



Northern Virginia Health Policy Forum Welcomes Two Healthcare Reporters

On Wednesday, July 30, 2025, the Northern Virginia Health Policy Forum hosted two health policy journalists for a discussion of the policy landscape under the second Trump Administration.

Moderated by Linda O’Neill, Vice President of Health Policy at Applied Policy, the conversation featured Tara Bannow, hospital and insurance reporter at *STAT*, and Jonah Comstock, editor-in-chief of *pharmaphorum*. Although their reporting focuses on different areas of the healthcare sector, Bannow and Comstock shared in the observation that the administration’s policy actions are having immediate effects. They also noted that the manner in which the administration is exercising its authority may signal lasting changes in how national health policy is developed and implemented.

A NEW APPROACH TO POLICY IMPLEMENTATION

Comstock described a policymaking environment marked by the use of executive orders and broad agency activity. He cited examples such as changes to research funding, staffing reductions at federal health agencies, and revisions to federal advisory panels, including the Advisory Committee on Immunization Practices.

GROWING SCRUTINY OF MEDICARE ADVANTAGE (MA)

Bannow discussed intensifying scrutiny of the Medicare Advantage (MA) program, citing congressional interest, regulatory oversight, and multiple Department of Justice investigations. She noted that some insurers are beginning to scale back perks and benefits and to withdraw from certain MA markets in anticipation of greater oversight and shifting financial expectations. “Any movement in this direction,” she said, “is likely positive for patients and taxpayers.”

IMPACT OF BIG BEAUTIFUL BILL

O’Neill asked the panelists to comment on the [One Big Beautiful Bill Act](#) (OBBBA), signed into law on July 4. The administration’s reconciliation bill includes wide-ranging provisions with implications across the healthcare sector. Bannow focused on Medicaid provisions, including new work requirements, more frequent eligibility redeterminations, and reductions in supplemental payment programs. She noted that these changes could pose administrative burdens for states and increase the number of uninsured individuals.

Comstock noted that although the legislation included revisions to Medicare’s drug price negotiation framework and language specific to orphan drug exclusivity, there was “shockingly little in the bill that affects pharma directly.” Both panelists observed that the legislation did not include provisions addressing pharmacy benefit managers or the 340B program, despite bipartisan support for reforms to both.



TARIFF UNCERTAINTY

Although pharmaceuticals were initially exempt from the tariffs President Trump announced on Liberation Day, Comstock noted that the prospect of future tariffs has prompted some drug companies to announce plans to reshore manufacturing operations. He added that some firms had already begun expanding domestic production before the tariff discussions began and suggested that the timing of their announcements may have been largely strategic. Bannow said that she had not heard much discussion from health insurance plans regarding tariff impacts. She noted that some hospitals appear to be operating under the assumption that existing group purchasing contracts will shield them from tariffs' short-term effects.

LOOKING AHEAD

Both panelists emphasized the importance of the long-term impact of health policy changes, noting that any provisions of the reconciliation bill will not take effect until after the 2026 midterm elections.

Bannow anticipated ongoing financial pressure for commercial insurers as patients increase utilization ahead of the potential elimination of marketplace subsidies. Comstock raised questions about how staffing reductions and funding changes at federal agencies may affect research, oversight, and emerging issues such as artificial intelligence in healthcare.

"The effects of these changes will be felt by everyone," Bannow said. "Healthcare is like a water balloon—squeeze one part, and another bulges out." She noted that hospitals absorbing more uncompensated care may raise prices, prompting downstream effects for insurers, employers, and consumers.

Comstock added, "There's a new headline every day, but the effects of policies enacted months ago are still unfolding." He and Bannow agreed that policy shifts will continue throughout the administration and that actions already underway will shape the sector in the years ahead.

Applied Policy®, a leading health policy regulatory and reimbursement consulting firm based in Alexandria, Virginia, proudly sponsors the Northern Virginia Health Policy Forum. The Forum brings together key thought leaders, government officials, and industry experts to discuss critical trends in American healthcare.

This extract was prepared by Applied Policy®