

Overview

For Stony Brook Medicine to continue providing world-class healthcare and train the next generation of medical professionals, the federal government must support robust funding for public safety-net hospitals in addition to passing legislation and policies that bolster healthcare training and workforce development programs, protect against harmful payment cuts to healthcare providers, and expand affordable and accessible healthcare.

Provide fiscal stability and security.

- **Prevent the catastrophic Medicaid Dipropionate Share Hospital (DSH) cuts that will take effect on January 1, 2025**, totaling **\$8 billion** nationally, **\$1.3 billion** to New York state, and **\$160 million** to Stony Brook University Hospital.
- **Amend how DSH caps are calculated to hold harmless hospitals disadvantaged by the DSH cap calculation** included in the Consolidated Appropriations Act of 2021 (CAA, 2021), which excludes Medicaid shortfalls from services provided to Medicaid-eligible beneficiaries who are dually eligible for Medicare or other coverage. This new calculation method reduces New York hospitals' Medicaid DSH caps by an estimated 25% retroactive to October 2021, costing Stony Brook Medicine **\$56 million** in cuts.
- **Protect against any other harmful payment cuts to healthcare providers, including site-neutral payment reductions**, as Congress looks to offset the cost of other priorities.
- **Provide robust federal investments that alleviate the enormous financial strain on safety-net hospitals and preserve access to health care services in vulnerable communities.**

Strengthen the healthcare workforce and workplace safety.

- Pass the **Resident Physician Shortage Reduction Act**, the **Substance Use Disorder Workforce Act**, and the **Pathway to Practice** proposal to address the physician shortage.
- Invest in clinical training sites, create career pathway programs, and streamline immigration pathways for clinical staff to bolster the supply of nurses and ancillary staff.
- Strengthen workplace safety by enacting federal protections for healthcare workers against violence and intimidation, including passing the **Safety from Violence for Healthcare Employees (SAVE) Act**. Additionally, provide hospitals with grant funding for education and training programs and coordination efforts with state and local law enforcement.

Commercial Insurer Accountability

- **Hold commercial health insurers accountable for ensuring appropriate patient access to care**, including by reducing the excessive use of prior authorization, ensuring adequate provider networks, limiting inappropriate denials for services that should be covered, and prohibiting certain specialty pharmacy policies, like insurer-mandated “white bagging,” that create patient safety risks and limit patient access to certain medications in hospital settings.
- **Streamline prior authorization policies and operations** to facilitate patients’ access to timely care, **reduce burdens on health care providers** and **lower health care administrative costs**.
- **Ensure patients can rely on their coverage by disallowing health plans from inappropriately delaying and denying care**, including by making unilateral mid-year coverage changes.
- **Ensure prompt payment from insurers for medically necessary, covered health care services** delivered to patients.
- **Increase oversight and accountability of commercial health plans** through increased data collection, reporting and transparency on core plan performance metrics that are meaningful indicators of patient access, such as appeals, denials and grievances.

Enhance access to care through innovation and transformation.

- Make certain **telehealth** flexibilities and payment policies permanent, including lifting geographic and originating site restrictions, expanding the types of practitioners who can provide telehealth and removing the in-person visit requirements for telemental health services via the **CONNECT for Health Act**.
- **Extend the Acute Hospital Care at Home program** beyond calendar year 2024 to allow providers to continue to take necessary steps to transform care delivery in a way that improves patient experience and outcomes while ensuring patient safety.
- Remove barriers to online medical appointment booking via the **Health Accelerating Consumers; Care by Expediting Self-Scheduling (ACCESS) Act**.

Protect the 340B Drug Pricing Program

- The 340B Drug Discount Program helps many hospitals, like Stony Brook, maintain high-quality patient care despite rising drug costs. Congress should **reject any policies that diminish the 340B program’s benefit to safety net hospitals**.