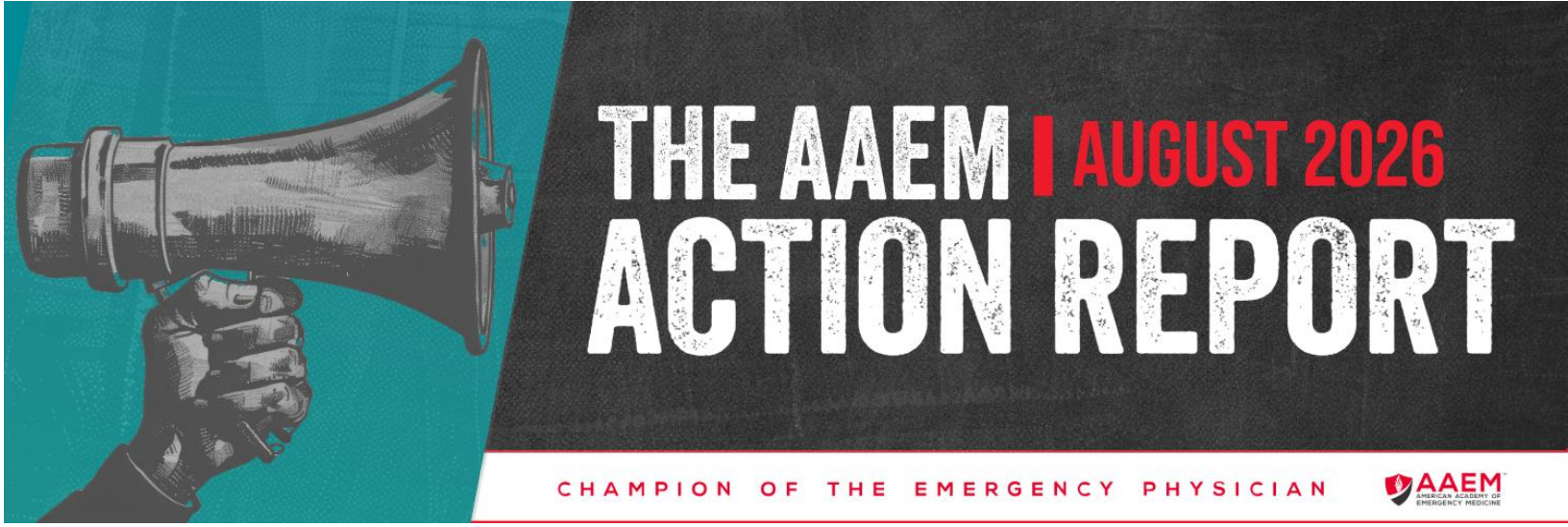

The AAEM Action Report is a monthly newsletter designed to keep you informed on the critical developments affecting our mission. Your continued engagement remains crucial as we confront these challenges and work towards lasting solutions. We are deeply grateful for your unwavering support and dedication 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

Congressional Schedule

Congress is currently in August recess. The House will return on August 31st for a brief week while the Senate will not return until September 14th. The upcoming Congress will likely focus on must pass legislation such as funding for fiscal year (FY) 2027 and a pending budget resolution. Chances for a lame duck session in December, where Congress returns to consider outstanding items, remain high. Health legislation could come up during that time.

Federal CPOM Legislation

Momentum continues to build behind the Corporate Practice of Medicine (CPOM) legislation in both the Senate and House.

In the Senate, a senior Democratic committee leader is expected to join Senator Elizabeth Warren (D-MA) as a lead sponsor of the legislation. While Senate Republican co-leads have not yet been secured, outreach continues. If a sponsor is not identified in the next few weeks, it's expected the bill will only be introduced by Democrats in September.

In the House, two democratic Representatives from Oregon and Virginia are preparing to introduce companion legislation, further strengthening the bicameral effort to advance CPOM reform.

As part of the legislative process, the new Democratic co-leader of the bill has requested a substantive revision to the bill to simplify the legislation and help avoid potential jurisdictional issues during Senate consideration.

Congressional offices are currently discussing the timing of the bill's introduction, but it's expected to be introduced in September. AAEM will continue working with congressional champions to advance this important legislation and will keep members informed as the bill is formally introduced.

The Physician and Patient Safety Act

The I Street team is continuing to follow up on promising cosponsor leads identified during the AAEM Emergency Medicine Advocacy Summit (EMAS). Many attendees who joined us in Washington, D.C. for EMAS may also receive suggestions from the team to follow up directly with offices, and we appreciate your continued help with outreach. We encourage anyone who attended to also reach out to the staffers they met with and ask them to move forward with cosponsorship. If you receive any feedback from offices, please let the I Street team know.

Lorna Breen AAEM Letter

AAEM signed on to a recent coalition letter asking that no less than $45 million be appropriated for Lorna Breen Act programs for FY 2027. The letter can be found here.

FY 2027 Appropriations

Before leaving for recess, the Senate passed a Continuing Resolution (CR) 90-6 to fund the government through December 11th. Funding for FY 2026 ends on September 30th. The CR also froze the OMB proposed rule, "Regulation for Federal Financial Assistance," which increases the Administration's power over grantmaking. The CR now heads to the House; the CR version that initially passed the House did not include the freeze on the OMB rule.

Senators Introduce Companion to House Bipartisan Physician Pay Stability Bill

The Provider Reimbursement Stability Act (S. 5180/H.R. 8163) would increase the Medicare budget neutrality threshold from $20 million to $57.64 million in 2028 while also limiting the extent to which the physician pay rate changes yearly. Sens. John Boozman (R-AR) and Peter Welch (D-VT) introduced the Senate version of the bill on July 30, 2026, with additional sponsors Angus King (I-ME), Roger Marshall (R-KS), Jeanne Shaheen (D-NH), and Thom Tillis (R-NC).

The bipartisan legislation is widely supported by the physician community.

The bill would not only increase the budget neutrality threshold but also require the threshold be updated at least every five years to reflect the cumulative increase in the Medicare Economic Index (MEI). The bill would require the Center for Medicare and Medicaid Services (CMS) to limit annual positive or negative increases to the physician fee schedule conversion factor to no greater than 2.5% each year and periodically update practice expense cost inputs used in physician payment formulas.

National Physician Suicide Day

AAEM has endorsed a congressional resolution recognizing September 17th as National Physician Suicide Awareness Day in the 119th Congress. The resolution supports the designation of September 17th as National Physician Suicide Awareness Day. Its purpose is to recognize the significant workplace stress and mental health challenges faced by physicians while raising awareness of physician suicide. AAEM joined other organizations in supporting this year's reintroduction of an annual effort. Current endorsers include the Council of Residency Directors in Emergency Medicine (CORD) and the Dr. Lorna Breen Heroes' Foundation. Rep. Haley Stevens (D-MI) plans to reintroduce the resolution in September.

HELP Committee Passes Bill, AHA Concerns With Price Transparency Bill

The Senate Health, Education, Labor and Pensions Committee passed S. 2355, The Patients Deserve Price Tags Act on July 27th. The bipartisan bill, introduced by Senators Roger Marshall (R-KS) and John Hickenlooper (D-CO), is supported by patient and consumer groups. The bill would provide wider information on hospital pricing and ownership information.

The hospital community has raised operational concerns with the bill. The American Hospital Association (AHA) has noted concerns with the Patients Deserve Price Tags Act. The AHA noted issues with the requirement that hospitals post prices for all services rather than a select amount, as well as the bill's elimination of providers' ability to use price estimator tools to satisfy the shoppable services requirement. AHA disagrees with the bill's requirement that hospitals

post prices for all services rather than the current requirement of 300 services. AHA also expressed concern with the bill's provision requiring hospitals to disclose ownership information.

Regulatory Activity

Judge Rules OMB Can't Retroactively Cancel Grants Based on New Rules

In June, the Administration terminated at least one existing National Institutes of Health (NIH) grant on research in brain activity, noting the funding did not align with NIH priorities. This termination follows a large grant cancellation last year of 1700 NIH grants by the Administration. However, on July 17th, a federal court denied the Trump administration's request to dismiss a lawsuit brought by 20 states against the Administration regarding this action.

A federal court decided that the Trump administration cannot cancel grants based on new rules or goals established after the fact. Federal law does not allow the "terminations of awards based on new program goals or agency priorities that an agency identifies after granting the award," the court concluded. The lawsuit will stop, at least temporarily, the Administration's efforts to terminate billions of dollars already granted.

Administration Orders Report On MMR Breakup, Vaccine Schedule

Through an executive order issued on August 10th, the Administration has asked The Taskforce on Safer Childhood Vaccines, led by the NIH Director, to implement a new childhood vaccine schedule. The President asked the task force within 90 days to recommend options for breaking up the measles, mumps and rubella (MMR) vaccine, reducing the number of childhood vaccines, and procedures for making changes to the entire childhood and adolescent vaccine schedules.

The executive order, says the United States will "routinely reassess the Gold Standard Childhood Vaccine Recommendations according to the findings of the HHS Task Force on Safer Childhood Vaccines." As an initial step, the task force is ordered to present plans to the president that "offer options to administer core childhood vaccines, starting with MMR, as single vaccines rather than combination products/doses, including by working with the private sector and other countries as appropriate, while guaranteeing continued availability of combination vaccines and those vaccines recommended for shared clinical decision-making."

State Activity

Currently, I Street is tracking more than 100 bills and has engaged on eight 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.

Delaware

SB 313 protects Delaware's nonprofit acute care hospitals from acquisition by entities other than charities or not-for-profit entities. The bill was signed into law on July 20th.

Additional Updates

FTC AI Action and Center For Democracy and Technology Response

On July 1st, the Federal Trade Commission (FTC) issued a proposed policy statement that opposed Colorado's artificial intelligence law, noting that it violates Section 5 of the FTC Act and would lead to artificial intelligence (AI) inaccuracies by mandating bias training for providers and barring the ability of an AI system to be the sole reason to reject health claims.

The Center for Democracy and Technology raised concerns with the FTC's proposed policy statement, asserting the document "would create legal uncertainty that chills developers from implementing essential safeguards against fraud, self-harm, and discrimination, and enable the FTC to inappropriately pressure AI developers to tune their models to reflect the government's political and social ideology."

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.