Stony Brook Medicine Federal Priorities FY 2026

- With its **4 hospitals, 216 community-based ambulatory healthcare** locations, **350-bed skilled nursing facility for veterans, children's hospital, cancer center, neurosciences institute, heart institute and trauma center**, Stony Brook Medicine (SBM) provides world-class healthcare to the **2.9 million** residents of Long Island.

- SBM's providers care for the public and seek to develop new treatments and cures for diseases through more than **100 research labs** conducting **over 400 active clinical research trials**. Our staff conduct research and care for patients while also **training the next generation of medical professionals**.

- In addition to providing healthcare to the community, SBM is a strong contributor to the Long Island economy in that it provides **over 10,000 highly coveted hospital jobs** for Long Island residents.

- Congress 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.

Priority #1 – Provide Fiscal Stability & Security to SBM & Long Island Residents

- **Correct the catastrophic Medicaid Disproportionate Share Hospital (DSH) cuts that take effect on January 1, 2026,** totaling **$8 billion** nationally, **$1.3 billion** to New York state, and **$135 million** to Stony Brook University Hospital the first year.

- The overall DSH cut of **$24B over three years** would eliminate Stony Brook University Hospital's DSH payments which are almost **$300 million per year**. The funding reduction for Stony Brook University Hospital for years 1 - 3 respectively would be **$135M, $270M and $300M**.

- **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 or **Public Law 116-260**). Section 203 of P.L. 116-260 excludes Medicaid shortfalls from services provided to Medicaid-eligible beneficiaries who are dually eligible for Medicare or other coverage. This new calculation method, which started in 2022 reduces New York hospitals' Medicaid DSH caps by an estimated 25% retroactive to October 2021, costing **Stony Brook University Hospital $53 million per year in cuts.**

- **Protect against harmful payment cuts to healthcare providers,** including those included in H.R. 1, the One Big Beautiful Bill Act (P.L. 119-21) which cut Medicare and Medicaid reimbursement to safety net hospitals, including reducing the state cap on provider taxes and allowing DSH payment reductions to take effect beginning in 2026.

- **Provide robust federal investments to support safety-net hospitals** that help to alleviate the enormous financial strain on an already overwhelmed system and preserve access to health care services in vulnerable communities.

Stony Brook Medicine

Priority #2 – 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.

Priority #3 – 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.

Priority #4 – 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 tele-mental 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.**

Priority #5 – 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.**

Stony Brook Medicine