

ACS State Affairs Legislative Update – April 3, 2026

STATE AFFAIRS WORKGROUP

Arnold Baskies, MD, FACS (NJ); Christina Colosimo, DO, FACS (CA); Ali Kasraeian, MD, FACS (FL); Kevin Koo, MD, FACS (MN); David Santos, MD, FACS (TX); and Kelly Swords, MD, FACS (CA). The Workgroup plays 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

- Prior Authorization
- Restrictive Covenants
- Private Equity/Corporate Practice of Medicine
- Scope of Practice
- Cancer/Biomarker
- Rural Surgery
- Telemedicine
- Professional Liability
- Continuing Medical Education/Maintenance of Certification
- Trauma funding
- Pre-hospital blood

For more information regarding ACS State Affairs Policy Priorities in your state, please contact Catherine Hendricks, State Affairs Manager, at chendricks@facs.org. To view a complete list of bills ACS State Affairs is tracking, visit our online [State Legislative Tracker](#).

ACS GRANT PROGRAM

State Chapters are eligible to apply for ACS State Advocacy Grants and may use funds towards their annual state advocacy day, to hire a lobbyist, or other relevant advocacy functions such as travel costs for members, catering, venue rentals, printing, and more. To learn more information regarding the ACS State Advocacy Grants, apply [here](#).

STATUS OF LEGISLATIVE SESSIONS

Legislatures not in session: Montana; Nevada; North Dakota; and Texas have no legislative session in 2026. The following legislatures have adjourned: Florida (3/13); Indiana (2/27); New Mexico (2/19); Oregon (3/6); South Dakota (3/30); Utah (3/6); Virginia (3/14); Washington (3/12); West Virginia (3/14); Wisconsin (3/17); and Wyoming (3/11). State legislative session information for 2026 can be found [here](#).

IN THE NEWS

DOWNCODING

On March 13, the Maryland Insurance Administration (MIA) found Cigna Health and Life Insurance Company improperly “downcoded” evaluation and management claims submitted by physicians, reducing reimbursement levels without following Maryland law. The investigation determined the insurer altered billing codes to lower-paying levels and forced physicians to appeal in order to receive proper reimbursement. The MIA concluded these practices violated

Maryland's insurance statutes governing claim payment and processing and imposed an \$80,000 administrative penalty on the company while ordering the practice to cease. Read the decision [here](#).

On March 4, Indiana enacted Public Law 88, which restricts insurers' use of artificial intelligence without human review, limits retroactive payment "claw back" and prohibits retroactively reducing the reimbursement rate for any CPT code, prohibits diagnosis-based downcoding, and establishes stronger transparency, appeal rights, and protections for providers treating complex or chronically ill patients, with oversight by the Indiana Department of Insurance. Read House Bill 1271 [here](#).

STATE ADVOCACY DAYS

California: April 8; Sacramento

Delaware Advocacy Day | March 26, 2026 | Dover, DE

Members of the Delaware Chapter of the American College of Surgeons (ACS) met with key state legislators at the capitol building in Dover to advocate on issues impacting surgical practice and patient care, including support for Stop the Bleed legislation (SB 104), prohibiting state licensure of artificial intelligence (HB 191), and opposition to reimbursement changes (SB 1). Surgeons also discussed broader priorities such as Medicaid expansion and Graduate Medical Education funding, reinforcing the importance of physician engagement in shaping health policy.

LEGISLATIVE TRACKING

ALABAMA

[HB 453](#) – Cancer

Introduced by Representative Jennifer Fidler (R), HB 453 mandates health insurers cover breast reconstruction; includes augmentation, reduction, preparatory and revision surgeries, symmetry procedures, prostheses, and treatments for complications arising from mastectomy or related surgeries; patients have the right to choose the type of reconstruction and the surgeon, including out-of-network providers, as long as the surgeon is board certified or eligible; insurers are required to cover out-of-network services at in-network cost-sharing rates, and cannot impose additional administrative barriers or discourage patients from selecting out-of-network providers. The bill was introduced in the House and referred to the Insurance Committee.

ARKANSAS

[HB 1035](#) – Cancer

Introduced by the Joint Committee on Budget, HB 1035 appropriates \$500,000 from the Prevention and Cessation Program Account to the Breast Cancer Control Fund to provide the state's Medicaid match for breast and cervical cancer screening and treatment services. The bill was introduced in the House and referred to the Joint Committee on Budget.

[HB 1036](#) – Trauma

Introduced by the Joint Committee on Budget, HB 1036 allocates \$26,216,599 for the trauma system. The bill was introduced in the House and referred to the Joint Committee on Budget.

[SB 42](#) – Cancer

Introduced by the Joint Committee on Budget, SB 42 allocates \$1,694,216 for breast cancer research; \$5,000,000 for colorectal cancer screening and research. The bill was introduced in the Senate and referred to the Joint Committee on Budget.

GEORGIA

[HB 1263](#) – Certificate of Need

Introduced by Representative Eddie Lumsden (R), HB 1263 creates an exemption from the state's certificate of need (CON) requirements for health care facilities, services, and equipment primarily dedicated to the treatment of cancer; does not apply to any facility located within 35 miles of an existing nonprofit hospital designated as a sole community hospital that already offers chemotherapy or radiation therapy. The bill was introduced and passed in the House and is in the Senate for consideration.

[SR 907](#) – Cancer

Introduced by Senator Rick Williams (R), SR 907 directs state agencies to collaborate with stakeholders to develop recommendations for post-treatment breast cancer surveillance. The resolution was introduced in the Senate and is waiting referral to a committee.

HAWAII

[HCR 16](#) – Proton Beam Therapy

Introduced by Representative Gregg Takayama (D), HCR 16 requests the state auditor to assess the social and financial effects of requiring health insurers to cover medically necessary proton beam therapy for cancer treatment. The bill was introduced in the House and referred to the Health Committee.

[SB 2086](#) – Professional Liability

Introduced by Senator Dru Kanuha (D), SB 2086 extends the statute of limitations for bringing medical tort actions to an aggregate tolling period determined by the court; increases the cap on damages recoverable for pain and suffering from \$375,000 to \$500,000, except in cases involving gross negligence or intentional misconduct, where the cap does not apply. The bill was introduced in the Senate and referred to the Health and Human Services Committee.

[SR 177](#) – Trauma

Introduced by Senator Angus McKelvey (D), SR 177 requests the governor and health department to work with the U.S. Department of Defense and other military partners to explore establishing a military-civilian trauma partnership. The bill was introduced in the Senate and referred to the Public Safety, Intergovernmental, and Military Affairs Committee.

IDAHO

[H 648](#) – Cancer **ENACTED**

Introduced by the House Business Committee, H 648 requires health insurers to reimburse oral anticancer medications the same as injected or intravenous medications. Governor Brad Little (R) signed the bill into law March 31.

[H 788](#) – Prior Authorization **ENACTED**

Introduced by the House Health and Welfare Committee, H 788 creates a prior authorization (PA) exemption to eligible health care professionals who provide 360 preceptorship hours with at least 60 percent of those hours in rural or underserved areas. Governor Brad Little (R) signed the bill into law March 31.

LOUISIANA

[HB 1143](#) – Scope of Practice

Introduced by Representative Dustin Miller (D), HB 1143 changes the title from 'physician assistant' to 'physician associate'. The bill was introduced in the House and is awaiting referral to a committee.

[HB 1196](#) – Cancer

Introduced by Representative Aimee Freeman (D), HB 1196 requires health insurers to cover colorectal cancer screening; any colonoscopy done for screening must be covered as a screening service, even if a polyp or tissue is removed during the procedure; a follow-up colonoscopy after an initial screening, must also be covered as a routine screening. The bill was introduced in the Senate and is awaiting referral to a committee.

[SB 439](#) – Cancer

Introduced by Senator Gerald Boudreaux (D), SB 439 expands existing cancer screenings, precancer screenings, including esophageal cancer, must be provided by employers to all eligible firefighters and fire service employees. The bill was introduced in the Senate and is awaiting referral to a committee.

[SB 465](#) – Insurance

Introduced by Senator Patrick McMath (R), SB 465 accelerates timeframes for health insurers to pay or deny; the standard payment period for nonelectronic claims, is reduced from 45 to 30 days, and for prior-authorized (PA) claims, from 60 to 10 days; electronic claims with PA must now be processed within 10 days, those without PA remains at 25 days; shortens the period insurers can retroactively deny or recoup payments from 18 months to 180 days. The bill was introduced in the Senate and is awaiting referral to a committee.

[SB 500](#) – Professional Liability

Introduced by Senator Patrick Connick (R), SB 500 would allow a plaintiff to file a malpractice claim directly in court accompanied by a certificate of merit or continue with the review by a medical review panel prior to judicial proceedings. The bill was introduced in the Senate and is awaiting referral to a committee.

MISSOURI

[HB 2775](#) – Insurance

Introduced by Representative George Hruza (R), HB 2775 prohibits health insurers from setting maximum durations for reimbursable anesthesia time or excluding anesthesia time from reimbursement for covered services; prohibits health insurers from unilaterally modifying contracts with providers unless such changes are mutually agreed upon in writing; prohibits health insurers from penalizing in-network providers when out-of-network providers deliver

care, protecting providers from financial penalties in these situations. The bill was introduced in the House and referred to the Health and Mental Health Committee.

NEW JERSEY

[S 2996](#) – Scope of Practice **ENACTED**

Introduced by Senator Joseph Vitale (D), S 2996 allows an advanced practice nurse (APN) with greater than 24 months or 2,400 hours of advanced nursing practice to practice independently; allows an APN-Anesthesia to work independently after 24 months or 2,400 hours of advanced nursing practice. Governor Mikie Sherrill (D) signed the bill into law March 30.

NEW YORK

[S 9651](#) – Prior Authorization

Introduced by Senator Gustavo Rivera (D), S 9651 requires clinical review criteria used in utilization reviews (UR) must be recognized, evidence-based, and peer-reviewed, and must consider the needs of typical patient populations and diagnoses; shortens the maximum timeframe for UR agents to make determinations on pre-authorization requests to 72 hours after receiving necessary information, 24 hours for urgent requests; pre-authorization remains valid for the duration of the entire course of treatment for the specified condition. The bill was introduced in the Senate and referred to the Health Committee.

OKLAHOMA

[SR 40](#) – Cancer

Introduced by Senator Brenda Stanley (R), SR 40 establishes the second week of April as Lung Cancer Action Week to promote awareness, screening, and research for lung cancer. The resolution was introduced in the Senate and is awaiting referral to a committee.

PENNSYLVANIA

[HB 2335](#) – Scope of Practice

Introduced by Representative Lisa Borowski (D), HB 2335 allows certified registered nurse anesthetists (CRNA) to perform anesthesia services in cooperation with a physician, podiatrist, or dentist, removing the previous requirement for direct supervision; prescribe, dispense, and administer prescription drugs including controlled substances in Schedules II-V for up to 10 days without refills; physicians, podiatrists, or dentists would not be liable for CRNA actions in administering anesthetics. The bill was introduced in the House and referred to the Professional Licensure Committee.

SOUTH DAKOTA

[HB 1199](#) – Prior Authorization **ENACTED**

Introduced by Senator Sydney Davis (R), HB 1199 requires utilization review organization to provide the ordering health care professional a reasonable opportunity to discuss the treatment plan and the clinical basis for the determination with a similarly qualified professional before issuing an adverse determination; a health care professional can receive an exemption from prior authorization (PA) if at least 90 percent of their PA requests for a particular service are approved. Governor Larry Rhoden (R) signed the bill into law March 30.

UTAH

[HB 270](#) – Restrictive Covenants **ENACTED**

Introduced by Representative Katy Hall (R), HB 270 voids non-compete and non-solicitation agreements for health care professionals; an employer who tries to enforce a non-compete that is found unenforceable, the employer must pay the employee’s legal costs and damages. Governor Spencer Cox (R) signed the bill into law March 24.

WASHINGTON

[SB 5395](#) – Prior Authorization **ENACTED**

Introduced by Senator Tina Orwall (D), SB 5395 mandates health insurers respond to urgent electronic prior authorizations (PA) requests within one day and nonurgent requests within calendar three days; determinations of medical necessity must be made by a licensed physician and not with artificial intelligence; requires health insurers provide PA requirements in an easy to understand format; any changes to the PA process can only be made annually with four months’ notice of the changes; prohibits retrospective denial for any care that received PA; requires reporting of PA data to commissioner. Governor Bob Ferguson (D) signed the bill into law March 23.

[SB 5845](#) – Insurance **ENACTED**

Introduced by Senator Vandana Slatter (D), SB 5845 requires health insurers to pay or deny “clean” claims within 30 days; if a claim is not clean, carriers must notify the provider within 21 days, explaining the denial or requesting more information, and must try to ask for all needed information at once; once all information is received and the claim is considered clean, the 30-day rule applies; interest on overdue claims and possible administrative penalties if claims are unresolved after 90 days; costs cannot be passed to patients. Governor Bob Ferguson (D) signed the bill into law March 23.