

ACS State Affairs Legislative Update – February 6, 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. State legislative session information for 2026 can be found [here](#).

STATE ADVOCACY DAYS

Virginia: February 26; Richmond

Tennessee: March 2; Nashville

New York: March 10; Albany

Arizona: March 16; Phoenix

Delaware: March 26; Dover

California: April 8; Sacramento

LEGISLATIVE TRACKING

ARIZONA

[SB 1607](#) – Prior Authorization

Introduced by Senator Lauren Kuby (D), SB 1607 creates a state-run Health Care Claims Consumer Assistance program to assist health insurance consumers with complaints, appeals, and disputes over denied claims; if the department or a court finds a health insurer has wrongfully denied or insufficiently covered a valid consumer insurance claim, the health insurer is automatically liable to pay double the amount that was wrongfully denied or insufficiently covered, including attorney fees; imposes at least \$25,000 per violation in fines for wrongful denials by insurers if they repeatedly and wrongfully deny or underpay valid claims.; mandates annual public reporting; allocates \$250,000 for implementation. The bill was introduced in the Senate and is awaiting referral to a committee.

[SB 1628](#) – Prior Authorization

Introduced by Senator Hildy Angius (R) SB 1628 requires health insurers to annually report detailed data on claim requests, denials, appeals, reversals, most frequently denied services, and reasons for denials. The bill was introduced in the Senate and is awaiting referral to a committee.

[SR 1001](#) – Cancer

Introduced by Senator Clarence Lam (D), SB 416 ties health maintenance organization reimbursement rates for non-participating health care professionals to the 2019 rates adjusted for inflation. The bill was introduced in the Senate and is awaiting referral to a committee.

CALIFORNIA

[AB 1671](#) – Rural Workforce

Introduced by Assemblymember David Tangipa (R), AB 1671 establishes a grant program to support licensed health professionals delivering in-person medical services in rural areas of the state; offers up to \$10,000 annually per provider. The bill was introduced in the Assembly and is awaiting referral to a committee.

COLORADO

[HB 1139](#) – Artificial Intelligence

Introduced by Representative Junie Joseph (D), HB 1139 mandates health insurers using artificial intelligence (AI) must ensure these systems base decisions on individual clinical data rather than solely on group data, and that any denial or delay of coverage based on medical necessity must be reviewed and approved by a licensed clinician or physician; prohibits the use of AI systems as the sole basis for adverse coverage determinations and requires periodic review, documentation, and compliance with anti-discrimination laws. The bill was introduced in the House and referred to the Health and Human Services Committee.

FLORIDA

[HR 8021](#) – Cancer

Introduced by Representative Yvette Benarroch (R), HR 8021 designates November 2026 as Lung Cancer Awareness Month. The bill was introduced in the House and is awaiting referral to a committee.

[SB 1494](#) – Cancer

Introduced by Senator Tracie Davis (D), SB 1494 requires health insurers to provide no cost sharing annual screening mammograms for women aged 40+, and additional screenings for women at increased risk; enhanced screening is broadened to include women with genetic risk, family history, prior radiation, dense breast tissue, and other clinical factors; coverage must continue after breast cancer treatment, including during remission. The bill was introduced in the Senate and referred to the Banking and Insurance Committee.

GEORGIA

[HB 629](#) – Stop the Bleed

Introduced by Representative Lee Hawkins (R), HB 629 mandates the inclusion of at least one bleeding control kit in all public schools; schools must designate staff to receive bleeding control training; kits must be maintained and replenished when needed. The bill was introduced in the House and was referred to the Health Committee.

[HB 1163](#) – Professional Liability

Introduced by Representative Matt Reeves (R), HB 1163 exempts the primary residences of health care professionals from most medical malpractice claims. The bill was introduced in the House and is awaiting referral to a committee.

[HR 1204](#) – Cancer

Introduced by Representative Lee Hawkins (R), HR 1204 recognizes lung cancer as a significant public health issue; highlights its status as the leading cause of cancer-related deaths and noting the high incidence and mortality rates compared to national averages; details the various risk factors for lung cancer, including smoking, environmental exposures, and military service, and emphasizes a substantial portion of cases occur in non-smokers; draws attention to disparities in lung cancer outcomes, particularly among people of color and veterans, who are less likely to be diagnosed early and have lower survival rates; supports efforts to improve prevention, early detection, and timely intervention, and specifically encourages expanding access to advanced medical technologies, such as the Ion robotic endoluminal system, to facilitate minimally invasive biopsies and potentially improve early diagnosis and survival rates. The bill was introduced in the House and is awaiting referral to a committee.

[SB 444](#) – Utilization Review/Artificial Intelligence

Introduced by Senator Kay Kirkpatrick (R), SB 444 prohibits health insurers from making adverse coverage decisions based solely on artificial intelligence (AI) systems; AI systems cannot override the judgment of a clinical peer. The bill was introduced in the Senate and is awaiting referral to a committee.

[SR 689](#) – Cancer

Introduced by Senator Michael Rhett (D), SR 689 commends several organizations and individuals for their leadership in advancing cervical cancer education, prevention, and health equity; highlights ongoing disparities and the importance of continued advocacy. The bill was introduced in the Senate and is awaiting referral to a committee.

ILLINOIS

[HB 4709](#) – Prior Authorization

Introduced by Representative Rita Mayfield (D), HB 4709 requires health insurers publicly disclose a complete list of services requiring prior authorization (PA), including clinical review criteria, on their websites or online portals; changes to PA requirements must be communicated to affected enrollees and providers at least 60 days in advance; PA timelines for standard requests within five calendar days and expedited requests within 24 hours after receiving all necessary information; if an insurer fails to meet the deadlines the requested health care service is automatically authorized. The bill was introduced in the House and is awaiting referral to a committee.

[HB 4735](#) – Downcoding

Introduced by Representative Sharon Chung (D), HB 4735 prohibits automated and discriminatory downcoding of medical claims by health insurers; mandates downcoding decision must be made by a licensed physician with a similar specialty to the treating provider; forbids targeted or discriminatory downcoding against physicians who treat patients with complex or chronic conditions; physicians have at least 180 days to submit an appeal is able to appeal batches of similar claims; enforces penalties for violations. The bill was introduced in the House and is awaiting referral to a committee.

[HB 4986](#) – Telemedicine

Introduced by Representative Nabeela Syed (D), HB 4986 ensures health insurer coverage for telehealth services, including e-visits and virtual check-ins, will continue indefinitely and not sunset in 2028; requires reimbursement parity with in-person visits. The bill was introduced in the House and is awaiting referral to a committee.

[HB 5001](#) – Cancer

Introduced by Representative Nabeela Syed (D), HB 5001 requires health insurers to provide no cost sharing for a baseline mammogram for patients aged 30 to 34 (previously 35 to 39) and annual mammograms for those aged 35 and older (previously 40 and older); must cover mammograms at ages and intervals deemed medically necessary by a healthcare provider for patients under 35 with risk factors such as family history, prior personal history, or positive genetic testing; no cost sharing coverage of additional imaging (ultrasound, MRI, and molecular breast imaging). The bill was introduced in the House and is awaiting referral to a committee.

[SB 3021](#) – Scope of Practice

Introduced by Senator Adriane Johnson (D), SB 3021 removes the requirement a physician must remain physically present during the delivery of anesthesia services by a certified registered nurse anesthetist. The bill was introduced in the Senate and referred to the Assignments Committee.

[SB 3114](#) – Downcoding

Introduced by Senator David Koehler (D), SB 3114 prohibits automated and discriminatory downcoding of medical claims by health insurers; mandates review by a licensed physician with relevant specialty expertise, who must conduct a documented review of the clinical information for downcoded claims; downcoding based on diagnosis codes is prohibited; insurers are barred from targeting physicians who treat patients with complex or chronic conditions; penalties include up to \$50,000 per violation and an order the reprocessing of improperly downcoded

claims with interest. The bill was introduced in the Senate and referred to the Assignments Committee.

[SB 3337](#) – Cancer

Introduced by Senator Adriane Johnson (D), SB 3337 authorizes the state department of public health to conduct a study on lung cancer biomarkers, with a particular focus on the anaplastic lymphoma kinase (ALK) gene; the study is intended to identify genetic variations in lung cancer that are associated with increased risk, treatment resistance, and specific disease subtypes. The bill was introduced in the Senate and referred to the Assignments Committee.

[SB 3421](#) – Scope of Practice

Introduced by Senator Javier Cervantes (D), SB 3421 allows physician assistants (PA) to practice without a collaborative agreement if they meet the education (250 hours of continuing medical education) and experience (2,000 hours of clinical experience) requirements; defines PA practice to include all legal medical services for which they are trained and competent. The bill was introduced in the Senate and referred to the Assignments Committee.

IOWA

[HF 2254](#) – Restrictive Covenants

Introduced by the House Health and Human Services Committee, HF 2254 prohibits the University of Iowa Hospitals and Clinics from including noncompete clauses in physician employment contracts. The bill was introduced in the House and is awaiting referral to a committee.

[HF 2269](#) – Scope of Practice

Introduced by the House Health and Human Services Committee, HF 2269 changes the official title from "physician assistant" to "physician associate" throughout state law without altering the scope of practice. The bill was introduced in the House and referred to the Health and Human Services Committee.

[HSB 654](#) – Restrictive Covenants

Introduced by the House Health and Human Services Committee, HSB 654 renders void and unenforceable any contractual provision restricting a health care provider, upon leaving employment for any reason, from practicing at hospitals eligible for federal designation as critical access hospitals or facilities located in areas qualifying as rural under federal regulations. The bill was introduced in the House and referred to the Health and Human Services Committee.

[SF 2185](#) – Adverse/Reportable Events

Introduced by Senator Mark Lofgren (R), SF 2185 creates a mandatory system for reporting, analyzing, and correcting serious reportable events (SREs) in state health care facilities like hospitals and surgical centers; requires facilities to report SREs within 15 working days, conduct root cause analyses, and implement corrective action plans; the bill ensures confidentiality, streamlines oversight to avoid duplicate investigations, and allows the director to impose sanctions for noncompliance. The bill was introduced in the Senate and referred to the Health and Human Services Committee.

[SF 2190](#) – Scope of Practice

Introduced by the Senate Health and Human Services Committee, SF 2190 changes all references to "physician assistant" to "physician associate" in state law; does not change scope of practice or professional rights. The bill was introduced in the Senate and referred to the Health and Human Services Committee.

[SSB 3017](#) – Scope of Practice

Introduced by the Senate Health and Human Services Committee, SSB 3017 establishes a licensure pathway for anesthesiologist assistants (AA) placing regulation under the authority of the medical board; AAs may only perform duties delegated by a supervising anesthesiologist and must operate under direct supervision, with the supervising anesthesiologist being immediately available to intervene; scope includes developing anesthesia care plans, conducting patient histories and physical exams, performing preoperative and postoperative evaluations, administering anesthesia and related drugs, performing invasive procedures (including but not limited to arterial lines, central lines, and Swan Ganz catheters), and participating in clinical teaching and research. The bill was introduced in the Senate and referred to the Health and Human Services Committee.

KANSAS

[HB 2650](#) – Restrictive Covenant

Introduced by Representative Steven Howe (R), HB 2650 requires noncompete agreements to be reasonable if the restrictions imposed, such as duration, geographic scope, and other terms, are reasonably necessary to protect the legitimate interests of the employer; any noncompete agreement becomes null, void, and unenforceable upon the sale of the employing business or change in majority ownership or control of the business. The bill was introduced in the House and is awaiting referral to a committee.

[HB 2702](#) – Scope of Practice

Introduced by the House Health and Human Services Committee, HB 2702 changes the title "physician assistant" to "physician associate" (PA); PAs with at least 4,000 hours of postgraduate clinical experience and no disciplinary history may practice in collaboration with a physician under a collaborative agreements, PAs with less experience must work under the supervision of a physician; PAs must maintain professional liability insurance as a condition for renewing their active licenses. The bill was introduced in the House and is awaiting referral to a committee.

[SB 464](#) – Scope of Practice

Introduced by the Senate Public Health and Welfare Committee, SB 464 establishes a framework for licensing, practice, and oversight of anesthesiologist assistants (AA); requires AAs to work under direct supervision of a licensed anesthesiologist (physically present or immediately available); prohibits independent practice and prescribing; supervising anesthesiologists may oversee up to four AAs at one time. The bill was introduced in the Senate and referred to the Public Health and Welfare Committee.

[SB 467](#) – Artificial Intelligence

Introduced by Senator Cindy Holscher (D), SB 467 requires health insurers using artificial intelligence (AI) in reviewing health care service requests must base determinations on

individual clinical information, including the enrollee's medical history and the healthcare provider's recommendations; only a licensed physician or other qualified health care provider can make final medical necessity decisions; AI cannot deny, delay, or change health care services. The bill was introduced in the Senate and referred to the Financial Institutions and Insurance Committee.

MAINE

[LD 2196](#) – Prior Authorization

Introduced by Representative Drew Gattine (D), LD 2196 requires health insurers approval of prior authorization (PA) for treatment or diagnostic procedures related to a chronic condition, it remains valid for one year, and cannot be required to renew more frequently than every two years unless a new treatment protocol is introduced; prohibits insurers from restricting coverage for services or prescriptions that received PA under a previous plan within 90 days of a member's enrollment in a new plan, provided the drug is on the new plan's formulary, and requires at least 90 days' notice before any coverage restriction. The bill was introduced in the House and referred to the Health and Human Services Committee.

MARYLAND

[HB 737](#) – Insurance

Introduced by Delegate Terri Hill (D), HB 737 requires health maintenance organizations reimburse out-of-network professionals tying them to 2019 rates adjusted for inflation; trauma care provided by trauma physicians in trauma centers, requires HMOs pay the greater of 140 percent of the Medicare rate or the rate as of January 1, 2001, adjusted for inflation. The bill was introduced in the House and referred to the Health Committee.

[HB 739](#) – Insurance

Introduced by Delegate Ashanti Martinez (D), HB 739 requires health insurers to send notices regarding the status of claims either by mail or email; any refusal to reimburse all or part of a claim must be considered a formal denial, triggering the provider's right to appeal; providers have 180 days to submit claims and 90 working days to appeal denials. The bill was introduced in the House and is awaiting referral to a committee.
the House and is awaiting referral to a committee.

[HB 795](#) – Artificial Intelligence

Introduced by Delegate Chao Wu (D), HB 795 requires health insurers who use artificial intelligence (AI) in making adverse medical decisions to provide for human review of grievances; requires insurers to report, on a quarterly basis, data about grievances related to AI-driven adverse decisions by claim type, member demographics; and policy type; utilization review must base determinations on individual clinical information rather than solely on group datasets, must not replace the role of healthcare providers, and must not result in unfair discrimination. The bill was introduced in the House and referred to the Health Committee.

[HB 813](#) – Bariatric Surgery

Introduced by Delegate Ashanti Martinez (D), HB 813 authorizes the state Medicaid program to cover intensive behavioral therapy, bariatric surgery, and any FDA-approved medication for chronic weight management in patients with obesity; the program may implement utilization

review to determine medical necessity. The bill was introduced in the House and referred to the Health Committee.

[SB 416](#) – Insurance

Introduced by Senator Clarence Lam (D), SB 416 ties health maintenance organization reimbursement rates for non-participating health care professionals to the 2019 rates adjusted for inflation. The bill was introduced in the Senate and referred to the Finance Committee.

[SB 496](#) – Bariatric Surgery

Introduced by Senator Stephen Hershey (R), SB 496 requires the Medicaid program to cover bariatric surgery and FDA-approved medications for chronic weight management in patients with obesity. The bill was introduced in the Senate and referred to the Finance Committee.

[SB 579](#) – Cancer

Introduced by Senator J.B. Jennings (R), SB 579 requires all counties in the state with volunteer fire companies to provide no cost preventive cancer screenings to volunteer firefighters. The bill was introduced in the Senate and referred to the Finance Committee.

MISSOURI

[HB 3217](#) – Scope of Practice

Introduced by Representative Matthew Overcast (R), HB 3217 expands the maximum number of full-time equivalent assistant physicians, APRNs, and physician assistants with whom a physician may enter into collaborative practice arrangements from six to ten. The bill was introduced in the House and is awaiting referral to a committee.

[SB 1606](#) – Insurance

Introduced by Senator Patty Lewis (D), SB 1606 requires health insurers to cover evidence-based obesity treatment for individuals aged two to twenty, including bariatric surgery. The bill was introduced in the Senate and is awaiting referral to a committee.

NEBRASKA

[LB 1051](#) – Scope of Practice

Introduced by the Senate Education Committee, LB 1051 changes the title "physician assistant" to "physician associate." The bill was introduced in the Chamber and referred to the Education Committee.

NEW JERSEY

[S 2996](#) – Scope of Practice

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. The bill was introduced in the Senate and referred to the Health, Human Services, and Senior Citizens Committee.

NEW MEXICO

[HB 66](#) – Student Loans

Introduced by Representative Christine Chandler (D), HB 66 prioritizes full-time licensed physicians and those practicing in underserved areas; licensed physicians may receive up to \$75,000 per year for four years (not exceeding their total educational debt); includes a four-year service requirement for physicians. The bill was introduced in the House and referred to the Appropriations and Finance Committee.

[HB 302](#) – Prior Authorization

Introduced by Representative Doreen Gallegos (D), HB 302 establishes a process for health care professionals to obtain exemptions from prior authorization (PA), excluding pharmaceuticals; health care professionals who submit at least ten prior authorization requests for a specific outpatient service and have a 90 percent or higher approval rate over six months can apply for an exemption; health insurers must respond to exemption requests within ten business days and provide detailed explanations for any denials; exemptions can be rescinded if the professional's approval rate drops below 90 percent or if there is evidence of fraud or abuse; written notice is required for rescissions, except in cases of fraud or abuse; health care professionals can request an independent review of rescission decisions, which must be completed within thirty days by licensed professionals, the insurer pays for the review, and the decision is binding. The bill was introduced in the House and is awaiting referral to a committee.

[SB 247](#) – Professional Liability

Introduced by Senator Pat Woods (R), SB 247 allows the Medical Review Commission's report to be admitted as evidence in court, but only for the purpose of defending against a plaintiff's claim for punitive damages when the panel finds insufficient evidence of malpractice. The bill was introduced in the Senate and referred to the Judiciary Committee.

[SM 15](#) – Professional Liability

Introduced by Senator Pete Campos (D), SM 15 creates a joint task force to review and recommend improvements to the state medical malpractice system, with a report due by December 1, 2026. The bill was introduced in the Senate and referred to the Judiciary Committee.

NEW YORK

[S 705A](#) – Site Neutrality

Introduced by Senator Liz Krueger (D), S 705A establishes a site-neutral payment policy; caps reimbursement for routine outpatient and ambulatory medical services; mandates health care providers are reimbursed the same amount for similar services regardless of the care setting; sets a maximum allowable charge for services at the lesser of 150 percent of the Medicare non-hospital rate or the negotiated rate between the provider and the health insurer; prohibit insurers from reimbursing providers above the established cap and imposes penalties of up to \$50,000 per day for violations; providers may also face administrative penalties of \$100,000 per contract occurrence or \$1,000 per improperly billed claim. The bill was introduced in the Senate and referred to the Health Committee.

OHIO

[HB 220](#) – Prior Authorization

Introduced by Representative Heidi Workman (R), HB 220 requires health insurers and Medicaid to honor a prior authorization (PA) approval if a change in dosage is prescribed; requires health insurers to identify the name, specialty, and relevant qualifications of the clinical peer who evaluates PA appeals; prohibits fees for PA appeals.

OREGON

[HB 4054](#) – Artificial Intelligence

Introduced by the Joint Information Management Technology, HB 4054 requires health insurers to notify health care providers whenever artificial intelligence (AI), algorithms, or other automated technologies are used to automatically downcode a claim for reimbursement; insurers must provide written notice to the provider within two business days after payment is made, including disclosure of the use of AI, the specific reason for downcoding, and a description of the insurer's appeals process, along with relevant time limits; requires insurers to make available a timely appeals process with an appropriate medical consultant or peer review committee for providers whose claims have been downcoded using automated technology. The bill was introduced in the House and referred to the Information Management and Technology Committee.

[SB 1527](#) – Cancer

Introduced by the Senate Health Care Committee, SB 1527 requires health insurers to provide no cost sharing cervical cancer screenings and follow-up exams. The bill was introduced in the Senate and referred to the Health Care Committee.

RHODE ISLAND

[H 7426](#) – Scope of Practice

Introduced by Representative Marie Hopkins (R), H 7426 allows certified registered nurse anesthetists (CRNAs) to work to deliver anesthesia care and related services without physician oversight. The bill was introduced in the House and referred to the Health and Human Services Committee.

SOUTH CAROLINA

[HR 5053](#) – Cancer **ADOPTED**

Introduced by Representative Sylleste Davis (R), HR 5053 honors the founders of Cole's Victory Lap for their service to children battling cancer and their families. The bill was introduced in the House and adopted January 29.

SOUTH DAKOTA

[HB 1199](#) – Prior Authorization

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. The bill was introduced in the House and referred to the Health and Human Services Committee.

[SB 169](#) – Artificial Intelligence/Prior Authorization

Introduced by Senator Liz Larson (D), SB 169 requires health insurers to ensure artificial intelligence (AI) systems used in utilization review are based on individualized clinical data; any adverse determination must be made by a health care professional who is competent to evaluate the specific clinical issues, and only after a thorough review of the provider's recommendation and the patient's clinical information; health insurers must report to the state detailing the use of AI in utilization review and the extent of human oversight involved. The bill was introduced in the Senate and referred to the Health and Human Services Committee.

TENNESSEE

[HB 1866](#) – Artificial Intelligence

Introduced by Representative Justin Jones (D), HB 1866 prohibits health insurers using artificial intelligence (AI) for utilization review cannot deny, delay, or modify health care services based on medical necessity unless a licensed health care professional reviews the request, considers the provider's recommendation, and the patient's clinical circumstances; violations are classified as unfair claims practices, subject to penalties under existing insurance law; individuals harmed by violations may pursue private legal action for damages and attorney fees. The bill was introduced in the House and is awaiting referral to a committee.

UTAH

[HB 468](#) – Cancer

Introduced by Representative Christine Watkins (R), HB 468 requires health insurers to provide no cost for medically necessary diagnostic and supplemental breast cancer examinations; examinations include contrast-enhanced mammography, diagnostic mammography, breast MRI, and breast ultrasound, and are considered medically necessary if provided in accordance with National Comprehensive Cancer Network guidelines. The bill was introduced in the House and distributed.

VIRGINIA

[HB 484](#) – Insurance

Introduced by Delegate Irene Shin (D), HB 484 requires clinical review and detailed notification for downcoded health insurance claims; requires that any downcoding decision be reviewed by a licensed clinician; mandates electronic communication for claims and contracts; requires claims to be paid within 40 days (unless delayed for a valid reason), with interest due if not paid within 60 days; prohibits retaliation against providers for exercising their rights and clarifies the process for resolving payment disputes, including the right to recover damages and attorney fees in cases of gross negligence or willful conduct by carriers. The bill was introduced in the House and is awaiting referral to a committee.

[HB 622](#) – Scope of Practice

Introduced by Delegate Jackie Glass (D), HB 622 allows an advanced practice registered nurse (APRN) with at least three years of autonomous experience in the U.S. military or Department of Veterans Affairs to practice without an agreement with a physician; maintains the requirement APRNs must have a written practice agreement with a patient care team physician unless they meet the experience thresholds. The bill was introduced in the House and referred to the Health and Human Services Committee.

[HB 746](#) – Scope of Practice

Introduced by Delegate Rozia Henson (D), HB 746 allows physician assistants (PA) to practice independently after completing at least three years of full-time clinical experience (defined as 1,800 hours per year) under a practice agreement; once authorized, independent PAs must practice within their training and experience, consult and collaborate with other healthcare providers as needed, and have a plan for referring complex or emergency cases to physicians. The bill was introduced in the House and referred to the Health and Human Services Committee.

[SB 99](#) – Professional Liability

Introduced by Senator William Stanley (R), SB 99 creates an exception to the state maximum on caps for acts of malpractice if the patient harmed was age ten or younger at the time of the incident; there will be no statutory maximum on the amount of damages awarded. The bill was introduced in the Senate and referred to the Courts of Justice Committee.

[SB 128](#) – Restrictive Covenants

Introduced by Senator Schuyler VanValkenburg (D), SB 128 prohibits non-compete agreements for health care professionals; employers are barred from entering into, enforcing, or threatening to enforce non-compete agreements with health care professionals; allows affected health care professionals to bring civil actions against employers who violate these provisions, with a two-year statute of limitations; nondisclosure agreements protecting confidential information remain permissible, and that non-compete agreements may still be used in the context of the sale of a health care professional's business, provided such agreements are reasonable in scope, duration, and geographic area; permits employers to include provisions in employment contracts requiring repayment of recruitment-related costs or restricting solicitation of customers. The bill was introduced in the Senate and referred to the Commerce and Labor Committee.

WASHINGTON

[SB 5845](#) – Insurance

Introduced by Senator Vandana Slatter (D), SB 5645 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 (1% per month for the first 60 days, then 1.5% per month after that) and possible administrative penalties if claims are unresolved after 90 days; costs cannot be passed to patients. The bill was introduced in the Senate and referred to the Health and Long-Term Care Committee.

WEST VIRGINIA

[HB 4989](#) – Cancer

Introduced by Delegate Geno Chiarelli (R), HB 4989 establishes a state-funded, two-year pilot program to provide comprehensive early cancer detection screenings for active and retired firefighters; comprehensive cancer screenings include blood tests, vital organ ultrasounds, lung CT scans (if indicated), and skin cancer screenings; a maximum allocation of \$1,300 per individual for screening costs. The bill was introduced in the House and referred to the Health and Human Resources Committee.

[HB 5068](#) – Cancer

Introduced by Delegate Kayla Young (D), HB 5068 establishes a state-funded, two-year pilot program offering comprehensive early cancer detection screenings to active and retired firefighters; comprehensive cancer screenings include blood tests, vital organ ultrasounds, lung CT scans (if indicated), and skin cancer screenings; covers up to \$1,300 per individual for any combination of screenings. The bill was introduced in the House and referred to the Health and Human Services Committee.

[SB 662](#) – Cancer

Introduced by Senator Michael Oliverio (R), SB 662 creates a three-year, \$500,000-per-year pilot program to provide free colorectal cancer screening, diagnostic colonoscopies, and treatment to financially and medically eligible residents; eligibility is limited to residents aged 45-64 whose income is at or below 300 percent of the federal poverty level; covered services include pre-visit consultations, polyp removal, and pathology, with treatment services initiated if cancer is detected. The bill was introduced in the Senate and referred to the Health and Human Resources Committee.