



# THE AAEM | JANUARY 2026 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

### ***The Physician and Patient Safety Act***

While I Street continues to work with the champions of our bill to gain additional co-sponsors and to pursue administrative implementation of due process protections, we are preparing to launch a grassroots campaign to build congressional support for our bill. In the coming weeks, AAEM members will receive an email asking them to send their members of Congress a note voicing support for the Physician and Patient Safety Act and request that the Congress member cosponsor the bill. We urge AAEM members to take action and encourage your colleagues to do the same.

Once the campaign is completed, I Street will follow up directly with the offices that received substantial numbers of emails, meet with their office, educate them further on the bill, and request that they co-sponsor.

We are in touch with the bill leads and it is our hope that sponsors will send around “Dear Colleague in the House” messages to members of Congress which will complement our grassroots effort. We are working to coordinate this effort for maximum benefit.

### ***CPoM Bill Update***

On January 6th, I Street staff, along with the AAEM Executive Committee and physician leaders from Indiana, met with Senator Bank's staff regarding the corporate practice of medicine draft bill. Senator Warren and Banks were one day away from the bill's introduction when Banks became concerned about the measure's ownership provisions. Banks and Warren are in negotiations on revised language and a final resolution remains unclear.

### ***ACA Subsidies***

The House passed a three-year extension of the Affordable Care Act (ACA) premium tax credits on January 8th by a vote of 230-196, with support from moderate Republicans. A bi-partisan group of Senators continue to negotiate a package; most stakeholders believe a straight extension is not on the table and that any package would include new limits on subsidies. A member of the bipartisan group of Senators noted earlier this week that policymakers would finalize a proposal by the end of January. The main sticking point is the Hyde Amendment, which bans federal funding from being used to pay for abortions. Passing a bipartisan proposal in the Senate remains possible but unlikely.

Enhanced subsidies expired at the end of 2025, and open enrollment in most states ended on January 15, 2026.

### ***Labor HHS Funding FY 2026***

The House and Senate have made progress on the appropriation's front, moving several bills in a minibus form (package of a few bills). The current continuing resolution funds the government for fiscal year (FY) 2026 through January 30th. Labor-HHS is reportedly being packaged with the Department of Defense bill. Congress will not consider Labor-HHS until after the Senate recess next week. Labor-HHS could move forward at that time in minibus form or Congress could pass another short-term CR to further negotiations.

### ***AAEM Signs Vaccine Oversight Letter***

AAEM joined 20 other medical society organizations in cosigning a [letter to Congress](#) requesting oversight regarding the changes to the U.S. childhood vaccine schedule announced on January 5th, noting that the overhaul of the

childhood vaccine schedule was not based on credible evidence. The Department of Health and Human Services (HHS) announced that the U.S. would now follow a vaccine schedule that appears to be modeled after guidance used in Denmark.

According to the letter, “These changes lack a clear scientific basis and were made without following the standard process, which ensures transparency and input from the public and key stakeholders. Usually, a multidisciplinary team of experts, part of the CDC’s Advisory Committee on Immunization Practices (ACIP), reviews new data about vaccines and disease trends and makes recommendations to federal officials.”

### ***Tyler’s Law***

On January 15th, the Senate Health, Education, Labor and Pensions (HELP) passed a [revised version of S. 921](#), Tyler’s Law. The bill would direct the Department of Health and Human Services (HHS) to study and issue guidance on whether and how emergency departments can make fentanyl testing a routine part of care for overdosing patients. Items under review would include costs, risks and benefits of testing, and staff training needs. AAEM has not taken a position on this bill.

## **Regulatory Activity**

### ***Trump Health Plan***

On January 15th, President Trump released a health care proposal entitled, [“The Great Healthcare Plan”](#). The proposal included the following items with little detail beyond the below.

- Post Prices on the Wall: Require any healthcare provider or insurer who accepts either Medicare or Medicaid to publicly post their pricing and fees to avoid surprise medical bills.
- Slash Prescription Drug Prices
- Fund Cost-Sharing Reduction Program
- Publish Costs of Overhead vs. Claim Rates
- Allow More Over-the-Counter Medicines
- Cut Kickback Costs
- Display Claim Denial Rates
- Create the “Plain-English Insurance” Standard.

### ***AAEM FTC Meeting***

Earlier this month, I Street staff and the AAEM Executive Committee met virtually with the Federal Trade Commission (FTC). The FTC requested the meeting after receiving [a letter](#) from AAEM responding to an [FTC RFI](#). The conversation was highly engaging covering issues such as non-competes, scope, prevalence, and impact of contracts, and how they affect emergency medicine specifically.

### ***FTC to Host Noncompete Workshop***

On January 27th, from 1:00pm-5:00pm ET, the FTC will host a workshop and livestream on employee noncompete agreements. The workshop will feature remarks from FTC Chairman Ferguson, FTC Commissioners, and individuals affected by noncompete agreements. Taking place from 1:30pm-2:30pm ET, the Locked out of Work: Victims of Anticompetitive Noncompete Agreements panel will include several physicians.

I Street Advocates will watch the event and report back to AAEM. [Click here to watch the livestream.](#)

## State Activity

*With the start of state sessions, I Street Advocates has been hard at work.*

### **Wisconsin**

On January 7th, the Wisconsin Assembly Committee on Health, Aging, and Long-Term Care held a hearing on AB 675 which would prohibit noncompetes for physicians. AAEM sent [a letter of support](#) ahead of this hearing.

### **AAEM Dashboard**

We have built out AAEM's new 2026 State Bill Tracker. So far in 2026, we are monitoring 54 bills, including carry-overs from the 2025 session. We are following three issue areas: (1) corporate practice of medicine, (2) scope creep, and (3) noncompetes for physicians.

The tracker serves as a compliment, not a replacement, to AAEM members individually identifying bills. We urge the Board, Workforce Committee and other interested members to let us know if other bills are introduced outside our tracking process.

I Street is using Quorum's bill tracking tool to identify bills for us to review. We will then categorize them into one of the three issue areas and recommend a position. I Street will then monitor the bill process for when they come up for hearings, at which point we will engage as appropriate.

Additionally, I Street has built a state bill dashboard to provide us with quick insights and visuals about the bills we're tracking.

The [State Bill Tracker Spreadsheet](#) and the [AAEM Dashboard](#) will serve as your most up-to-date resources for information regarding AAEM's state-based advocacy.

## Additional Updates

### **BCBSA/AHIP Survey on No Surprises Act**

The Blue Cross and Blue Shield Association and AHIP late last year released a [survey](#) that shows that despite the No Surprises Act persistent misuse, inefficiencies in the federal Independent Dispute Resolution (IDR) process remain rampant. Nearly 40 percent of disputes submitted to IDR in 2024 were identified as ineligible, yet many still advanced through arbitration.

According to the report, "The growing volume of ineligible claims from out-of-network providers and private equity firms amounts to one of the most persistent abuses of the federal IDR process, according to researchers."

The survey found the following about emergency services:

- In 2024, there were nearly 20 million qualified IDR claims across all provider types with emergency services accounting for the majority (61 percent) of qualified IDR claims.

*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.*