



THE AAEM | MARCH 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 Advocates continues to advocate for this bill. First, we drafted a grassroots message for AAEM members to seek cosponsors for the bill from their members of Congress. Over 300 grassroots emails were generated. We're following up with offices that have received multiple requests from AAEM members and, thus far, have met with staff from Senators Ashley Moody (R-FL) and Alex Padilla (D-CA). Second, I Street continues to meet with key targets for cosponsorship such as past cosponsors or physician members. We met with Rep. Ami Bera, MD (D-CA) on March 3rd, and we believe that he will again sign-on to the bill.

Non-Compete Legislation Update

On March 9th, I Street staff attended a stakeholder briefing featuring staff from Rep. Scott Peters' (D-CA) office — the House champion of the Workforce Mobility Act — as well as staff from Senator Todd Young's (R-IN) and Senator Chris Murphy's (D-CT) offices — the leaders of the Senate Workforce Mobility Act, which has already been introduced.

While the House version of the Workforce Mobility Act has not yet been introduced, Rep. Peters' office continues outreach to Republican members as they seek a new Republican co lead for the bill. They noted they are currently in advanced discussions with a moderate, pro-labor Republican that I Street works closely with. Rep. Peters' team also shared that they have previously come close to securing several Republican co-leads who backed off due to pressure from non-compete opponents.

While outreach to Republican House offices continues, the offices of Senators Murphy and Young, along with Rep. Peters' team, are also expanding the coalition supporting a non-compete ban. Notably, the Bull Moose Project and several labor groups have recently joined the list of supporters, including the Teamsters, the Transport Workers Union, and the United Association of Pipe Fitters.

Meeting with Rep. Taylor Staff Re Access to Freestanding Emergency Rooms

The AAEM Executive Committee met with staff from Rep. Dave Taylor's (R-OH) office on February 12th in response to a request from the office. The Congressman is concerned about access to emergency care in rural areas and closing freestanding emergency rooms. AAEM staff explained that access to emergency care in rural areas is an issue in all emergency departments, whether freestanding or within a hospital. We talked about related issues such as payor mix, No Surprises Act, and due process limitations.

Murphy Bill Patient Safety and Whistle Blower Protections Act

On March 12th, Senator Chris Murphy (D-CT) introduced [S. 4086](#), a bill to provide whistle blower protections to hospital workers reporting patient safety concerns. AAEM leaders and staff met with the office before introduction, provided feedback, and supported the bill.

Corporate Crimes Act

Senator Elizabeth Warren (D-MA) and Rep. Maggie Goodlander (D-NH) have introduced S. 3829/H.R. 7537, the [Corporate Crimes Against Healthcare Act](#). The [bill](#) includes the following elements:

- Create a new criminal penalty of up to six years in prison for executives where their involvement in nursing homes and hospitals results in a patient's death.

- Provide state attorneys general and the DOJ with the power to claw back compensation issued to private equity and portfolio company executives within a 10-year period.
- Authorize an associated civil penalty of up to five times the claw back amount.
- Require health care providers receiving federal funding to publicly report mergers, acquisitions, changes in ownership and control, and financial data.
- Mandate a Department of Health and Human Services (HHS) OIG report to Congress on the harms of corporatization in health care.

Gun Violence Appropriation's Coalition Letter

AAEM has again this year signed on a coalition letter that the American Academy of Pediatrics (AAP) circulated in support of funding for gun violence prevention research for fiscal year 2027 (FY27). The letter is still in circulation. This sign-on letter calls on Congress to provide \$35 million for the CDC and \$25 million for the NIH for gun violence prevention research, which is the same ask from previous years.

EMSC Appropriation's Coalition Letter

AAEM has signed on to another sign-on letter circulated by the AAP to fund the Emergency Medical Services for Children (EMSC) program for FY 2027. The letter requests level funding of \$24.334 million for the program in FY 2027 (this is the amount authorized in the Emergency Medical Services for Children Program Reauthorization Act of 2024). The letter is still in circulation.

Prior Authorization

Representative John Joyce, MD (R-PA) addressed the recent AMA National Advocacy Conference and announced plans to release a bill to address Medicare prior authorizations, including the practice of revoking prior authorizations after the fact. The Centers for Medicare and Medicaid Services (CMS) have announced prior authorization reforms promised by payors.

House Ways and Means Hearing

On February 24th, the House Ways and Means Committee, Subcommittee on Health convened a [hearing](#) entitled, "Advancing the Next Generation of America's Health Care Workforce" mostly focused on rural healthcare training needs. Emergency room care came up as follows: how emergency room care is impacted if sick kids with diseases like Measles need care, and how general shortages in care result in more demands on the emergency department.

Congress Urges HHS to Address NIH Advisory Council Vacancies

On February 3rd, NIH Director Jay Bhattacharya testified before a Senate Health, Education, Labor and Pensions Committee [hearing](#) and said that NIH is working hard to fill increasing numbers of vacant NIH director posts. Both Republican and Democrats asked about vacancies at the hearing.

On March 5th, House members sent a [letter](#) to HHS Secretary Robert Kennedy, Jr. expressing concerns about NIH advisory councils. The press release said, "We write to express concern about the severe understaffing of the National Institutes of Health (NIH) advisory councils. In the last year, only one member has been added across the 24 NIH advisory councils. These advisory councils play a critical role in funding medical research, serving as the final arbiter after NIH study sections review grant applications. The current understaffing of NIH advisory councils will imperil medical research and harm the health of Americans for generations."

Regulatory Activity

CDC, NIH Performance Review Change May Rate More Workers as Unacceptable

Press reports have said that the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) are adopting a new performance review policy that could make it easier to fire employees. The new policy shifts CDC and NIH from a five-point scale to a three-point scale, with the options being “unacceptable,” “fully successful” and “outstanding.” Both NIH and CDC sent memos to employees explaining the changes.

USPSTF Postponed

A third meeting of the U.S. Preventive Services Task Force (USPSTF) was postponed on March 3rd, according to the Department of HHS. In the past, the Task Force traditionally met three times a year, but the meetings in July and November last year were both cancelled. The USPSTF’s recommendations play a role in determining access to preventive services through grade level recommendations that result in limits on insurance cost sharing.

No Surprises Act

On February 24th, sixty stakeholders sent a letter to the administration asking for immediate action on the independent dispute resolution (IDR) process. The [letter](#) said, “Without necessary actions, misuse of the system will continue to raise costs for patients and undermine the affordability and stability of employer-sponsored coverage. We respectfully urge the Departments to act to restore the IDR process to its intended role by clarifying arbiter guidance, excluding elective procedures from IDR eligibility, increasing transparency into arbitrator decisions, and establishing meaningful oversight and accountability for IDR entities.”

A February 19th [report](#) from the Government Accountability Office (GAO) found that more providers are in-network and payments have increased since the passage of the No Surprises Act. The GAO analyzed the percentage of in-network claims for certain specialties from 2019 to 2023, two years before and after enactment of the law, to see whether there were changes. Of the four specialties GAO reviewed — emergency medicine, radiology, anesthesiology and air ambulance — the percentage of in-network claims increased for three of the four specialties after the act took effect. There were notable findings about emergency medicine.

- In-network claims for emergency medicine physicians declined from 2019 to 2021. Since the act took effect in 2022, these claims have rebounded. This may mean that, since the act, more providers are participating in health plans.
- Emergency medicine payments to hospitals increased, while payments to doctors decreased. This aligns with trends that started before the act took effect.

State Activity

Currently, I Street is tracking 78 bills and has engaged on seven of them leading up to hearings in their respective states.

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. The bill remains in the House Committee on Committees where it was referred to on February 6th. Kentucky adjourns on April 15th.

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 could have implications in the emergency room setting. The bill was heard on February 3rd and 11th. [AAEM sent a letter of opposition](#). The bill received a procedural vote during the hearing and received unanimous support (two voted for amendments). The bill was not voted out of committee yet. Maine adjourns April 15th.

South Carolina

HB 4767 prohibits non-competes for physicians. The Medical, Military, Public and Municipal Affairs Committee favorably reported the bill on February 5th. [AAEM sent a letter of support](#). Since leaving the committee, the bill has gained many more sponsors. South Carolina adjourns May 7th.

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. It also prohibits noncompete agreements. The bill was first heard on February 4th and again on March 12th and 13th. [AAEM sent a letter of support](#). Vermont adjourns May 7th.

Virginia

HB746 allows PAs to practice independently, without a practice agreement, within their defined scope. The bill passed the House unanimously at the committee and floor vote. It also moved quickly through the Senate. However, it hit a speedbump on the Senate floor and was recommitted to the Committee. The Committee amended the bill to allow the Board of Medicine to promulgate regulations to allow PAs to practice independently. On March 5th the Committee passed the bill again and will head back to the floor. [AAEM sent a letter of opposition](#). Virginia adjourns March 25th.

Wisconsin

There are two bills in Wisconsin. AB 675 prohibits non-competes 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](#). Wisconsin has adjourned.

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

There are no additional updates at this time.

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.