



# THE AAEM | JUNE 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***

During the AAEM Emergency Medicine Advocacy Summit (EMAS), AAEM members convened over 80 meetings with their Members of Congress or their staff. From these meetings, we have identified a number of promising offices which have shown an interest in learning more or cosponsoring the Physician and Patient Safety Act. I Street is in the process of following up with these offices, however, in the coming days and weeks, I Street may reach out to you to ask that you follow up with the office separately to reinforce the cosponsor request. This additional outreach from you would be particularly helpful, as it demonstrates constituent support and can help move the conversation forward within the office.

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

During the recent EMAS fly-in, AAEM members also held productive meetings with key congressional offices regarding Corporate Practice of Medicine (CPOM), generating strong momentum for the CPOM bill led by Senator Warren (which has not yet been introduced). Senate and House interest is growing, and AAEM members had several promising discussions on the bill as we search for a co-lead to introduce the bill.

### ***AAEM President Dr. Vicki Norton Participates in Break Up Big Medicine Briefing***

On June 25th, AAEM President Dr. Vicki Norton will participate in a Breakup Big Medicine [conference](#) organized by the American Economic Liberties Project and The Century Foundation. Norton will join policymakers, physicians, and labor to examine the role of corporate power in healthcare and to announce the new Break Up Big Medicine Coalition.

### ***House Appropriations Committee Marks Up Labor, HHS Bill***

On June 9th, the House Appropriations Committee marked up, along party lines, the fiscal year (FY) 2027 [Labor, Health and Human Services, Education, and Related Agencies bill](#).

The [report](#) accompanying the bill refers to two different hospital diversion pilot programs intended to address the emergency room (ER) boarding crisis, especially for individuals in a mental health crisis. The report “encourages the HHS Department to implement a pilot program modeled after successful State hospital diversion programs, in which young people experiencing a mental health crisis and at risk of being hospitalized are instead referred to receive care at home from trusted behavioral and mental health providers.”

The [bill](#) provides a total discretionary allocation of \$110.8 billion for the Department of Health and Human Services (HHS), representing roughly \$4 billion, or 4%, below the FY 2026 enacted level. The bill contains a small funding increase for the National Institutes of Health (NIH). On party lines, Republicans voted to reject a Democratic amendment that would have blocked implementation of the recent Office of Management and Budget (OMB) rule regarding grantmaking. The Committee did come together on a bipartisan basis to oppose the Administration’s efforts around multiyear funding. The language instructs NIH not to extend its multiyear funding model to a greater amount of funding in fiscal 2027 than the model was used for in prior fiscal years.

### ***House Energy and Commerce Committee, Health Subcommittee Hearing on Health Costs***

On June 10th, the House Energy and Commerce Health Subcommittee held a mark up to consider legislation around health care costs and marked up several bills around [Health Care Transparency](#). During the hearing, Committee

member and emergency medicine physician Rep. Raul Ruiz, MD raised the ER setting, noting that ER patients do not have the ability to compare prices when they are in crisis.

### ***Congress Weighs in on IDR***

On May 21st, Rep. Aaron Bean (R-FL) hosted a [summit](#) on the independent dispute resolution (IDR) issue where employers, hospitals, and insurer representatives said that significant arbitration awards encourage some providers to remain out of network and drive-up health care costs. On May 26th, Bean followed up with a [press release](#) highlighting the summit entitled, *Six Key Moments: Path to Consensus Series, Surprise Billing and Utilization Challenges*.

### ***Congressional Review Act Resolution to Repeal the ACA Marketplace Rules***

On June 17th, Senators Tammy Baldwin (D-WI), Ron Wyden (D-OR), and Minority Leader Chuck Schumer (D-NY) and Reps. Kathy Castor (D-FL) and Tom Suozzi (D-NY) introduced a Congressional Review Act (CRA) [resolution](#) to repeal the Affordable Care Act (ACA) marketplace rule which limits ACA consumer subsidies. CRA resolutions are an unlikely avenue for overturning final regulations.

## **Regulatory Activity**

### ***OMB Rule Would Change Grant and Peer Review Process for Decades***

On May 29th, the OMB proposed a comprehensive proposed [rule](#) on federal grantmaking. The rule has multiple sections:

- **Political appointees.** Requires senior political appointees to review and sign off on all discretionary grant proposals, giving them the final say over funding.
- **Restrictions on federal funds.** Federal funds cannot be used to promote subjects such as diversity equity and inclusion (DEI).
- **Termination Clauses.** Agencies are granted the authority to alter terms or unilaterally cancel discretionary awards mid-cycle if they no longer align with the President's priorities.
- **Ban on International Collaborations.** The rules enforce prohibitions on research collaborations with "covered foreign entities".
- **Shift in Award Models.** The proposed rule includes cost-reimbursement models rather than fixed costs and expands the criteria of unallowable costs.

AAEM joined over 300 other organizations in signing a stakeholder [letter](#) asking for an extension of the comment period. The Administration has decided against extending the comment period.

### ***FTC Approves Ascension Health Alliance's \$3.9 Billion Acquisition of AMSURG LLC***

[The Federal Trade Commission \(FTC's\) proposed consent order](#) — approved by the Commission in a 2-0 vote, requires Ascension to divest seven AMSURG ambulatory surgery centers (ASC) for the Ascension acquisition to move forward. Shortly after receiving FTC approval, Ascension closed its deal which established the nonprofit health system as the country's third-largest ASC platform, with more than 300 such locations.

### ***CMS Finalizes No Surprises Act IDR Operations Rule***

On May 28th, the administration finalized its long outstanding IDR [rule](#) attempting to strengthen and improve the No Surprises Act's IDR process. The administration reduced the non-refundable administrative fee that both parties in a dispute must pay by 85% -- from \$115 to \$15 per party, which CMS believes will lower barriers to participation.

The IDR operations rule, initially issued under the Biden administration in 2023, sought to address issues with the IDR process based on feedback from users. The final rule issued by the administration mostly maintains these goals. The final rule requires insurers to use standardized claim codes when communicating about out-of-network services, which should help providers determine if a claim qualifies for the IDR and reduce confusion and ineligible disputes. The final rule also provides more flexibility for certain claims to be resolved together in a "batched" dispute.

"Users will be able to start disputes, track status, and manage activity in one place. Eventually, the IDR Gateway will be used to require payers to register, making it easier for providers to identify the correct party, reduce errors, and avoid unnecessary disputes. Other additional features, including in-portal negotiation, will roll out over time to improve accountability and reduce unnecessary filings," according to the CMS press statement.

### ***CBO Seeks New Research On NSA, Citing Evidence IDR Is Possibly Undermining Savings***

On June 15th, the Congressional Budget Office (CBO) published a [blog](#) regarding The No Surprises Act's (NSA) IDR process and said that it may not be producing the cost savings that were originally projected, leading to higher health care prices and insurance premiums.

CBO said, "Emerging evidence suggests that the law might not have the effects that CBO anticipated. Although prices for some services that had high rates of surprise billing before the law's enactment have declined (after adjusting them for inflation), several published reports indicate that providers are winning more than 8 in 10 IDR cases and are being awarded payments that are much higher than expected, particularly in certain geographic areas. CBO is therefore seeking research that evaluates the law's effects on health care prices and network participation."

## **State Activity**

Currently, I Street is tracking more than 100 bills and has engaged on eight of them leading up to hearings in their respective states. I Street is tracking these bills through the [State Bill Tracker Spreadsheet](#) and the [AAEM Dashboard](#), serving as your most up-to-date resources regarding AAEM's state-based advocacy.

*Most states have adjourned.*

### **Summary of AAEM Advocacy Targets**

- Connecticut [SB 196](#), an anti-CPOM bill, was signed into law and became effective on May 29th.
- New Jersey [S 2996](#) which expanded the scope of practice for APRNs became effective on March 30th.

### **Delaware**

[SB 313](#) protects Delaware's nonprofit acute care hospitals from acquisition by entities other than charities or not-for-profit entities. The bill passed the Senate on June 11th and was reported favorably out of committee on June 18th.

## Additional Updates

On June 9th, the AMA House of Delegates (HOD) adopted a sweeping policy outlining the organization's longstanding opposition to the CPOM. The new policy establishes some of the most specific AMA guidance to date intending to protect physician autonomy and patient care from corporate influence. The policy significantly revises previous policy concerning corporate investors and corporate entities in physician practices. The new language reinforces that physician practices should remain under the ownership, governance, and clinical control of licensed physicians, and it explicitly opposes corporate arrangements that are thought to allow non-licensed entities to exercise direct or indirect control over medical practice.

"The House of Delegates has taken a bold step to protect the integrity of the patient-physician relationship and ensure that medical decisions remain in the hands of physicians rather than corporate interests," said Marta J. Van Beek, MD, MPH, a member of the AMA Board of Trustees in a statement. This [press release](#) provides further information about the HOD action.

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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.*