**State Legislative Update – February 23, 2024**

For more information regarding ACS State Affairs Policy Priorities in your state, please contact Catherine Hendricks, State Affairs Manager, at chendricks@facs.org or Cory Bloom, State Affairs Associate, at cbloom@facs.org.

**STATE AFFAIRS WORKGROUP**

Arnold Baskies, MD, FACS (NJ); Ali Kasraeian, MD, FACS (FL); Kevin Koo, MD, FACS (MN); and Kelly Swords, MD, FACS (CA). The Workgroup will play a critical role in identifying state advocacy priorities, setting new policy objectives, and evaluating state advocacy grant applications among other duties.

**ACS STATE AFFAIRS PRIORITY ISSUES**

* Trauma System Funding & Development
* Cancer Screening, Testing, and Treatment
* Insurance & Administrative Burden
* Professional Liability
* Criminalization of Physician Care
* Access to Surgical Care
* Health Equity

**ACS GRANT PROGRAM**

State Chapters are eligible to apply for ACS State Advocacy Grants and may use funds towards their annual state advocacy day. Funds provided through the grant can be applied towards expenses such as travel costs for members, catering, venue rentals, printing, and more. To learn more information regarding the ACS State Advocacy Grants, apply [here](https://www.facs.org/advocacy/state-legislation/chapter-state-advocacy-grant-program/).

**UPCOMING EVENTS**

California Advocacy Day, Sacramento, April 10; register [here](https://www.cmadocs.org/event-info/sessionaltcd/LEGDAY24/t/legislative-advocacy-day)

**STATE MEDICAL BOARDS**

**Provider Bridge Emergency Preparedness and Response**

Provider Bridge is a free-to-use technology platform that maintains a comprehensive registry of health professionals who can be accessed expeditiously to prepare for and respond to local, regional, or national emergencies.

Registering on the Provider Bridge platform allows you to create and own a time-stamped, digital “passport” that includes your name, provider type, professional school and graduation date, NPI, state license number(s), specialty or area of practice, and DEA registration(s), as well as any disciplinary history. Each license is verified via data sharing with the Federation of State Medical Boards (FSMB), the National Commission on Certification of Physician Assistants (NCCPA), the National Council of State Boards of Nursing (NCSBN), and the American Board of Medical Specialties (ABMS).

Provider Bridge allows other entities, including state medical and nursing boards, hospitals, health care institutions, public health offices, and emergency management entities to search for verified medical professionals who are willing to assist in an emergency or deploy to a disaster site. Additionally, entities can verify the credentials of state-based registrants as well as those professionals in other states.

Currently, Provider Bridge includes physicians, PAs, and nurses and is positioned to expand to include other medical professionals, such as mental health providers (psychologists, counselors, social workers), respiratory therapists, EMS providers, and others.

Provider Bridge supports expeditious emergency response most effectively by having a large number of medical professionals registered on the platform. Registration takes a few minutes and can be completed at the following link: <https://www.providerbridge.org/>.

Once you have registered for Provider Bridge, there are no additional steps you need to take. You can generate a certified .pdf of your “passport” to present at an emergency site. Health care entities can add registrants to their provider list, pull Provider Bridge passports, and contact providers (unless a licensee chooses to opt out of allowing entities to find their profile). In the event of a national or state emergency, an entity can reach out to providers to determine if they are available and willing to provide health care services.

For more information, please contact: Anne K. Lawler, JD, RN Provider Bridge Program Officer at (208) 331-2341; email alawler@fsmb.org or visit the website [here](https://www.providerbridge.org/).

**Make a Wish®**

Refer a child to [Make-A-Wish](https://wish.org/refer-a-child)®. Make-A-Wish® creates life changing wishes for children ages 2 ½ to 18 years old who have a critical illness that puts their life in jeopardy. Medical professionals are one of the main referral sources to connect children with their wish come true. If you know a child with a critical illness, refer them by visiting [wish.org](https://wish.org/refer-a-child). In addition to the referral form, you will also find medical guidance sheets regarding eligibility within sub-specialty departments.

**STATUS OF LEGISLATIVE SESSIONS**

Montana, Nevada, North Dakota, and Texas have no regular session in even-numbered years. Legislative session information can be found [here](https://www.multistate.us/resources/2024-legislative-session-dates).

**LEGISLATIVE TRACKING**

**CALIFORNIA**

[AB 2864](https://leginfo.legislature.ca.gov/faces/billPdf.xhtml?bill_id=202320240AB2864&version=20230AB286499INT) – Licensure

Introduced by Assemblymember Eduardo Garcia (D), AB 2864 requires the Medical Board of California to extend the license of a physician from Mexico issued under the "Licensed Physicians and Dentists from Mexico Pilot Program" for an additional 3 years. The bill was introduced in the Assembly and is pending referral to a committee.

[SB 1213](https://leginfo.legislature.ca.gov/faces/billPdf.xhtml?bill_id=202320240SB1213&version=20230SB121399INT) – Cancer

Introduced by Senator Toni Atkins (D), SB 1213 requires the State Department of Health Care Services to perform breast and cervical cancer screening and treatment for low-income individuals if the individual has a family income at or below 300% of the federal poverty line. The bill was introduced in the Senate and referred to the Committee on Rules.

[SB 1290](https://leginfo.legislature.ca.gov/faces/billPdf.xhtml?bill_id=202320240SB1290&version=20230SB129099INT) – Cancer

Introduced by Senator Richard Roth (D), SB 1290 mandates coverage for breast cancer screenings. The bill was introduced in the Senate and referred to the Committee on Rules.

**GEORGIA**

[SB 519](https://www.legis.ga.gov/api/legislation/document/20232024/224429) – Criminalization

Introduced by Senator Ben Watson (D), SB 519 prohibits prescribing or administering hormone replacement therapies and puberty-blocking medications for the treatment of gender dysphoria; a physician who violates the prohibition will be held administratively accountable to the Georgia Composite Medical Board. The bill was introduced in the Senate and is pending referral to a committee.

**IOWA**

[SF 2363](https://www.legis.iowa.gov/docs/publications/LGi/90/SF2363.pdf) – Cancer

Introduced by the Senate Committee on Commerce, SF 2358 mandates health plans cover an annual pap smear test and surveillance testing for ovarian cancer for covered persons at risk for ovarian cancer. The bill was introduced in the Senate and is pending referral to a committee.

**KENTUCKY**

[HB 530](https://apps.legislature.ky.gov/recorddocuments/bill/24RS/hb530/orig_bill.pdf) – Network Adequacy Requirements

Introduced by Representative Deanna Gordon (R), HB 530 requires the review of Medicaid managed care organizations compliance with network access requirements the same as any other managed care organization. The bill was introduced in the House and referred to the Committee on Committees.

**MARYLAND**

[HB 1472](https://mgaleg.maryland.gov/2024RS/bills/hb/hb1472f.pdf) – Cancer

Introduced by Delegate Dana Jones (D), HB 1472 requires at least $500,000 in the annual budget for the Professional and Volunteer Firefighter Innovative Cancer Screening Technologies Program. The bill was introduced in the House and is pending referral to a committee.

**MINNESOTA**

[HF 2884](https://www.revisor.mn.gov/bills/text.php?number=HF3884&version=0&session=ls93&session_year=2024&session_number=0&format=pdf) – Workplace Violence

Introduced by Representative Andrew Myers (R), HF 2884 mandates whoever physically assaults and inflicts bodily harm on a physician, nurse, or other person providing health care services is guilty of a felony and may be sentenced to imprisonment for not more than two years, or to payment of a fine of not more than $4,000, or both. The bill was introduced in the House and referred to the Public Safety Finance and Policy Committee.

[HF 4011](https://www.revisor.mn.gov/bills/text.php?number=HF4011&version=0&session=ls93&session_year=2024&session_number=0&format=pdf) – Surgical Smoke

Introduced by Representative Kaela Berg (D), HF 4011 requires the use of a smoke evacuation system during any surgical procedure likely to generate surgical smoke. The bill was introduced in the House and referred to the Labor and Industry Finance and Policy Committee.

**MISSISSIPPI**

[HB 1143](https://billstatus.ls.state.ms.us/documents/2024/pdf/HB/1100-1199/HB1143IN.pdf) – Step Therapy

Introduced by Representative Samuel Creekmore (R), HB 1143 prohibits health benefit plans from requiring step therapy protocols before providing coverage of certain prescription drugs to treat advanced, metastatic cancer. The bill was introduced in the House and referred to the Insurance Committee.

[HB 1144](https://billstatus.ls.state.ms.us/documents/2024/pdf/HB/1100-1199/HB1144IN.pdf) – Cancer

Introduced by Representative Samuel Creekmore (R), HB 1144 prohibits cost sharing requirements for screening, diagnostic and supplemental breast exams. The bill was introduced in the House and referred to the Insurance Committee.

**WEST VIRGINIA**

[SB 856](https://www.wvlegislature.gov/Bill_Text_HTML/2024_SESSIONS/RS/bills/sb856%20intr.pdf) – Cancer

Introduced by Senator Laura Chapman (R), SB 857 requires health insurance providers to provide diagnostic and supplemental breast exams without cost sharing. The bill was introduced in the Senate and referred to the Health and Human Resources Committee.

[SB 857](https://www.wvlegislature.gov/Bill_Text_HTML/2024_SESSIONS/RS/bills/sb857%20intr.pdf) – Cancer

Introduced by Senator Laura Chapman (R), SB 857 requires health insurance coverage of genetic testing for individuals with a personal family history of cancer recommended by a healthcare professional; requires evidenced-based cancer imaging for individuals with an increased risk of cancer as recommended by the National Comprehensive Cancer Network clinical practice guidelines without cost sharing. The bill was introduced in the Senate and referred to the Health and Human Resources Committee.

To view a complete list of bills ACS State Affairs is tracking, visit our online [State Legislative Tracker.](https://www.quorum.us/spreadsheet/external/QGjJBFIfORzJNAtlNvfp/)