



# THE AAEM | APRIL 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***

We have continued our multi-faceted push on securing cosponsors for H.R. 3413/S. 1767, The Physician and Patient Safety Act. First, Representative Ami Bera (D-CA), Co-Chair of the Democratic Doctor Caucus, has recently signed on again. Second, AAEM sent a second grassroots message to members, and as a result I Street had four new advocacy meetings with lawmakers. Finally, I Street met with Reps. Ronnie Jackson, MD (R-TX) and Rich McCormick, MD (R-GA) on April 15th – two emergency physician legislators, and we followed up with their staff about cosponsorship.

### ***Corporate Practice of Medicine Draft Bill***

We continue to work with the office of Senator Elizabeth Warren (D-MA) on her corporate practice of medicine (CPoM) bill. At this time, she has approached a new possible Republican bill lead. Timing on bill introduction for the year remains uncertain.

### ***Lorna Breen Sign-on***

AAEM joined 73 other signatories in signing a [letter](#) to the appropriation's leadership in support of full funding in fiscal year (FY) 2027 for the Dr. Lorna Breen Healthcare Provider Protection Act. Earlier this year, Congress reauthorized the program through FY 2030.

### ***Provider Reimbursement Stability Act Reintroduction***

On March 30th, Reps. Gregory F Murphy, MD (R-NC) and Bradley Scott Schneider introduced a bill impacting budget neutrality requirements within the Medicare Physician Fee Schedule (MPFS). The press release can be found [here](#). H.R. 8163, [the Provider Reimbursement Stability Act](#) would:

- Increase the budget neutrality threshold from \$20 million to \$54.3 million and index the threshold to the cumulative percentage increase in the MEI every five years.
- Provide for budget neutrality corrections related to the estimated utilization of codes.
- Provide updates to direct costs used to calculate practice expense relative value units (RVUs) not less often than every 5 years.
- Limit year-to-year variance in the conversion factor by 2.5%.

### ***AAEM Support for Break Up Big Medicine Act***

AAEM has been added to the list of supporters for S. 3822, [The Break Up Big Medicine Act](#), introduced by Senators Elizabeth Warren (D-MA) and Josh Hawley (R-MO). Here is the [press release](#) for the bill.

### ***Senate Democrats Health Plan***

On March 19th, twelve Senate Democrats, led by Senate Finance Committee Chair Ron Wyden (D-OR), signed a Dear Colleague [letter](#) announcing their support for policies that lower costs, make it easier to get and use insurance, and rein in profits for corporate insurance companies. On April 20th, Senate Minority Leader Chuck Schumer (D-NY) announced that Senate Democrats plan to release a report and a health care platform next week. The platform will

include reinstating Affordable Care Act (ACA) premium subsidies, strengthening Medicare and Medicaid, lowering prescription drug prices, investing in research, and revising budget cuts.

### ***Support for the Patient Safety and Whistle Blower Protections Act***

On March 12th, Senator Chris Murphy (D-CT) and Rep. Mary Gay Scanlon (D-PA) introduced S. 4046/H.R. 8310, [The Patient Safety and Whistle Blower Protections Act](#), a bill to provide whistle blower protections to hospital workers reporting patient safety concerns. AAEM worked closely with the office on the bill draft and was mentioned in the bill [press release](#). Soon after introduction, Senator Murphy issued a [report](#) on private equity and health care soon after the bill's introduction. The report included five recommendations such as banning private equity ownership of hospitals, providing hospital workers with federal protections when they report patient safety concerns, and changing tax policies that protect private equity.

### ***Energy and Commerce Hearing Covers Health Care Consolidation***

On March 18th, the House Energy and Commerce Committee, Subcommittee on Health convened a [hearing](#) that focused on health care consolidation, affordability, and physician pay.

During the hearing, both lawmakers and witnesses emphasized how consolidation has reduced competition, increased prices, and impacted patient care. "Hospital acquisition of independent practices and vertical integration are associated with higher prices and higher Medicare spending. . .and the evidence does not show that consolidation reliably improves quality," testified Anthony DiGiorgio, a neurosurgeon at the University of California San Francisco Health, during the hearing. DiGiorgio also raised concerns about the steady decline of independent physician practices, warning that the current system is accelerating consolidation by pushing them into hospital systems. In addition to the consolidation discussion, witnesses emphasized the need to stabilize Medicare physician payments through statutory changes.

### ***Observation Status Update***

AAEM supports the Improving Access to Medicare Coverage Act of 2025 through coalition activity. Brown University recently released a [study](#) on Medicare's three-day hospital stay requirement. The study, published in JAMA Internal Medicine, found that the long-standing requirement actually does the opposite: it lengthened hospital stays without reducing utilization rates of skilled nursing facilities (SNF), resulting in additional health care costs yet no improvements in patient health outcomes. The coalition updated the most recent coalition [one pager](#), with a reference to this study.

## **Regulatory Activity**

### ***AMA Letter on No Surprises Act***

The AAEM signed on the [AMA federation letter](#) to the Departments of Labor, Health and Human Services, and the Treasury regarding flawed implementation of the No Surprises Act. The letter details strategies health plans have used to circumvent the law and shift costs to patients and independent practices. The letter calls on the Departments to increase enforcement efforts and require greater transparency in the Independent Dispute Resolution (IDR) process, offering several specific recommendations in this regard.

## ***Stakeholder Letter and AAEM Statement Regarding Resident's Deportation***

In an April 8th [letter](#) to Secretary of State Marco Rubio and Secretary of Homeland Security Markwayne Mullin, several medical societies called for the establishment of a national-interest category that would exempt physicians from adjudicative immigration holds after the completion of security and background checks. AAEM also issued a [statement](#) about the recent resident deportations.

## ***Administration's FY 2027 Budget***

The White House recently released its FY 2027 budget request, which proposes a 12.5% reduction in funding for HHS compared to FY 2026 enacted levels. Below is a more comprehensive description of the budget provisions.

- **Consolidation:** The budget request would consolidate several programs and agencies, such as the Agency for Healthcare Research and Quality (AHRQ). The budget proposes a \$105.85 million AHRQ reduction and would eliminate it as a standalone agency, shifting its core data and analytics functions into a newly proposed Office of Strategy, along with select health services research grants. This structure would consolidate elements of AHRQ under a reoriented mission focused on informing the Secretary's policy priorities and evaluating federal programs.
- **National Institutes of Health (NIH):** The budget proposes a reduction of nearly \$6 billion (-12.8%). Notably, it again includes a proposal to cap indirect costs at 15%, despite existing legal injunctions and Congressional prohibitions. The budget also states that NIH would "fully fund upfront" all research project grants in FY 2027, an approach that Congress restricted in the FY 2026 appropriations law. The proposal would also reduce funding across NIH Institutes and Centers, with the exception of the National Cancer Institute, which would receive a \$9 million increase. Several institutes are proposed for elimination, including the National Institute on Minority Health and Health Disparities, the Fogarty International Center, and the National Center for Complementary and Integrative Health.
- **US Preventive Services Task Force:** The budget directs the Office of Strategy to provide scientific and administrative support for the U.S. Preventive Services Task Force (USPSTF), an independent panel of national experts that develops recommendations on clinical preventive services. The budget proposes reducing USPSTF funding by a roughly one-third cut, bringing it from \$11.5 million to \$7.4 million.

## ***IPPS Rule***

On April 10th, CMS issued a proposed [rule](#) that would update Medicare payment policies and rates for inpatient and long-term care hospitals under the Medicare hospital Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital Prospective Payment System (LTCH PPS) for FY 2027.

## ***HHS Health Care Advisory Committee Announced***

On March 27th, HHS issued a [press release](#) announcing the members of the Healthcare Advisory Committee, a new federal healthcare advisory body. The Committee will advise HHS Secretary Kennedy and CMS Administrator Dr. Mehmet Oz on ways to improve how care is financed and delivered.

### ***FTC Healthcare Taskforce Announced***

On March 20th, in a [memorandum](#), the Federal Trade Commission (FTC) directed the Bureau of Competition, Consumer Protection and Economics, and Office of Policy Planning and Office of Technology to form a Healthcare Task Force to better coordinate healthcare enforcement and advocacy. Further information is available in this [press release](#). The Healthcare Task Force will:

- Lead targeted enforcement and advocacy initiatives focused on key priorities,
- Devise coordinated agencywide strategies on investigations,
- Take a proactive and strategic approach to identifying amicus and statement of interest opportunities; and
- Identify emerging issues and new priority areas for enforcement and advocacy.

### ***FTC Takes Action Against Noncompete Agreements***

On April 15th, the FTC ordered Rollins, Inc., a large pest-control company, to stop enforcing noncompete agreements against its employees nationwide. The agency also sent warning letters to thirteen other companies in the pest-control industry, urging the firms to review their employment agreements to ensure they do not contain anticompetitive noncompete provisions.

Rollins imposed noncompete agreements on nearly all its employees, which typically prohibited them from working in the pest-control industry for two years after ending employment. The company's noncompete agreements prohibited employees from working in pest control within a predetermined distance. Under the [proposed FTC order](#), Rollins must, among other obligations, stop enforcing noncompete agreements against thousands of current and former Rollins workers, which will free them from these alleged unfair and anticompetitive agreements.

## **State Activity**

Currently, I Street is tracking 116 bills and has engaged on eight 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 5<sup>th</sup>, 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 has adjourned.

### ***New Jersey***

S. 2996 would expand the scope of practice for nurse practitioners. On March 26th, [AAEM sent a letter to Governor Sherril](#) requesting a veto. She signed the bill into law on March 30th.

### ***Maine***

LB 2088/HP 1402 removes the mandatory practice agreement between physician associates 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. 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 passed as an emergency measure and was “emergency enacted” on April 3rd.

### **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](#). The bill passed the House on March 26th. The bill will be heard in the Senate on April 29th. 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 5<sup>th</sup>, it passed the Committee again and will head back to the floor. [AAEM sent a letter of opposition](#). The bill was sent to Governor Spanberger on March 30th, and she signed it into law. Virginia has adjourned.

### **Wisconsin**

There are two bills in Wisconsin. AB 675 prohibits noncompetes for physicians. A hearing was held in early January but has since added two new coauthors, bringing the total number of supporters to sixteen. [AAEM sent a letter of support](#). The bill failed to pass.

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

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*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.*