Independent Emergency Physicians Consortium

IEPC

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AUGUST 2026 IEPC NEWSLETTER

WELCOME

Welcome to the August 2026 issue. This month looks at three of the forces shaping independent emergency medicine right now, from federal payment policy to state law, and where we have a hand in how they play out.

Dr. Chavez shares his takeaways from our July meeting with CMS's regional leadership, where independent groups had a direct voice in the conversations shaping federal payment and policy.

On the No Surprises Act, there's been meaningful movement, but the rules only matter if they are enforced. The No Surprises Act Enforcement Act (H.R. 4710 / S. 2420) would put real teeth behind compliance. Find your representatives at congress.gov/members, then call or email their health staffer and ask them to support it.

And Dr. McNamara examines Oregon's SB 951 and the Eugene situation: how one physician-owned group used the state's new corporate-practice-of-medicine law to fight back.

All the best,
Kavitha Weaver

PRESIDENT PEARLS

Hello Friends and Colleagues:

IEPC and EDPMA (Emergency Department Practice Management Association) collaborated on an advocacy letter sent to CMS director Dr. Mehmet Oz. The letter focused on emergency physicians facing systemic issues including inadequate SUD training, Medicare reimbursement cuts, and flawed NSA IDR enforcement mechanisms leading to high ED utilization and practice instability.
The letter offered solutions asking CMS to enhance SUD (substance use disorder) training, reform reimbursement and practice expense policies regarding the MPFS (Medicare Physician Fee Schedule), and to strengthen No Surprises Act enforcement through regulatory and legislative actions to improve care, practice sustainability, and patient outcomes. In addition, a meeting was requested.

On July 23, 2026, we met with Ashby Wolfe, MD, MPP, MPH, the Regional CMO of CMS out of San Francisco and her colleague Sean Michael, MD the Regional CMO of CMS at Denver. During the meeting we asked CMS to consider backing additional residency training in SUD including funding for CME credits, support for bridge programs to connect SUD patients to trained specialists, establish reimbursement pathways to adequately reimburse Emergency Department care of these complex patients.

Regarding the MPFS we asked them to consider updating the budget neutrality amounts, update Medicare physician fees to include annual inflation adjustments which have been stagnant since 2001and to fix the flawed practice expense reductions introduced by the HR1 bill passed in 2025. Regarding NSA IDR we reiterated how pleased we are to have the patient taken out of the middle of reimbursement disputes. We discussed the CMS Technical Assistance Guidance of June 2025 which allowed parties to request a decided case to be re-opened in the limited circumstances of an IDRE error and how health plans were exploiting this process to delay or withhold payment. Additionally, we asked CMS to put their support behind the No Surprises Act Enforcement Act Legislation (H.R. 4710/S2420) currently in Congress. Finally, we thanked CMS for finalizing the IDR Operations rule that included RARC and CARC codes for full transparency of eligible claims as well as other fixes to the present IDR system.

All The Best,
Robert Chavez

WRITTEN BY DR. ROBERT CHAVEZ
IEPC PRESIDENT

POLICY UPDATE

How Oregon's New Law Saved an Independent Emergency Group

Dr. Robert McNamara joined our June meeting to walk through what happened in Eugene, Oregon, the first real test of a new corporate practice of medicine law, and a significant win for independent groups.

Oregon's Senate Bill 951, signed in June 2025, was written to eliminate the "friendly physician" model, in which a corporate entity creates a practice that is physician-owned on paper but controlled in fact by a management services organization (MSO). The law spells out what an MSO cannot do: hire or fire physicians, set staffing patterns, determine how many patients are seen in a , write clinical policy, set charges, control billing and collections, or negotiate with payers. The restrictions on non-competes and similar covenants took effect on signing and the ownership and control provisions applied to new arrangements as of January 1, 2026, with existing structures given until 2029 to come into compliance.

What Happened in Eugene

The law was tested almost immediately. PeaceHealth moved to replace Eugene Emergency Physicians (EEP), a democratic group of more than three decades, with ApolloMD. The stated rationale was that ApolloMD would bring national-level expertise. What emerged was a different story: after the system closed one emergency department and shifted its volume to the main site, EEP's physicians raised concerns about volume, staffing, and patient safety, and the termination followed.

EEP contested the termination and AAEM's Physician Group supported the injunction action, funding half the legal cost and connecting the group with counsel. The hospital's medical staff, which had been excluded from a decision that accreditation standards say should have involved them, took a near-unanimous vote of no confidence. In court, ApolloMD's proposed ownership structure did not survive scrutiny under SB 951. PeaceHealth withdrew from the deal and renegotiated a three-year contract with EEP.

POLICY UPDATE

What This Means in California

California's Senate Bill 351 is now in effect, with restrictions that closely track Oregon's and one important addition: it gives the Attorney General the power to seek injunctive relief and to recover attorney's fees. It also voids non-competes and anti-disparagement clauses imposed by private equity groups and hedge funds. Dr. McNamara noted that the Attorney General's office has already begun enforcing it.

The momentum extends beyond the two states. At the AMA's June House of Delegates meeting, AAEM secured passage of a Board of Trustees report supporting federal legislation to ban the corporate practice of medicine, alongside a substantially strengthened AMA CPOM policy that now mirrors the Oregon statutory language. Connecticut has passed a private equity bill creating a private right of action. AAEM is working state by state with other specialties in the Coalition for Patient-Centered Care, with efforts underway in Pennsylvania, New York, and North Carolina.

The Takeaway for IEPC Members

Independent groups facing pressure on a contract now have leverage they did not have two years ago, and as Dr. McNamara observed, more groups are reaching out for support as they see what worked in Oregon.

Our thanks to Dr. McNamara for his time and for his continued advocacy on behalf of independent emergency medicine.

REGULATORY UPDATE

No Surprises Act IDR Process Gets a Major Overhaul

On May 28, 2026, the U.S. Departments of Health and Human Services, Labor, and the Treasury finalized significant reforms to the No Surprises Act (NSA) Federal Independent Dispute Resolution (IDR) process. The changes come in response to the system's growing pains since its 2022 launch, which saw over 5 million disputes submitted and mounting backlogs, rising costs, and procedural inefficiencies.

Key improvements include an 85% reduction in administrative fees (from $115 to $15 per party per dispute), streamlined open negotiation through the federal portal, expanded batching rules, and new requirements for insurers to register in the portal and use standardized claim codes on remittance advice.

While these reforms represent meaningful progress, challenges remain. Operational fixes alone won't solve the core problem: insurers still delay and underpay with little consequence. The No Surprises Act Enforcement Act (H.R. 4710/S. 2420) would give HHS stronger authority to enforce payment deadlines and hold noncompliant insurers accountable.

Take Action Now: Find your representatives at congress.gov/members, then call or email their health staffer and ask them to support the No Surprises Act Enforcement Act (H.R. 4710/S. 2420).

2026 IEPC SPEAKER SERIES

Future Speakers:

September 28: Dr. Ryan Stanton, ACEP President-Elect
October 26: Ed Gaines, VP of Regulatory Affairs at Zotec Partners
November 23: Dr. Andrew Selesnick, JD

Keep an eye on your email for more details!