



# THE AAEM | MAY 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 worked with Senator Elizabeth Warren's (D-MA) to submit a question for the record (QFR) to a recent Senate Committee hearing which featured Secretary of Health and Human Services (HHS) Robert F. Kennedy, Jr. The question noted that the Medicare Conditions of Participation require hospitals to provide physicians with due process rights. However, as hospitals increasingly rely on third-party staffing arrangements and private equity firms acquire physician practices, many physicians are no longer receiving these protections. Warren asked the following three questions.

1. Is HHS aware of this problem?
2. Does HHS have the authority to implement due process reforms through regulation?
3. If not, what new authorities are required to address this problem?

Additionally, I Street continues to meet with Hill offices in an effort to gain cosponsors. We plan to build upon our upcoming Emergency Medicine Advocacy Summit to focus on key House and Senate offices for cosponsorship.

### ***Workforce Mobility Act***

Rep. Scott Peters (D-CA) continues to press for a GOP cosponsor for the reintroduction of the Workforce Mobility Act in the House; despite significant Republican interest and a bipartisan Senate introduced bill, no House Republican has yet agreed to serve as co-lead. AAEM's June fly-in presents an opportunity to cultivate new GOP support.

### ***Federal CPOM Legislation***

Senator Warren's plans to introduce the Corporate Practice of Medicine (CPOM) bill by the end of the year. She is continuing to pursue a Republican lead cosponsor; we have assisted with grassroots outreach in that regard.

The AMA has updated its policy regarding federal CPOM, as evidenced by pages 99-113 of [this document](#). The policy to support federal CPOM will be discussed at the June meeting and voted upon.

### ***Group of 23 Bipartisan Senators Call for Full Lorna Breen***

Senators Tim Kaine (D-VA) and Todd Young (R-IN) [led a bipartisan letter to Senate Appropriators](#) calling for the Committee to "fully fund the programs enacted by the Dr. Lorna Breen Health Care Provider Protection Act." While Congress has reauthorized the program through 2030, appropriators must still fully fund the program each year.

### ***SAVE Healthcare Workers Act***

On May 7th, Representatives Madelaine Dean (D-PA) and Miller-Meeke (R-IA) reintroduced the [SAVE Healthcare Workers Act](#). Senators Cindy Hyde-Smith (R-MS) and Angus King (R-ME) lead the bill in the Senate. This bill would criminalize assault or intimidation of hospital employees — with protections for individuals who may be mentally incapacitated due to illness or substance use. The AAEM signed on in support of the bill last week.

## **No Surprises Act**

The AAEM signed a stakeholder [letter](#) to congressional leaders on May 11th in support of bipartisan, bicameral legislation that strengthens enforcement of the No Surprises Act.

The legislation ([H.R. 4710/S. 2420](#)) responds to the problem of health plans failing to comply with the law's payment requirements, particularly after physicians prevail in the Independent Dispute Resolution (IDR) process. Physicians across the country report that health plans continue to bill patients improperly, delay payments beyond the statutory 30-day timeframe, and refuse payments in whole. The legislation would authorize penalties for any party that fails to comply with statutory payment timelines following a final and binding IDR determination. The legislation also would provide federal regulators with explicit authority to enforce IDR decisions. The physician community sent a separate [letter](#) on April 27th to administration officials warning that health plans are undermining the No Surprises Act and urged federal regulators to increase enforcement and transparency.

## **Senate Democrats Health Plan**

On April 28th, the Senate Democratic released a two page [plan](#) to lower health care costs and expand access to care. Minority Leader Chuck Schumer (D-NY) said, "15 million Americans (are) losing care, rural hospitals closing, and a health system pushed to the brink. Democrats are focused on lowering health care costs and making health care more accessible and easier to navigate. Period." On April 21st, Leader Schumer released a new "Broken Promises" [report](#) focusing on the needs of individuals enrolled in Medicaid, those who rely on the ACA, and those who pay for job-based insurance.

## **H.R. 8163, The Provider Reimbursement Stability Act**

On May 21st, a large group of national medical specialty societies, including the AAEM, sent a letter to Representatives Greg Murphy, M.D. (R-NC) and Tom Suozzi (D-NY) to express strong support for their bill [H.R. 8163](#), The Provider Reimbursement Stability Act. This legislation represents a necessary step toward building a more rational, predictable Medicare physician payment system that preserves patient access to care and reflects the true cost of delivering high-quality medical services.

When adjusted for inflation, physician practice payments from Medicare have fallen by approximately 33 percent since 2001, even as the costs of running a medical practice have continued to climb. This important legislation directly addresses the structural flaws driving these outcomes and advances several targeted reforms to improve the stability and accuracy of the MPFS. The House Ways and Means Committee marked up the bill on May 21st by a unanimous vote.

## **House Energy and Commerce Hearing on Physician Payment Reform**

On May 20th, the House Energy and Commerce Committee convened a [hearing](#) on the issue of physician payment reform. The hearing was noteworthy in that members of both parties agreed that the current Medicare physician payment system is broken and needs changes. Members acknowledged a draft bill that the Republican and Democrat Doctor's Caucuses are working on together.

### **House CPT Letter**

In a [letter](#) to Centers for Medicare and Medicaid Services (CMS) Administrator Mehmet Oz, MD, House Committee on Oversight and Government Reform Chairman James Comer (R-KY) highlighted that the Current Procedural Terminology (CPT) code system may be contributing to improper billing, driving up costs for both patients and taxpayers. Representative Comer requested a staff-level briefing from the Center for Medicaid and Medicare Services (CMS) on its oversight of the CPT system. “The Committee on Oversight and Government Reform is continuing to investigate the drivers of rising healthcare costs in federal programs, including systemic issues that may enable waste, fraud, and abuse” wrote Chairman Comer.

### **Gun Violence Prevention Research Funding FY27 Appropriations Letter**

The AAEM has signed on to a [letter](#) to appropriators circulated by The American Academy of Pediatrics (AAP) and Gun Violence Prevention Research Roundtable partners in support of \$35 million for the CDC, \$25 million for the NIH, and \$1 million at the National Institute of Justice (NIJ) for firearm injury and mortality prevention research funding.

### **Democrats Send Letter about Suppression of COVID-19 Vaccine Efficacy Data**

On May 6th, House Energy and Commerce Committee Democratic leaders sent a [letter](#) to HHS Secretary Kennedy about a decision by Dr. Jay Bhattacharya, the most senior political official at the Centers for Disease Control and Prevention (CDC), to suppress a study showing that COVID-19 vaccines cut hospitalizations by roughly half during the 2025-2026 winter season. The letter follows new reporting that the Food and Drug Administration (FDA) blocked publication of research finding COVID-19 and Shingles vaccines are safe and effective. The letter was signed by Full Committee Ranking Member Frank Pallone, Jr. (D-NJ), Health Subcommittee Ranking Member Diana DeGette (D-CO), and Oversight and Investigations Subcommittee Ranking Member Yvette D. Clarke (D-NY).

“Dr. Bhattacharya’s refusal to publish this study appears to be a deliberate effort to suppress evidence of vaccine effectiveness by your hand-selected ideological ally,” the Democratic Committee leaders wrote. The study, Interim Effectiveness of 2025-2026 COVID-19 Vaccines in Adults, was originally scheduled for publication in CDC’s Morbidity and Mortality Weekly Report (MMWR) on March 19, 2026.

## **Regulatory Activity**

### **HHS Healthcare Advisory Committee (HAC) Meeting**

The HHS Healthcare Advisory Committee met for the first time virtually on May 18th. Clive Fields, MD, co-founder of VillageMD, chairs the committee. Meeting materials were [posted on the committee’s website](#). The 18-member panel introduced its members, reviewed its scope, and discussed bylaws and the focus of six new working groups aimed at reshaping federal health policy.

## 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. The bill passed the Senate but stalled in the House. Kentucky has adjourned without passing the bill. [AAEM sent a letter of opposition.](#)

### **New Jersey**

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

### **Maine**

LB 2088/HP 1402 removes the mandatory practice agreement between physician associates and physicians. It also makes consultations between physician associates and physicians or other healthcare professionals voluntary. [AAEM sent a letter of opposition.](#) The bill passed as an emergency measure and was “emergency enacted” on April 3rd.

### **South Carolina**

HB 4767 prohibits noncompetes for physicians. The bill passed the House and passed through the Senate Commerce, Labor, and Industry committee on May 5th. SC is now in a special session until May 31st. [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. It also prohibits noncompete agreements. [AAEM sent a letter of support.](#) On May 14th the bill passed the Senate and on May 20th, the House concurred with the amendments.

### **Virginia**

HB746 allows PAs to practice independently, without a practice agreement, within their defined scope. [AAEM sent a letter of opposition.](#) The bill was sent to Governor Spanberger on March 30th, and Spanberger signed it into law.

### **Wisconsin**

There are two bills in Wisconsin. AB 675 prohibits noncompetes for physicians. [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 for the year.

## **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**

### **Insurers Announce Standardized Prior Authorization Plan**

On April 24th, insurers announced voluntary adoption of a standardized approach for providers to submit prior authorization requests. "As more providers adopt electronic prior authorization, this standardized approach will mean faster answers for patients, a more consistent experience for providers and less friction for everyone," AHIP President & CEO Mike Tuffin said in a joint press release with the Blue Cross Blue Shield Association and other insurers supporting the plan. The release also emphasizes a need for collaboration with other players for the process to work, saying insurers are working with providers and technology partners and aim for widespread adoption in the beginning of 2027.

### **AMA Survey on Prior Authorization**

A new [survey](#) by the American Medical Association (AMA) finds physicians remain frustrated by prior authorization -- particularly in Medicare Advantage -- and worried that automation in the process could increase denials. Physicians also have little confidence in a pledge from some insurers to improve prior authorization, with only 33% of those surveyed saying the commitment will make a meaningful difference for patients and providers.

AMA released findings from its survey of 400 primary care physicians and 600 specialists on May 13. AMA found that most physicians have experienced negative patient impacts due to prior authorization, with 95% saying it resulted in care delays and 79% saying it can at least sometimes lead patients to abandon treatment. Physicians say prior authorization can also negatively impact providers themselves, with 94% saying prior authorization somewhat or significantly increases physician burnout. And prior authorization leads patients to higher overall utilization of health care resources, 88% of physicians surveyed said.

### **AMA Announces CPT Updated Taxonomy**

On May 15th, the AMA posted a [document](#) that updated Appendix S, a classification system for artificial intelligence technology, setting the possible groundwork for a CPT AI coding framework called the Clinically Meaningful Algorithmic Analyses (CMAA) that could ultimately be incorporated into Medicare. AMA could release Appendix S details as early as June 5th. The Appendix S update, which takes effect in January 2027, broadly clarifies the definitions of three types of AI tools -- assistive, augmentative and autonomous.

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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.*