

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 Hosts Meeting of Board of Directors' Executive Committee

- The **Executive Committee** of the **VHHA Board of Directors** met this week for a discussion of issues of interest and importance to hospitals and health systems, including operational considerations as well as state and federal policy issues.

VHHA Joins Neighboring State Hospital Associations to Host 340B Roundtable Meeting Charlotte, NC

- This week, the **North Carolina Healthcare Association**, the **South Carolina Hospital Association**, and **VHHA Solutions** hosted a Regional 340B Roundtable in Charlotte, NC. The event brought together hospitals from neighboring states for a day of learning and strategic discussion about the 340B Program. Program focus areas will include keys to success, state and federal policy updates, navigating manufacturer complexity, and more. Registration is free for VHHA member hospitals.

VHHA Data Analysis Shows Rise in Hospitalizations for Patients Diagnosed with Autism

- A new analysis from the **VHHA Data Analytics Team** shows that the number of patients with an autism diagnosis who have received inpatient care at a Virginia hospital nearly doubled from 2020 and 2024. The analysis also shows that pediatric patients account for a plurality of the overall population. Annual admissions across Virginia hospitals for patients with an autism diagnosis rose from 2,730 to 5,326 from 2020-2024, representing a 95 percent increase. Among that cohort, pediatric patients account for 44 percent of the inpatient admissions population. These observed trends coincide with national data from the **Centers for Disease Control and Prevention** (CDC) indicating that the [prevalence rate of autism spectrum disorder](#) (ASD) documented among U.S. children has risen from 1 in 150 children in 2000 to 1 in 31 children in 2022. This equates to 3.2 percent of children and is based on the Autism and Developmental Disabilities Monitoring Network “active surveillance program that estimates prevalence and characteristics of ASD and monitors timing of ASD identification among children aged 4 and 8 years” through a series of sites across the nation. More recent times have also been marked by increased awareness of ASD as well as enhanced screening tools and diagnostic criteria. These factors have contributed to more comprehensive diagnoses among pediatric patient populations. These factors have contributed to more comprehensive diagnoses among pediatric patient populations. The VHHA analysis is based on a review of the Virginia hospital inpatient database. Records analyzed involve those in which inpatients who received hospital care had a documented ASD diagnostic code consistent with **Centers for Medicare & Medicaid Services** (CMS) Chronic Conditions Data Warehouse [standards](#).

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 [WVEC](#), [Pluribus News](#), the [Fauquier Times](#), [Potomac Local News](#), [Cardinal News](#), [WRIC](#), and [WVEC](#).

News Updates

Governor Youngkin Issues Executive Actions on Nursing Home Oversight, Rural Health Transformation

This week, **Virginia Governor Glenn Younkin** issued a series of executive actions related to nursing home oversight, rural health care funding, and a food benefit program for low-income families. [Executive Order 52](#) on nursing home oversight directs the **Virginia Department of Health (VDH) Office of Licensure and Certification** to fill open medical facility inspector positions by Dec. 31 (there currently is a 42 percent vacancy rate for such positions), to accelerate training and ongoing processes, to streamline workflow, and advance nursing home oversight. Under current state practices nursing homes are to be inspected on-site every two years, while federal standards call for on-site surveys every 15.9 months. In response to the recent passage of [H.R. 1](#) (One Big Beautiful Bill Act) and its changes to health care and social safety net funding and policy, the Governor has also issued [Executive Directive 12](#) and [Executive Directive 13](#) related to the Rural Health Transformation Program and policy changes related to funding of the **U.S. Department of Agriculture's** (USDA) Supplemental Nutrition Assistance Program (SNAP). Under H.R. 1, the Rural Health Transformation Program has been established to distribute \$50 billion in funding to mitigate the impact of Medicaid spending reductions in rural areas. That amount is estimated to only be about 37 percent of the funding lost under OBBBA. Half of program funds will be divided among states based on submission of an approved application. The other half will be dispersed at the discretion of the **Centers for Medicare & Medicaid Services** (CMS). The Governor's directive calls on key state officials to work with stakeholders such as health care providers to leverage funding acquired to "support quality access to health care in rural Virginia." The other directive notes that under OBBBA "states with SNAP Quality Control Payment Error Rates above six percent will be required to contribute a state match for SNAP benefits to eligible low-income Virginians" starting Oct. 1, 2027. The state match amount will vary depending on error rates in a range up to 15 percent of the total benefit amount paid. At present, benefits are fully funded with federal dollars. Virginia's current error rate is 11.5 percent. The Governor's directive calls on state officials to take action to "meaningfully reduce errors in SNAP benefit processing at local departments of social service, driving the error rate down below six percent." In related news, the Governor and **Virginia Finance Secretary Stephen Cummings** this week addressed a joint meeting of the **Senate Finance and Appropriations, House Appropriations, and House Finance Committees** to provide an overview of state fiscal year 2025 and the Commonwealth's financial condition. View the Governor's prepared remarks [here](#) and see presentation slides from Secretary Cummings through this [link](#).

White House Issues Executive Order on Federal Grant Oversight

U.S. President Donald J. Trump recently issued an [executive order](#) focused on improving the federal grantmaking process "while ending offensive waste of tax dollars." As examples of misallocated grant funding priorities, the order highlights a 2024 study showing that more than one-fourth of "National Science Foundation (NSF) grants went to diversity, equity, and inclusion and other far-left initiatives. These NSF grants included those to educators that promoted Marxism, class warfare propaganda, and other anti-American ideologies in the classroom, masked as rigorous and thoughtful investigation." It also singles out "gain-of-function research funded by the National Institutes of Health" that occurred at a lab in China as a potential source of the COVID-19 pandemic, NSF funding "to develop AI-powered social media censorship tools — a direct assault on free speech," and grants to "non-governmental organizations that provided free services to illegal immigrants, worsening the border crisis and compromising our safety, and to organizations that actively worked against American interests abroad." Among other provisions, the executive order specifies that discretionary awards should "demonstrably advance the President's policy priorities" and should not be awarded to efforts that support "racial preferences or other forms of racial discrimination by the grant recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the grant recipient of the sex binary in humans or the notion that sex is a chosen

or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety or promote anti-American values.” In other recent federal developments, the President sent a letter to pharmaceutical manufacturers on actions they can take to reduce U.S. prescription drugs prices to a level consistent with the lowest price offered in other developed nations, which is known as the most-favored-nation (MFN) price. Read more [here](#). The **U.S. Department of Health and Human Services (HHS)** recently [announced](#) a voluntary 340B Rebate Model Pilot Program available to qualifying drug manufacturers “to effectuate the 340B ceiling price on select drugs to all covered entities.” Sept. 15 is the application deadline for prospective participants. Approval decisions will be made by Oct. 15 for a Jan. 1, 2026 effective date. And the **U.S. Food and Drug Administration (FDA)** recently [announced](#) FDA PreCheck as “a new program to strengthen the domestic pharmaceutical supply chain by increasing regulatory predictability and facilitating the construction of manufacturing sites in the United States.”

Federal Agencies Telegraph Changes to Existing Rules on Short-Term, Limited Duration Insurance

The **U.S. Departments of Labor, Health and Human Services (HHS)**, and the **Treasury**, recently [announced](#) plans to revisit federal [final rules](#) from 2024 regarding short-term, limited-duration insurance (STLDI) and independent, non-coordinated excepted benefits coverage. In a written statement, the agencies said the 2024 final rules “amended the definition of ‘short-term, limited-duration insurance’ for purposes of its exclusion from the definition of ‘individual health insurance coverage’” under federal law Public Health Service (PHS) Act, noting that STLDI “is generally exempt from the individual market requirements of the PHS Act and the Affordable Care Act (ACA).” The 2024 final rules limited new STLDI plans to three-month terms and capped total duration at four months. In accordance with the terms of [Executive Order 14219](#) on “Ensuring Lawful Governance and Implementing the President’s ‘Department of Government Efficiency’ Deregulatory Initiative,” the federal agencies indicate plans to pursue amendments regarding the regulatory definition of STLDI and in the meantime will not “prioritize enforcement actions for violations related to failing to meet the definition of” STLDI in the 2024 final rules. HHS is also encouraging states to adopt a similar approach to enforcement.

Double Digit Rate Increases Proposed for ACA Marketplace Plans

The **Virginia State Corporation Commission (SCC)** recently [announced](#) that many health insurers offering individual and small group coverage plans on [Virginia’s Insurance Marketplace](#) have proposed rate increases for plan year 2026. SCC notes that 10 insurers planning to participate in the state individual market have requested higher rates, with many proposing average increases of 20 percent or more. The anticipated expiration of enhanced premium tax credits which help qualified individuals purchase coverage through Virginia’s version of the Affordable Care Act (ACA) marketplace is one of the factors cited by insurers proposing higher rates next year. In 2025, nearly 389,000 Virginians enrolled in coverage through the marketplace. It is projected that as many as one-fourth of that population could lose coverage if the enhanced premium tax credits expire. Nationally, a recent [analysis](#) by Peterson-KFF showed that “across 312 insurers participating in the ACA Marketplaces from the 50 states and the District of Columbia” there is “a median proposed premium increase of 18 percent.” The study indicates that is a sharp increase from last year and “the largest rate change insurers have requested since 2018.” The SCC also notes that insurers have requested an average 11.2 percent rate increase for small group rates in 2026. While these proposed rate changes would affect the cost of purchasing coverage on ACA marketplaces, data shows that Virginia families and individuals have endured double-digit percentage increases in health insurance premium costs in recent years. A statewide [analysis](#) of health care spending trends conducted by Onpoint Health Data, a non-partisan analytics firm, shows that from 2019-2023, annual private health insurance premiums in Virginia increased 20.2 percent for single

individuals and 22.1 percent for families. During the same period, total personal health care (PHC) spending (which includes hospital and professional care) increased by just 1.2 percent.

Virginia State Health Commissioner Provides Mpox Update

Virginia State Health Commissioner Dr. Karen Shelton provided an mpox update in a recent [letter](#) to clinicians and providers. Through Aug. 11, 2025, 19 mpox cases have been [reported](#) to the **Virginia Department of Health (VDH)**, compared to 27 total cases last year. Of those, 11 cases occurred during a July spike in activity. The majority of the cases this year have occurred in adult males. So far, all mpox cases in Virginia have been caused by Clade II monkeypox virus, the strain responsible for the global outbreak that began in 2022. VDH urges clinicians to encourage people who are eligible to be vaccinated, consider mpox in patients with epidemiologic characteristics or symptoms consistent with mpox, to test all suspected mpox cases, and to report all suspected or confirmed cases to the local health department through the [VDH Confidential Morbidity Report Portal](#).

DMAS Seeking New Chief Medical Officer

Virginia's Medicaid agency, the **Department of Medical Assistance Services (DMAS)**, is seeking a new Chief Medical Officer to serve as a key member of the agency's executive team and provide clinical leadership and management in support of the agency mission. This includes work focused on improving patient and provider experiences, enhancing population health, and reducing health care costs. The CMO management responsibilities include leading the medical support and pharmacy teams and leading on the development and implementation of clinical policies, standards, and practices consistent with sound medical practice that affects members as well as the provider and advocacy communities. The CMO will also work closely with the Governor's Office, the Office of the Secretary of Health and Human Resources, and leaders from other key agencies. Read more [here](#).

Events

Registration is Open for VHHA 2025 Virginia Behavioral Health Summit on Sept. 25

Registration is open for the **2025 Virginia Behavioral Health Summit** scheduled for Sept. 25 as an in-person event at The Westin – Richmond. "Community: Building an Accessible System of Care Across the Continuum" is the theme for the event that will feature innovative behavioral health models, patient-centered strategies, an overview of the expansion of the crisis system across the state, and the opportunity to learn about advances in technology that can improve behavioral health resources. The Summit programming lineup includes keynote remarks on compassionate behavioral health and addiction care as well as sessions on emergency department innovations in behavioral health access, the role of AI in enhancing care, crisis services, autism care, primary care integration, employee engagement, and law enforcement community relationships. View the program agenda [here](#) and register through this [link](#).

VHEMP to Host Aug. 21 Webinar on Healthcare Cybersecurity, Extended Downtime Assessments

Registration is open for an upcoming **Virginia Healthcare Emergency Management Program (VHEMP)** webinar that is being held to share results from the Healthcare Cybersecurity Assessment and Extended Downtime Healthcare Delivery Assessment, which were conducted in May and June of 2025. The pre-

recorded webinar session will be broadcast at noon on Aug. 21. Register for the webinar through this [link](#). Registrants will receive an e-mail link to join the session once registration has been approved. Following the webinar, participants will receive a link to the recording for future viewing as well as a copy of supporting documents. Any comments or questions submitted in the chat panel during the webinar will be responded to within 24 hours after the event. Event questions may be directed to preparedness@vhha.com.

Carilion to Host Aug. 26 Webinar on Pregnant Patients with Substance Use Disorder

Clinical leaders from **Carilion Clinic** will lead an upcoming webinar on the topic of “Fentanyl, the Fetus, and the Front Line: Bridging the Gap to Recovery for Pregnant Patients with Substance Use Disorders in the ED.” The one-hour webinar is scheduled for noon on Aug. 26 and will feature **Dr. Arthur Ollendorff**, **Dr. Kimberly Simcox**, and **Dr. Madeleine McSpadden** from Carilion. This webinar is the latest in a series that is part of a statewide effort to expand emergency room adoption of best practices in the treatment of addiction across Virginia and to continue progress toward getting patients the evidence-based treatment that they need starting in hospital emergency rooms. The webinar qualifies as CME-based addiction treatment training that can count towards eight hours of DEA-required education when a physician or ACP renews DEA registration. There is no cost to attend, but pre-registration is required. The session is being offered via Teams webinar. Register through this [link](#). Registrants will receive a unique invitation link that should not be shared.

Register for Sept. 17 In-Person Workshop on Clinician Satisfaction, Patient Experience

Registration is open for an upcoming in-person workshop called “Beyond Burnout: Bridging Patient Experience and Clinician Engagement for Sustainable Healthcare Excellence.” The workshop is scheduled for Sept. 17 from 10 a.m.-3 p.m. at VHHA offices in Glen Allen, VA. It will be facilitated by **Stacy Palmer**, Senior Vice President and COO at **The Beryl Institute**. Event programming will focus on providing actionable insights on creating a culture that elevates patient and provider voices, mitigates burnout, and drives system-wide transformation. Register through this [link](#).

Podcast

VHHA *Patients Come First* Podcast Features Carilion Clinic Violence Intervention Specialist

This episode of VHHA's *Patients Come First* podcast features **Kris Robey**, Violence Intervention Specialist at **Carilion Clinic**, who joins us for a conversation about how her personal journey has impacted her work, the work of hospital-based violence intervention programs in supporting survivors, and more. 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](#), [TuneIn](#), [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 9 a.m. on 100.5 FM, 107.7 FM, 92.7 FM, and 820 AM across Central Virginia and 1650 AM in Hampton Roads. Send questions, comments, feedback, or guest suggestions to pcfpodcast@vhha.com.



Around the State



Kathy Helak, MSN, RN, Assistant Vice President for Patient Safety at **Inova**; **Dr. M. Suzanne Kraemer**, MD, Chief Quality Officer at **Carilion Clinic**; **Dr. Nicolas Restrepo**, MD, Chief Quality and Patient Safety Officer at **Valley Health**; and **Dr. Jacqueline Saito**, MD, Chief Quality and Safety Officer and Vice President of Medical Affairs at **Children's National Hospital**, have been named to the *Becker's Hospital Review* 2025 [list](#) of 132 patient safety experts to know.



Melinda Hancock, Executive Vice President and Chief Financial Officer of **Sentara Health**, has been selected as a member of the **American Hospital Association's (AHA) Board of Trustees**. She previously served as the chief administrative officer and chief financial officer at VCU Health, and held past roles at Dixon Hughes Goodman, Bon Secours Virginia, Culpeper Regional Hospital, Ernst & Young, and Deloitte & Touche. From 2021-2023, Hancock served as a member of AHA Regional Policy Board 3. She is a past national chair of the Healthcare Financial Management Association, is a board member of William & Mary's Business School Foundation, Phlow Corporation, and Sandler Center Foundation. Hancock earned a Bachelor of Business Administration degree in accounting from William & Mary and a Master of Business Administration degree from the University of Phoenix. Read more [here](#).

Peter Sengenberger has been named Senior Director of Corporate Communications and Public Relations at **Sentara Health**. He previously served as Director of



Corporate Communications and Public Relations for Sentara Health. He earned a bachelor of science degree in public relations at Utica University and a master of education degree at Commonwealth University - Mansfield.

Bon Secours Richmond Community Memorial Hospital has received the Program of Distinction Award from the **International Association of Healthcare Security and Safety (IAHSS)**. To qualify for the IAHSS Program of Distinction, 70 percent of the security officers must hold a current basic, advanced, or supervisor certification.

Several Virginia hospitals have been recognized for exemplary permit compliance and outstanding pollution prevention measures by the **Hampton Roads Sanitation District (HRSD)**. **Sentara CarePlex Hospital** received the prestigious Platinum Achievement Award for six consecutive years of perfect compliance with wastewater discharge permits. Gold awards went to **Bon Secours Mary Immaculate Hospital, Bon Secours Maryview Medical Center, Chesapeake Regional Medical Center, Riverside Regional Medical Center, Sentara Virginia Beach General Hospital, Sentara Princess Anne Hospital, Sentara Obici Hospital, and Sentara Williamsburg Regional Medical Center**. Read more [here](#).