

Stony Brook Medicine Federal Priorities FY 2027

- With its **4 hospitals**, over **200 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 **Renaissance School of Medicine (RSOM)** is **ranked #1** among public schools in NY state for National Institutes of Health (NIH) funding with almost **260 active clinical trials**. Since 2004, NIH awards to SBM increased by over **46%**, which has placed RSOM among **the top 50th percentile** of US medical schools for NIH funding. 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 **almost 10,000 highly coveted hospital jobs** for Long Island residents. From February 2025 to January 2026, Stony Brook Medicine hired almost **1,500 new employees**.

Priority #1 – Provide Fiscal Stability & Security for Safety Net Hospitals

- **Repeal the catastrophic Medicaid Disproportionate Share Hospital (DSH) cuts that take effect on October 1, 2027**, totaling **\$8 billion** nationally, **\$1.3 billion** to New York state, and **\$135 million to Stony Brook University Hospital**.
- **Reverse harmful Medicaid reimbursement cuts** 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 starting in calendar year 2026. For NY, H.R.1 resulted in \$8 billion in annual lost hospital revenue, cost 34,000 hospital jobs and 29,000 non-hospital jobs and \$14.4 billion in lost hospital-generated economic activity.
- **Ensure Payment of Outstanding FEMA COVID-19 Claims** – SBM incurred roughly **\$175 million in covid-related costs through 2022**. Due to issues between NY and FEMA, SBM and the SUNY system are still awaiting payment for the remaining balance of owed COVID-19 claims.

Priority #2 – Strengthen & Protect the Healthcare Workforce

- Invest in clinical training sites, create career pathway programs, and **waive new H-1B and J-1B visa fees** for immigrant healthcare workers to help hospitals recruit adequate clinical staff from abroad to bolster the supply of nurses and ancillary staff.
- Pass the **Resident Physician Shortage Reduction Act (S.2439/H.R.4731)**, which would add 14,000 Medicare-supported residency positions over seven years prioritizing underserved areas and helping to address the ongoing workforce shortage and projected 86,000 doctor shortage by 2036.
- Pass the **Healthcare Workforce Resilience Act (S.2759/H.R.5283)**, which would recapture green cards that were previously authorized by Congress but were unused by allotting up to 25,000 unused immigrant visas for nurses and 15,000 unused immigrant visas for physicians.



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- Pass the **Conrad State 30 and Physician Access Reauthorization Act (S.709/H.R.1585)**, a bill that provides a three-year reauthorization for the Conrad State 30 program, which allows foreign-born medical graduates to practice medicine in rural and underserved areas. The legislation also expands the program increasing current state allocations from 30 to 35 physicians per year. The bill also increases flexibility to expand the number of waivers in states where physician demand exceeds the state limits.
- 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 (S.1600/H.R.3178)**. 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.
- **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

- Make Covid-era Medicare 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 (S.1261/H.R.4206)**.
- Create a pathway to **adequate Medicare reimbursement** for hospitals that operate **Mobile Stroke Units (MSUs)**. Intervention and treatment of a stroke via MSU show significantly improved outcomes for acute ischemic stroke patients by enabling prehospital thrombolysis, which results in substantial time savings and potential benefits to outcomes, particularly in urban settings. Patients transported to the hospital via MSU increased golden-hour rates from less than [5% with standard EMS care to 21-33%](#) (Aderinto N, 2025).
- Remove barriers to online medical appointment booking via the **Health Accelerating Consumers; Care by Expediting Self-Scheduling (ACCESS) Act (S.1140)**.



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