hospital stability, especially rural hospitals serving patient populations that are significantly Medicaid-dependent, as well as public health, access to care, the economy and employment. Those effects would be acutely felt in rural communities where many residents are Medicaid-dependent. A majority of residents in those communities strongly supported the election of **U.S. President Donald Trump**, who has said he [doesn't support](#) cuts to Medicaid benefits. Trump voters also oppose Medicaid cuts. An [April 2025 poll](#) from Trump pollster Tony Fabrizio shows 7 in 10 voters, including 51 percent of Trump voters, oppose cuts to Medicaid to fund tax cuts. A [Kaiser Health poll from June 2025](#) likewise shows that MAGA supporters have unfavorable views of the budget legislation when they learn it would decrease funding for hospital and increase the number of people who are uninsured. The "One Big Beautiful Bill Act" reconciliation package endorsed by President Trump has passed the U.S. House and is currently before the U.S. Senate. Built into the package is more than \$700 billion in proposed Medicaid funding reductions over multiple years. A **Congressional Budget Office** (CBO) [projection](#) indicates there would be nearly 11 million (10.9 million) more uninsured people in the U.S. in 2034 under the plan as it passed the U.S. House. In addition, other related policy changes not built into the legislation are projected to result in 5.1 million more individuals being uninsured by 2034. That includes a projected 4.2 million people who could lose coverage due to the anticipated expiration of expanded Affordable Care Act (ACA) premium tax credits this year and 900,000 due to the impact of the [2025 Marketplace Integrity and Affordability Rule](#). As of now, neither the House or Senate reconciliation packages address the ACA enhanced premium tax credits. In total, CBO projects "that the combined effect of those policies . . . would increase the number of people without health insurance by 16.0 million in 2034." Separate projections from Democrats on the **Joint Economic Committee** indicate that 302,608 Virginians would lose coverage (136,583 from ACA-related changes and 166,025 due to Medicaid funding changes).

Federal Court Ruling: Trump Administration Improperly Cut NIH Research Funding

In a ruling this week, a federal judge in Massachusetts said the **Trump Administration** improperly halted funding to hundreds of National Institutes of Health (NIH) research grants focused on a range of issues including cardiovascular health, sexually transmitted diseases, depression, and Alzheimer's disease, among others. The ruling came in response to [litigation](#) filed against NIH by science and health groups as well as several state Attorneys General. It is unclear if the ruling, which is likely to be appealed, will ultimately lead to the restoration of some grant funding.

VDH Seeks Survey Responses to Improve Neonatal Abstinence Syndrome Awareness

The **Virginia Department of Health** (VDH) is seeking survey responses to improve public health reporting and surveillance of Neonatal Abstinence Syndrome (NAS), which is a condition that affects newborns exposed to opioids or addictive substances in the womb, causing them to experience withdrawal symptoms during their first few days of life. By participating in this brief survey, clinicians will help identify key areas where additional support or resources are needed. This survey will provide valuable insights into the challenges and barriers faced when reporting NAS cases, helping VDH develop better educational tools to support health care providers across the state. All responses will be used for VDH's evaluation efforts and any data shared will be reported in aggregate to ensure privacy. Survey questions may be sent to **Julie Keeney**, CSTE Applied Epidemiology Fellow, at juliana.keeney@vdh.virginia.gov or **Dr. Dane De Silva**, Director of the Division of Population Health Data, at dane.desilva@vdh.virginia.gov. The survey is available through June 30. Access the survey through this [link](#).

Events

VHHA to Host June 24 Workshop on Adapting Leadership for Next Generation Talent

VHHA is hosting an in-person workshop for clinical and administrative leaders on June 24 at its offices in Glen Allen, VA focused on the topic of "GEN Z 101: Adapting Your Leadership for the Next Generation of Talent." The workshop will feature **Hannah Ubl**, future of work expert and co-founder of Good Company Consulting. The workshop is scheduled for June 24 from 10 a.m.-2 p.m. Register [here](#).

Register for June 24 ChartSpan Workshop on Medicare Care Management Programs

[ChartSpan](#), a [VHHA Solutions](#) endorsed partner, is hosting a live virtual workshop on June 24 at noon focused on answering provider questions about Medicare care management programs. The session will cover differences between advanced primary care management (APCM), chronic care management (CCM), and transitional care management (TCM) programs, how to track discharges, identify care gaps, and considerations related to managing programs in-house or with a partner. Participants can submit questions in writing at the time of registration. Register for the workshop [here](#).

Register for June 24 Webinar on 'Pediatric Inpatient Management of Withdrawal'

Officials from **Carilion Clinic** are hosting an upcoming webinar that is part of a series of presentations focused on a statewide effort to expand emergency department (ED) adoption of best practices in treating opioid use disorder. The next installment in the series is scheduled for June 24 at noon and will focus on the topic of "Pediatric Inpatient Management of Withdrawal" presented by **Dr. Jeffrey Wilson** of **Children's Hospital of The King's Daughters** (CHKD). The webinar is continuing medical education-based addiction treatment training that can count toward 8-hours of required education when a physician or ACP renews DEA registration. The webinar is free to attend, but pre-registration is required. Register for the webinar through this [link](#). Registrants will receive a unique e-mail invitation that should not be shared with others. This series is presented with funding from the **Virginia Department of Medical Assistance Services** (DMAS) via the Opioid Abatement Authority (OAA) and is supported by VHHA.

Southside Health Education Foundation Summer Camp Program Scheduled for Week of June 23

This month, the **Southside Health Education Foundation (SHEF)** is holding a weeklong health career exploration experiences camp that is open to high school students. The half-day camp will be held June 23-27 from 9 a.m.-1 p.m. daily and it offers participants real-life experiences in health care and higher education around the Tri-Cities and surrounding areas. Camp participants will need to provide their own transportation to and from camp sites. The camp attendance cost is a non-refundable \$40 fee, which includes breakfast, lunch, and snacks for the week as well as a camp T-shirt. Space is limited. Visit this [link](#) to register. Program questions may be directed to info@sheducation.org.

Podcast

VHHA *Patients Come First* Podcast Features Twin County Regional Healthcare Urologist

This episode of VHHA's *Patients Come First* podcast **Dr. Kareem Zaki**, a urologist with **Twin County Regional Healthcare**, a **Lifepoint Health** facility in Galax, VA. During Men's Health Month, Dr. Zaki joins us for a conversation about urology care and an advanced robotic therapy for the treatment of lower urinary tract symptoms (LUTS) due to benign prostatic hyperplasia (BPH). Listen to the episode [here](#) and hear past episodes through this [link](#). Podcast episodes are also available through these podcast apps and networks: [Apple Podcast](#), [Amazon Music](#), [Spotify](#), [Pandora](#), [Stitcher](#), [Tuneln](#), [SoundCloud](#), [Blubrry](#), [iHeart Radio](#), [Deezer](#), [Podbay](#), [Pocket Casts](#), the [Virginia Audio Collective](#), and the [World Podcast Network](#). The podcast can also be heard on the radio airwaves – episodes air Sundays at 10 a.m. on 100.5 FM, 107.7 FM, 92.7 FM, and 820 AM across Central Virginia and 1650 AM in Hampton Roads, and 105.1 FM and 1050 AM in Lynchburg. Send questions, comments, feedback, or guest suggestions to pcfpodcast@vhha.com.



Around the State

Dr. Rina Bansal, MD, President of **Inova Alexandria Hospital** and Senior Vice President of **Inova**; **Lisa Carter**, President of **Ballad Health Southern Region**; **Wendy Horton, PharmD**, CEO of **UVA Medical Center**; **Mary Mannix**; President and CEO of **Augusta Health**; **Michelle Riley-Brown**, President and CEO of **Children's National Hospital**; **Rebecca Segal**, President and CEO of **Fauquier Health**;



and **Roberta Tinch**, President of **Inova Mount Vernon Hospital** and Vice President and Administrator of **Inova Musculoskeletal Service Line**, have been named to the *Becker's Hospital Review* 2025 [list](#) of 209 women hospital and health system presidents and CEOs to know.



HCA Virginia has announced the appointment of **Nicole Kellison Tucker** as Chief Executive Officer of **LewisGale Hospital Alleghany**. She started at HCA Healthcare in 2009 as an emergency service nurse at **LewisGale Medical Center** and LewisGale Hospital Alleghany. She earned a doctorate degree in strategic leadership and a master's degree in nursing administration from Liberty University. She received undergraduate degrees from Mary Baldwin College and Dabney S. Lancaster Community College and is a graduate of the Sorensen Institute for Political Leaders at the University of Virginia. Read more [here](#).