



THE AAEM | FEBRUARY 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

I Street continues to seek additional cosponsors and coverage for the bill.

First, we've worked with bill lead Representative Raul Ruiz, MD (D-CA) on a bipartisan "Dear Colleague" letter where he'll be joined by bill co-lead Representative John Joyce, MD (R-PA) as authors of the letter. The bill leads sent the letter to all House Hill staff on February 11th.

Second, we've drafted a grassroots alert for all AAEM members to send to the House. This alert was sent to members via email on February 12th and 25th. We urge all members to respond to the alert and to let us know if they receive a response that House staff are interested in cosponsoring the bill.

Third, the Senate Special Committee on Aging convened a hearing entitled, "[The Doctor is Out: How Washington's Rules Drove Physicians Out of Medicine](#)" on February 11th, 2026. We're hoping that Senator Warren will submit a question for the record about the due process bill. Additionally, we reached out to witnesses to raise the bill in their testimony. A notable witness was the CEO of the Dr. Lorna Breen Heroes Foundation. Relevant testimony and question and answers discussed workplace violence and the need for more mental health and substance abuse treatment for physicians.

CPoM Bill Update

On February 6th, I Street and AAEM leaders met with Senator Elizabeth Warren (D-MA) staff about the draft corporate practice of medicine (CPoM) bill. At the meeting, we discussed strategy for introduction, which Senator Warren hopes to do before Congress recesses for the year. I Street is currently working with Senator Warren's team to secure additional original cosponsors.

ACA Subsidies

Efforts to come to a consensus on the enhanced Affordable Care Act (ACA) subsidies that expired in December of 2025 have lost steam, perhaps permanently. Senator Bernie Moreno (R-OH) recently offered a one-year extension which he termed the "last Republican offer." Senate Democrats uniformly opposed the proposal. Senator Moreno and Senator Susan Collins (R-ME) introduced a two-year extension late last year. Reports said that Hyde Amendment language on abortion led to the impasse.

Labor HHS Funding FY 2026 and Health Extenders

On February 3rd, the President signed the fiscal year 2026 Labor, Health and Human Services, and Education (LHHS) appropriations bill into law as part of a package that included four other appropriations bills and a short-term continuing resolution for the Homeland Security bill. The bill provided:

- \$47.2 billion for the National Institutes of Health (NIH), a \$415 million increase over the FY 2025 funding level.
- \$9.1 billion for the Centers for Disease Control and Prevention (CDC), an \$18.5 million decrease from the FY 2025 level.
- \$345.4 million for the Agency for Healthcare Research and Quality (AHRQ), a \$23.6 million decrease.

The appropriations package also contained health care extenders, including several of interest to AAEM. The bill included the [Dr. Lorna Breen Health Care Provider Protection Reauthorization Act](#), extending programs through

September 2030, a five year reauthorization. Lorna Breen includes grant programs for hospitals, health systems, health professions schools, and community organizations to improve the systems in which health workers are educated, trained, and practiced. The program also continues the national evidence-based initiative to guide and equip hospitals, clinics, and other care facilities with workforce support. With Lorna Breen reauthorized through September 2030, the focus of the coalition's advocacy work will be to ensure dedicated annual funding for programs. The appropriation's package also extended Medicare telehealth flexibilities through the end of 2027.

HELP Hearing Re NIH

On February 10th, NIH Director Jay Bhattacharya testified during a Senate Health, Education, Labor, and Pensions (HELP) Committee hearing entitled "[Modernizing the NIH: Faster Discoveries, More Cures.](#)" Democrats criticized Dr. Bhattacharya and the Trump Administration for NIH research cuts and specifically proposed terminations of clinical trials and cutting research by using multi-year funding. Republicans focused their questions on the need to modernize NIH operations and increase transparency.

Break Up Big Medicine Act

On February 10th, Senators Elizabeth Warren (D-MA) and Josh Hawley (R-MO) introduced the [Break Up Big Medicine Act](#). The bill would:

- Prohibit a parent company from owning a medical provider or management services organization and a PBM or an insurer or face automatic penalties.
- Enable the Federal Trade Commission (FTC), Department of Health and Human Services (HHS), Department of Justice (DOJ), state attorneys general, and private parties to bring lawsuits against violators; and
- Allow the FTC and DOJ to review and block future actions that would recreate the conflicts of interest prevented by the bill.

Meeting with Rep. Taylor on Free-Standing Emergency Departments

On February 12th, AAEM Leadership and I Street staff met with Rep David Taylor (R-OH) at his request. He's concerned about emergency room access and closures in rural areas in his Ohio district and specifically focused on the freestanding emergency department model. In response, we discussed barriers that exist in both traditional emergency department and freestanding settings such as EMTALA requirements, the recent Medicaid cuts, and compliance with the No Surprises Act under its current implementation scheme.

Regulatory Activity

FTC Non-Competes Workshop

On January 27th, the Federal Trade Commission (FTC) hosted a workshop on employee noncompete agreements. AAEM leaders met with the FTC about 10 days before the workshop. The event featured remarks from FTC Chairman Andrew Ferguson, FTC Commissioners, and individuals affected by noncompete agreements. The event was livestreamed; [click here to watch the recording or read the transcript](#). Chairman Ferguson led off by stating the FTC lacks the authority to enforce the Biden-era FTC rule outlawing all non-competes. The first panel featured two physicians. One physician said, "They have physicians over a barrel...they know physicians are hesitant to leave

because of the non-compete clauses.” Another physician noted that physicians may want to leave an employer in an underserved community, but if they want to leave, they’ll have to leave the geographic area. This behavior entrenches disparities.

NIH Framework

At the end of 2025, the NIH released a framework for [Engaging the Public as Partners in Clinical Research](#), developed by the NExTRAC ENGAGE Working Group in collaboration with the NIH. NIH Director, Dr. Jay Bhattacharya, [publicly endorsed the framework](#) marking a significant step toward embedding patient and community partnership into the nation’s clinical research enterprise.

[Read the report.](#)

Stakeholder Vaccine Letter

AAEM is signing a healthcare stakeholder letter in support of the American Academy of Pediatrics recently issued [2026 Recommended Child and Adolescent Immunization Schedule](#). This [press release](#) further describes the new schedule. The letter closes after publication; we will provide the final letter in the March Action Report.

Medical Groups Comment on ICE

Multiple physicians and nurses issued statements about recent Immigration and Customs Enforcement (ICE) efforts in Minnesota, warning it is deterring immigrant communities from seeking medical care and impacting health care workers. The American Medical Association issued a [statement](#) on January 26th. The American Nurses Association released a [statement](#) on January 24th. Minnesota physicians including the American Academy of Pediatrics, the Minnesota Academy of Family Physicians, the Minnesota section of the American College of Obstetricians and Gynecologists, and the Minnesota Medical Association joined in a [press conference](#) to indicate their concern about access to health care in the state.

No Surprises Act

On January 21st, CMS released [new data](#) on the No Surprises Act’s independent dispute resolution (IDR) process activity from the first two quarters of 2025. CMS noted, “a large volume of dispute initiations, continued complexity in determining dispute eligibility, and substantial increases in the number of payment determinations made and disputes closed by certified IDR entities.” On January 29th, CMS announced Dane Street, LLC has been approved as a new [IDR entity](#) making a total of 16 entities.

On January 16th, Senators Bill Cassidy (R-LA) and Maggie Hassan (D-NH) applauded CMS plans to finalize the IDR rule in a [letter](#). According to the letter, “As implementation of the No Surprises Act has progressed, the Department and IDR entities have faced challenges quickly determining the eligibility of disputes for the Federal IDR process. Around one in five disputes submitted to the process are ultimately ruled ineligible for dispute resolution through the No Surprises Act.”

State Activity

Currently, I Street is tracking 78 bills and have engaged on six of them leading up to hearings.

Kentucky

SB 12 allows physician assistants to practice independently in rural Level IV trauma centers. It was heard on January 21st and passed the Senate on February 5th, 27-11. [AAEM sent a letter of opposition.](#) In response, we received a lengthy email from the bill sponsor.

Maine

LB 2088/HP 1402 removes the mandatory practice agreement between physician associates (the existing statutory term in Maine) and physicians when the physician associate serves as the primary clinician in a practice without physicians. It also makes consultations between physician associates and physicians or other healthcare professionals voluntary rather than required, and removes the mandate that physicians be continuously available for consultation. While the bill is focused on primary care, the language did not feel specific enough and could have implications in the emergency room setting. The bill was heard on February 3rd and 11th. [AAEM sent a letter of opposition.](#)

South Carolina

HB 4767 prohibits noncompetes for physicians. The Medical, Military, Public and Municipal Affairs Committee favorably reported the bill on February 5th. [AAEM sent a letter of support.](#)

Vermont

H 583 is a comprehensive CPoM bill. It prohibits many of the practices common with private equity acquisition of health care entities, including the use of debt that will become the obligation of a health care entity. It also prohibits private equity firms from interfering in care and noncompete agreements. The bill was heard on February 4th. [AAEM sent a letter of support.](#)

Wisconsin

There are two bills in Wisconsin.

AB 675 prohibits noncompetes for physicians. A hearing was held in early January but since has added two new coauthors, bringing the total number of supporters to 16. [AAEM sent a letter of support.](#)

AB 438 adopts the term physician associate and allows them to practice independently after 7,680 hours. [AAEM sent a letter of opposition.](#)

AAEM Dashboard

I Street is using Quorum's bill tracking tool to identify bills for AAEM. 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

HLC AI Report

The Healthcare Leadership Council (HLC) has requested that Congress and the Administration develop a federal artificial intelligence framework that supersedes state regulations and consider a “narrowly scoped pause” on state laws. [HLC’s new AI report](#) includes 25 total policy recommendations and follows a recent Administration [executive order](#) launching a task force to litigate what it views as burdensome state AI regulations.

Administration Trans Care Policy May Pre-Empt State Practice of Medicine Laws

Regulatory experts have warned that if HHS’ new policy on gender-affirming care for minors is upheld in court, it may shift the federal government’s legal ability to regulate the practice of medicine from state medical boards. In fact, HHS has announced an investigation into four federally qualified health centers for offering gender-affirming care for minors, threatening to withhold grant funding if the centers do not cease to offer procedures. On December 23rd, a coalition of 21 states and the District of Columbia filed a suit in the District of Oregon (Case No. 6:25-cv-02409) challenging HHS’ [actions](#) on gender-affirming care.

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.