



THE AAEM | NOVEMBER 2025 ACTION REPORT

CHAMPION OF THE EMERGENCY PHYSICIAN



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

Continuing Resolution

The continuing resolution (CR) passed into law on November 12th. The CR provides government funding retroactive to October 1, 2025 and continuing through January 30, 2026 and included the following items of interest:

- **No Surprises Act Funding.** The CR extended implementation funding for the No Surprises Act and appropriated an additional \$14 million through January 30, 2026.
- **Telehealth.** Telehealth waivers have allowed Medicare telehealth services to be performed in both urban and rural areas and have expanded the list of eligible physicians. The CR reinstated the telehealth waiver and would pay claims retroactively to October 1st.
- **Medicare 4% Cut Avoided.** The CR waives triggering of the “Medicare Sequester” that would have applied under the Statutory Pay-As-You-Go Act of 2010. Without the waiver in the CR, there would be a 4% reduction to most Medicare spending starting January 1st, including payments to hospitals and physicians.
- **Federal Employees.** The CR pays federal employees who were furloughed during the shutdown. Also, the CR requires the Administration to reverse the reductions in force (RIFs) or firings that occurred during the shutdown.

The Physician and Patient Safety Act Gains Momentum

AAEM leaders and I Street Advocates have been busy advocating for our due process bill, The Physician and Patient Safety Act.

AAEM’s PAC Chair, Dr. Durkin, recently came to Washington D.C. to meet with three of our key bill champions. The House Democratic lead Rep. Raul Ruiz, MD (D-CA), our Senate Republican Lead Senator Roger Marshall, MD (R-KA) and the GOP Doctors Caucus Chair and cosponsor, Rep. Greg Murphy, MD (R-NC). During each of these meetings, we discussed strategy to elevate the bill in their prospective chambers, caucuses, and within the Administration.

As a result of these meetings, the bill leads are considering sending a letter to the Department of Health and Human Services urging them to implement the due process bill administratively.

I Street Advocates also met with an emergency physician who is on a temporary detail in the Chief of Staff office at the Center for Medicare and Medicaid Services (CMS). The focus of the meeting was on administrative implementation of the due process bill.

HELP Committee Ranking Staff Ask to Meet with AAEM Leadership

Earlier this month, AAEM leaders Dr. Frolichstein and Dr. Norton, AAEM staff, and the I Street Advocates team met with Health Education Labor and Pensions (HELP) Committee Democratic staff and health staffers from Ranking Member Bernie Sanders’ (I-VT) office to discuss AAEM’s priorities. During the meeting, we focused on our core issues: due process and how the corporate practice of medicine is undermining patient care and what Congress can do to help. After the meeting, the I Street team provided resources to help inform the committee’s upcoming work.

CPoM Bill Update

Senator Elizabeth Warren (D-MA) and her Republican co-sponsor, whose identity remains closely held, had planned to introduce the forthcoming Corporate Practice of Medicine (CPoM) bill this week. AAEM had prepared quotes for

the official press release and drafted an AAEM press release to help amplify the bill, but the introduction was put on hold. We are now working with Hill staff to determine the next steps and to clarify the revised timeline for introduction.

Congressional Hearings and Action on Health Subsidies

Congressional committees have scheduled several hearings on health pricing with the focus on expiring Affordable Care Act subsidies. The Senate Finance Committee [convened a hearing](#), “The Rising Cost of Health Care: Considering Meaningful Solutions for all Americans”, on November 19th with several witnesses, including testimony from Brian Blase, President of Paragon Health Institute; American Action Forum President Douglas Holtz Eakin; Jason Levitis, senior fellow of the Health Policy Division, Urban Institute; and Bartly Armitage, a retiree. The Senate HELP Committee is likely to schedule a similar hearing shortly.

In the run up to the December vote on the subsidies, there are multiple approaches under consideration such as extending the current subsidies or account-based alternatives to the credits. These different approaches were presented and discussed at the hearing. There are also reports of bipartisan and bicameral discussions about addressing the expiring tax credits but it remains unclear how the debate will evolve.

House Ways and Means Hearing on Chronic Disease

On November 19th, the House Ways and Means Committee convened a [hearing](#) entitled, Modernizing Care Coordination to Prevent and Treat Chronic Disease. The hearing repeatedly moved into debate over the upcoming expiration of the enhanced premium tax credits and partisan solutions to the issue.

The hearing mostly focused on chronic care. Additionally, during the hearing a pharmacist witness noted that pharmacists are “an underutilized healthcare resource, with training and clinical abilities to reduce ER visits, hospitalization, and increase in quality of life for patients”.

AAEM Signs Letter to Congress on Sickle Cell Disease

AAEM has signed on as a supporter of a House [bill](#), The [Streamline Emergency Care Act](#). This bill establishes a grant program, authorizing \$20 million annually from fiscal year 2026 through 2030, to expand, modernize, and streamline emergency room (ER) operations. Grant funds may be used to hire additional healthcare workers, repurpose hospital spaces, implement new processes, purchase new equipment, and provide training to increase capacity at existing ERs.

Regulatory Activity

Noncompete RFI

On November 3rd, AAEM [submitted comments](#) to the FTC’s [RFI](#) on noncompete clauses. Our submission emphasized that noncompete clauses suppress physician advocacy and are inappropriate in emergency medicine. We also solicited stories from AAEM members and incorporated anonymized personal experiences into the submission.

Calendar Year (CY) 2026 Medicare Physician Fee Schedule (PTS) Final Rule

On October 31, 2025, the Centers for Medicare & Medicaid Services (CMS) released the [2026 Medicare Physician Fee Schedule and Quality Payment Program \(QPP\) final rule](#), which includes policies related to Medicare physician payment and the Quality Payment Program. AAEM's comments on the proposed rule can be found [here](#). The final rule included provisions of concern to AAEM, such as the efficiency adjustment for non-time-based services and the decreased indirect practice expense (PE) RVUs for services furnished in facilities.

HELP Chair Cassidy New Comments on CPT Process

Senate Health Education Labor and Pensions Committee Chair Senator Bill Cassidy, MD (R-LA) was quoted in an October 23rd Inside Health Policy article and said he could support the American Medical Association (AMA)'s continued role in the Current Procedural Terminology (CPT) code process as long as the billing codes are freely accessible to the public. "They can keep being in charge of it, [but] it should be public access," Cassidy said when asked if he wants CMS to take over responsibility for the code set.

CMS Asks Providers to Resubmit Claims Submitted During Shutdown with Modifier

In a November 20th [notice](#), CMS instructed physicians to resubmit claims submitted during the shutdown. CMS previously offered physicians an option to submit telehealth [claims](#) during the shutdown with a modifier even though claims would be rejected. Under the updated policy, CMS asked physicians to resubmit these claims for reimbursement.

State Activity

Wisconsin

SB 435 would expand the scope of practice for physician assistants (PAs) and allow them to practice without a collaborative agreement. The bill would also rebrand Physician Assistant to Physician Associate. The bill passed the committee and awaits floor time. [AAEM sent a letter](#) to every Senate office urging a no vote on the bill.

Additional Update

AMA Delegates Adopt Resolutions with AAEM Members in Attendance

On November 17th, with several AAEM members in attendance, the AMA adopted two amended resolutions regarding the study of the Inflation Reduction Act and specialty practices and strengthening pathways to permanent residency for international medical graduates. Delegates also approved many other policies without debate through the consent calendar. These resolutions included the following of interest to AAEM:

- Prohibitions on certain anti-physician contractual provisions.
- Banning non-compete agreements at the state level.

This newsletter content was provided by [I Street Advocates](#), 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.