The AAEM Action Report is a monthly newsletter designed to keep you informed on the critical developments affecting our mission. Your continued engagement remains crucial as we confront these challenges and work towards lasting solutions. We are deeply grateful for your unwavering support and dedication to our mission—thank you for standing with us. Additionally, we would like to extend our gratitude to our lobbying firm, I Street Advocates, for their tireless efforts in advancing our advocacy goals.

Together, we can shape the future of emergency medicine.

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# **Congressional Activity**

### **Due Process Bill Introduction**

The Senate bill leads, Senators Roger Marshall and Elizabeth Warren, plan to reintroduce The Physician and Patient Safety Act during the week of May 5th. The House bill leads remain committed to reintroduction and are meeting internally to determine whether an early May introduction is feasible in the House. AAEM will again strongly support the measure and lead off the June AAEM on the Hill Day with advocacy on the due process bill.

# Workplace Violence Prevention for Health Care and Social Service Workers Introduced

Representative Joe Courtney, Representative Don Bacon, and Senator Tammy Baldwin have reintroduced the Workplace Violence Prevention for Health Care and Social Service Workers Act. This legislation would require OSHA to establish, for the first time, an enforceable standard to ensure that employers in the health care and social service sectors develop and implement workplace violence prevention plans which require hospitals to perform hazard assessments, train employees about dangers, and inform workers of their rights. On April 17th, I Street, on behalf of AAEM, drafted and sent a letter of support to the bill's sponsors.

### Non-Compete Bill Update

I Street continues to work closely with key champions of the Workforce Mobility Act to strategize its reintroduction. Senators Murphy and Young and Rep. Peters will meet on April 21st to determine a timeline for reintroduction, and Rep. Peters is actively seeking a Republican co-lead. I Street is organizing a grassroots meeting with Rep. Pfluger's office for the week of April 21st to encourage him to join Rep. Peters as a champion of the bill.

### Corporate Practice of Medicine Bill Drafted

Toward the end of the 118th Congress, Senator Warren shared a draft of her *Corporate Practice of Medicine* bill with AAEM and invited feedback. AAEM provided detailed recommendations, including the addition of harmful practices to ban—such as arbitrary emergency department wait times, inappropriate scope of practice expansions, and limitations on corporate authority in discharge and admission decisions. AAEM also recommended incorporating The *Physician and Patient Safety Act*.

All of AAEM's feedback was accepted, and Senator Warren is currently seeking a Republican co-lead with the intention to introduce it this year. I Street is helping with this effort. The text of the bill may still be subject to change as she continues to seek a Republican bill lead.

### Congressional Response to HHS Restructure and Layoffs

On March 27th, the Department of Health and Human Services (HHS) announced a comprehensive <u>restructure plan</u> as well as layoffs. Specifically, the Administration created the Administration for a Healthy America (AHA), which will combine multiple agencies—such as merging the Assistant Secretary for Planning and Evaluation (ASPE) with AHRQ to create the Office of Strategy.

<u>In an April 1st letter</u>, Senator Ron Wyden, Ranking Member on the Senate Finance Committee and Senator Bernie Sanders, Ranking Member on the Senate HELP Committee as well as 34 Democratic Senators expressed concern over the layoffs. The letter requested additional details on the rationale behind the layoffs within three days.

On April 1st, the Senate HELP Committee Chairman Bill Cassidy and Sanders invited HHS Secretary Kennedy to testify at an April 10th <a href="hearing">hearing</a> entitled, "An Update on the Restructuring of the Department of Health and Human Services." However, the Committee failed to notice and convene the hearing.

On April 11th, the House Energy & Commerce Committee held a closed-door bipartisan briefing with HHS staff on the plan and layoffs. HHS staff assured committee staff that Secretary Kennedy would appear before Congress during the annual budget hearings.

AAEM issued a statement on the restructure and layoffs.

# HSGAC Emergency Department and Private Equity Investigation

In late March, I Street reached out to the Homeland Security and Governmental Affairs Committee (HSGAC) for an update on their investigation. While the investigation remains ongoing, the committee was unable to provide any new updates at this time. However, it is our understanding that Senator Peters is considering endorsing our due process legislation as part of the ongoing investigation. I Street has provided the HSGAC legislative staff with extensive background data on the bill, and how due process legislation would improve the harms their report will likely highlight.

## Austin Roundtable with Rep. Casar

The American Economic Liberties Project (AELP) is organizing an event on private equity in healthcare, in collaboration with Rep. Greg Casar, which will likely take place in May or June. The event will follow a similar format to the one AAEM participated in last year with Rep. Ocasio-Cortez and former FTC Chair Lina Khan in New York.

I Street has coordinated with Dr. Jeffrey Pinnow, President of AAEM's Texas Chapter Division (<u>TAEM</u>) to ensure that an emergency department physician will be available to participate in the event once Rep. Casar's office finalizes the date.

### **Budget Reconciliation Process and Medicaid**

On April 10th, the House narrowly approved the Senate's budget resolution package in a 216-214 vote. This resolution provides a framework for committees to begin the more complex budget reconciliation process. Unlike standard legislation, reconciliation allows major tax, spending, and fiscal reforms to pass the Senate with a simple majority vote, bypassing the typical 60-vote filibuster threshold in the Senate.

Notably, the package included instructions for the Energy and Commerce Committee—which oversees the Department of Health and Human Services (HHS) and its sub-agencies—to implement at least \$880 billion in cuts. While the exact details remain unspecified, the scale of the mandate has led many to believe that Medicaid will likely be on the chopping block.

It's worth noting that 12 House Republicans recently sent a letter to leadership asserting, "We cannot and will not support a final reconciliation bill that includes any reduction in Medicaid coverage for vulnerable populations." Several of these members privately told I Street that they supported the resolution only with the expectation that the proposed cuts would be substantially softened in the final legislation.

The AAEM has agreed to sign a letter opposing Medicaid cuts circulated by the Primary Care Collaborative and signed by several other medical specialty societies. The letter notes the impacts "that Medicaid proposals now under consideration could set back our efforts as well as those of Congress and the Administration to address chronic illness. If the Medicaid funding, on which primary care practices depend, is significantly reduced, we fear that the result will be a destabilization of those practices, including local community health centers."

With fiscal hawks demanding deep federal spending cuts and moderate Republicans insisting that Medicaid be left untouched, the path forward for the reconciliation bill remains uncertain in a closely divided house where Speaker Johnson can only afford to lose a handful of votes from his own party.

### Senate Confirmations

The Senate confirmed Mark Meador, a former Senate aide to Senator Mike Lee, as an FTC Commissioner on April 10th. Every Republican Senator present voted to confirm Meador, while every Democratic Senator present voted against him.

On April 3rd, the Senate confirmed Dr. Mehmet Oz as Center for Medicare and Medicaid Services (CMS) Administrator by a party line vote of 53-45.

# Democratic Reps. Deluzio, Jayapal, Ryan, Craig Launch Monopoly Busters Caucus

On April 9th, Representatives Chris Deluzio, Pramila Jayapal, Pat Ryan, and Angie Craig launched the Monopoly Busters Caucus, a new caucus that aims to fight corporate power and promote a pro-worker, pro-consumer, and pro-small business economic agenda. Health issues will be a focus of the Caucus. The full livestreamed launch event can be watched here.

# **Administrative Activity**

## AHRQ Report Identifies Strategies to Reduce Emergency Department Boarding

A new AHRQ report reviews the causes of emergency department (ED) boarding. The report presents solutions from a broad contextual view and notes opportunities for health systems, states, and federal partners to lead efforts moving forward. The report highlights findings from the AHRQ Summit to Address Emergency Department Boarding held on Oct. 8th, 2024, in response to a bipartisan letter from 44 members of Congress to HHS. Dr. Vicki Norton, AAEM President-Elect, participated in the Summit.

## Inpatient Prospective Payment System Rule Published

On April 11th, CMS issued a proposed rule that would update Medicare payments and policies for inpatient and long-term care hospitals for fiscal year (FY) 2026. The rule references emergency departments (ED) particularly in

reference to sepsis testing and care. Comments on the proposed rule are due on June 10th, 2025. A fact sheet with a URL to the rule is available here.

# Internal Budget Document Show Trump Administration's Plans to Cut HHS Discretionary Spending by One Third

On April 16th, the HHS FY 26 draft budget passback was leaked to the public. The preliminary HHS budget document provides a fuller look at the health priorities of President Donald Trump's Office of Management and Budget as it prepares to send his 2026 FY budget request to Congress. Of note, the passback cuts both AHRQ and NIH in half and includes the NIH indirect expense cap. It also eliminates the Hospital Preparedness Program (HPP) Cooperative Agreement, a program that provides funds to hospitals to prepare for emergencies of all kinds.

# CMS Seeks Stakeholder Input on Medicare Deregulation

On April 11th, CMS also solicited feedback from stakeholders on a request for information (RFI) to streamline regulations, reduce administrative burdens, and identify duplicative requirements across Medicare. Responses to this RFI are to be submitted through a <u>form</u> and are due on June 10th. The RFI builds on an executive order issued by President Trump in January titled, "Unleashing Prosperity Through Deregulation".

The RFI specifically mentions the Conditions of Participation (CoPs) as an example of a possibly unessential regulation. CMS says that while these are health and safety standards health care organizations must meet to participate in Medicare and Medicaid and they are intended to improve quality and protect beneficiaries, they can also create redundancy. The RFI also asks a series of questions including whether there are documentation or reporting requirements within the Medicare program that are overly complex or redundant and whether CMS should reduce the frequency of Medicare reporting for providers.

### President Trump Fires Democratic FTC Commissioners

On March 18th, the Trump Administration fired Commissioners Bedoya and Slaughter, the two Democratic FTC commissioners. Given the unprecedented nature of this move—and the fact that both Slaughter and <u>Bedoya</u> have called it illegal—litigation followed. On March 27th, Bedoya and Slaughter, in a <u>lawsuit</u>, alleged that President Donald Trump violated federal statutes and long-standing Supreme Court precedent when he dismissed them. It asks that Bedoya and Slaughter be reinstated and that the court declare their firing unlawful.

At this stage, the Commission consists of only three Republican commissioners: Chair Andrew Ferguson, Commissioner Melissa Holyoak, and Commissioner Mark Meador. It remains unclear how this shift will impact the FTC's past efforts to curtail private equity (PE) acquisitions of EDs.

## **NIH Indirect Expense**

As reported in earlier wraps, the Administration had capped "indirect expense" rates for NIH grantees at 15%. On April 4th, a judge found that the cap was in violation of laws passed by Congress and issued a permanent injunction. The government has now filed <u>a notice of appeal</u> in the U.S. Court of Appeals for the First Circuit.

# **State Activity**

### California

California SB 351 would prohibit private equity (PE) groups or hedge funds involved with physicians or dental practices from interfering with healthcare decisions. The bill will be heard on April 29th. Dr. Faith Quenzer, President of AAEM's California Chapter Division (<u>CALAAEM</u>), has identified a witness for AAEM to testify. <u>AAEM has supported this bill.</u>

## Florida

<u>AAEM opposed</u> SB 1540 which expands the scope of practice for advanced practice registered nurses (APRNs) and grants them prescriptive authority for drugs and medical devices.

### Indiana

HB 1666 (CPoM) and SB 475 (Noncompete) have passed both chambers. Unfortunately, HB 1666 was amended to exclude hospitals from the definition of "health care facility."

AAEM supported HB 1666 (before it was amended) and SB 475.

### Missouri

AAEM opposed SB 179, SB 832, HB 392, HB 763, and HB 1492 which expand the scope of practice of Advanced Practice Registered Nurses (APRN), including increasing their prescriptive authority.

### Oklahoma

HB 2298, which expands APRNs scope of practice to include independent prescriptive authority, has passed its original chamber. AAEM opposed this bill.

# Pennsylvania

SB 320 bans CPoM in the state. AAEM supported this bill.

### Texas

<u>AAEM opposed</u> HB 1756, HB 2532, and HB 3794 along with SB 911, SB 1859, and SB 3021 which all expanded the scope of practice for APRNs.

# **Additional Updates**

On April 7th, <u>RAND</u> released a report entitled, "Strategies for Sustaining Emergency Care in the United States". In this report, the RAND authors (1) assess the current value of emergency care, (2) evaluate challenges to sustaining emergency care, (3) measure trends in emergency care payment, and (4) identify alternate funding strategies for emergency care.

This newsletter content was provided by <u>I Street Advocates</u>, the advocacy partner of the American Academy of Emergency Medicine (AAEM). I Street Advocates works closely with AAEM to advance policy solutions and legislative efforts that impact emergency medicine, ensuring that your voice is heard on the issues that matter most.