AAEM
AMERICAN ACADEMY OF EMERGENCY MEDICINE



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Congressional Activity

AAEM Responds to Wyden RFI

AAEM sent a letter in response to a Request for Information (RFI) developed by Senator Ron Wyden (D-OR), the Ranking Member on the Senate Committee on Finance, and other Democratic Senators on specific policy proposals related to health coverage. A section of the RFI addresses corporate practices that inhibit clinical practice. The *AAEM RFI Response* is here. The letter briefly summarizes the history of corporate interference in emergency medicine and then suggests due process protections, prohibitions on non-competes, and a federal corporate practice of medicine law as solutions.

Corporate Practice of Medicine Bill Gains Support

On September 16th, a bicameral group of legislators introduced The Stop Corporate Takeovers of Physicians Act of 2026 (H.R. 10444/S. 5419). In the Senate, bill leads are Senators Elizabeth Warren (D-MA), Ron Wyden (D-OR), and Jeff Merkley (D-OR). In the House, bill sponsors are Representatives Val Hoyle (D-OR), Suhas Subramanyam (D-VA), and Alexandria Ocasio-Cortez (D-NY). The bill would ban corporate entities and private equity from owning physician groups. The House bill continues to gain momentum with ten new cosponsors for a total of eighteen.

Rep. Pallone Introduces Surprise Billing Bill

On October 9th, Energy and Commerce Ranking House Member Frank Pallone (D-NJ) introduced the Lower Premiums, Faster Payments Act (H.R.10788) to rectify the No Surprises Act's arbitration process.

The No Surprises Act, a bipartisan bill enacted in 2020, shields patients from certain unexpected out-of-network medical charges and relies on an independent dispute resolution (IDR) process to resolve payment disputes between healthcare providers and insurers. Although the No Surprises Act has succeeded in offering patient protections, Rep. Pallone issued a press release on October 8th stating that "the arbitration process is clearly not working. A few bad actors – largely backed by private equity – are gaming the system, creating backlogs, delaying payments, and driving up premiums."

The Lower Premiums, Faster Payments Act would determine payments using the median in-network rate and require providers to be paid within 30 days of a filed claim. This adjustment would help avoid inflated payments and lower health insurance premiums. H.R.10788 compliments Representative Greg Murphy's (R-NC) 2025 No Surprises Act Enforcement Act (H.R.4710), which addresses noncompliance by strengthening penalties for health insurance companies that fail to pay arbitration awards on time.

House Democrats Health Plan

On September 1st, the Cost-of-Living Healthcare Working Group, led by Reps. Alexandria Ocasio-Cortez (D-NY) and Terri Sewell (D-AL), released a memorandum to House Minority Leader Hakeem Jeffries (D-NY) with recommendations for the 120th Congress should Democrats win the upcoming midterms. AAEM priority highlights are listed below:

Page 45 of the agenda recommends that the bipartisan doctors caucuses' Patients First Act (H.R. 9693) be passed within the first one hundred days of the 120th Congress. The bill represents a key path towards Medicare physician payment reform by targeting "rising operating costs, administrative burdens, and payment instability."

Research autonomy is mentioned multiple times through the following bill references for action next Congress:

- H.R.4007: Sponsored by Representative Bonnie Watson Coleman (D-NJ), the Prevent Halting of Active Research Act (PHARA) would require the National Institute of Health (NIH) to provide funding and reimbursements for existing grants and prevent funding cancellations for ongoing research, including Diversity, Equity, and Inclusion (DEI).
- H.R.7173: Sponsored by Representative Diana DeGette (D-CO), the Follow the Science Act would limit political appointees' involvement in NIH funding decisions and prevent agency interference without documented justification.
- H.R.2855: Sponsored by Representative Timothy Kennedy (D-NY), the Protecting Medical Research Funding Act would require congressional approval to withhold or redirect NIH funding and annual reporting to confirm related compliance.

CBO Score Related Physician Pay Bill

Policymakers have introduced two bills to address physician payments: the Provider Reimbursement Stability Act (H.R.8163/S. 5180) and the Patients First Act (H.R. 9693/S. 5672). On September 28th, the Congressional Budget Office (CBO) published a report scoring the Provider Reimbursement Stability Act. The CBO found that the bipartisan bill would increase the federal deficit by nearly $5 billion between FY 2026 and FY 2036. Introduced by Representative Greg Murphy (R-NC) in the House and Senator John Bozeman (R-WY) in the Senate, the Provider Reimbursement Stability Act aims to stabilize Medicare physician payments by adjusting how reimbursement rates are calculated.

Potential Congressional Action to Protect NIH Grantmaking

We understand through press reports and feedback from our own meetings with the Hill that both House and Senate appropriators are workshopping language to permanently prohibit the Uniform Guidance Rule issued by the Office of Management and Budget (OMB) and potentially further address the Administration's takeover of the grant process. AAEM signed several letters in opposition to this rule, which Congress prohibited through December 11th. According to press reports, Congress could insert the provision into the FY 2027 Labor-HHS-Education appropriations bill that lawmakers hope to pass before stopgap funding expires. Press reports note that several key authorizers and appropriators are looking at alternatives.

Regulatory Activity

NIH Grantmaking

In mid-September, the administration announced plans to issue an executive order creating an oversight committee tasked with reviewing National Institute of Health (NIH) grantmaking; however, the administration did not ultimately issue an executive order or other guidance. This move drew bipartisan opposition from several key appropriators. Senator Susan Collins (R-ME), Chair of the Senate Appropriations Committee, issued a response emphasizing the importance of merit-based, rather than ideologically motivated, government-awarded grants. Senator Patty Murray (D-WA), the Ranking Member on the Senate Appropriations Committee, released a statement highlighting the

dangers of Office of Management and Budget (OMB) influence over medical research funding. Representative Rosa DeLauro's (D-CT) response showed her disapproval of the White House's attempts to politicize federal grantmaking at NIH.

On September 23rd, the administration withdrew their plans to increase controls over grantmaking. Sen. Murray responded to the Administration announcement and said that "it should not take public outcry to prevent" the executive order. She called for increased protections to prevent future political interference.

Administration Requires Agencies to Use New White House AI Website

On September 29th, President Trump signed an executive order to streamline agency systems through America.gov, a new website programmed to deliver information and services through Gemini and Grok. The platform will cover all public-facing government services, including future Medicare enrollment. Within 90 days of the executive orders release, OMB is expected to provide agency heads with advice on how to identify covered services and integrate the provision of services into America.gov. The order also says that the new site must be consolidated with Medicare.gov, the Department of Veterans Affairs, and Login.gov, which allows access to services through the Social Security Administration.

MAHA Institute Announces Health Data Sharing

On September 28th, the Make America Healthy Again (MAHA) institute held an event promoting the benefits of expanding health data sharing. Secretary of the Department of Health and Human Services (HHS) Robert F. Kennedy Jr. wants to consolidate immunization records, clinical data, laboratory results, pharmacy information, and insurance claims to provide a more comprehensive understanding of a given patient's long-term health. The data would be derived from state health information exchanges, electronic health records (EHRs), laboratories, Medicare, Medicaid, and commercial sites. The event emphasized Secretary Kennedy support for health data sharing standardization despite the privacy concerns.

FTC Sends Letters to Healthcare Services Companies

On October 5th, Federal Trade Commission (FTC) Chairman Andrew N. Ferguson issued letters to twenty-four of the largest, for-profit health care services companies in the U.S., warning them against deceptive pricing practices. Ferguson reminded companies of their legal obligation to comply with the FTC Act, particularly for routine and non-emergency medical care scheduled in advance.

HHS Grants CMS Authority to Exclude Providers from Medicare and Medicaid

On October 14th, HHS published a notice in the *Federal Register* formally granting the Center for Medicare and Medicaid Services (CMS) authority to exclude certain providers from Medicare and Medicaid. Secretary Kennedy employed section 1128(b) of the Social Security Act as justification for the move and said it "will not affect or diminish the Secretary's previous delegation of these authorities to the Inspector General of the Department of Health and Human Services" and instead will consolidate "investigative and enforcement responsibilities within a single operating division, reducing redundancy and improving program integrity outcomes."

State Activity

This year, I Street has tracked 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 except for Michigan, Ohio, New Jersey, and Massachusetts, who have year-round sessions, and Pennsylvania, who has adjourned but might come back in session. It's unlikely but not impossible that bills will move at this point in the year.

Prefiling of bills will begin in the states shortly for 2027. We will keep you updated when relevant bills are prefiled.

Additional Updates

NIH Class Action Suit

On September 16th, a group of researchers in the Northern District of California filed a class-action lawsuit claiming that the agency's termination of grants, which include topics like Diversity, Equity, and Inclusion (DEI), is unconstitutional and in violation of NIH's congressional mandate. The lawsuit can be found here. The researchers argue that the NIH grant termination violates statutes instructing NIH to award grants based on scientific merit and regulations informing when the government can terminate grants.

Trust For America's Health Report

In September, The Trust for America's Health (TFAH) issued a report entitled, "Chronic Underinvestment and Recent Disruptions Have Weakened U.S. Public Health System." The report noted the consolidation of the Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), and major Centers for Disease Control and Prevention (CDC) programs under the Administration as well as reduced public health funding. The lengthy report emphasizes the growing "funding-function gap" between congressionally appropriated funds and the administrative capacity necessary for proper functionality. TFAH concludes that appropriations alone will be inadequate to restore the knowledge, relationships, and expertise lost over the past two years.

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.