

## **ACS State Affairs Legislative Update – May 1, 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](mailto: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: Alabama (4/9); Arkansas (4/29); Florida (3/13); Georgia (4/2); Idaho (4/2); Indiana (2/27); Kansas (4/11); Kentucky (4/15); Maine (4/29); Maryland (4/13); Mississippi (4/15); Nebraska (4/17) New Mexico (2/19); Oregon (3/6); South Dakota (3/30); Tennessee (4/23); Utah (3/6); Washington (3/12); West Virginia (3/14); Wisconsin (3/17); and Wyoming (3/11). State legislative session information for 2026 can be found [here](#).

### **ADVOCACY DAY RECAP**

On April 8, 2026, California Fellows of the American College of Surgeons joined more than 400 physicians, residents, and medical students at the State Capitol in Sacramento for the California Medical Association's Legislative Advocacy Day, engaging directly with lawmakers on key issues affecting patient care and medical practice. Surgeons discussed priority legislation

addressing e-bike injury prevention, insurer downcoding practices, and the misuse of artificial intelligence in health care, while opposing expanded scope of practice for naturopaths. With remarks from Senate President pro Tempore Monique Limón highlighting ongoing challenges in access and affordability, and CMA leadership emphasizing advocacy as a professional responsibility, the event underscored the critical role physicians play in shaping health policy and protecting patients. Read more in your next [Advocacy Brief](#).

## **LEGISLATIVE TRACKING**

### **DELAWARE**

#### **[HB 191](#) – Artificial Intelligence **ENACTED****

Introduced by Representative Melissa Minor-Brown (D), HB 191 prohibits non-human entities, including AI agents, from being licensed or certified to practice as physicians, nurses, or physician assistants, and from using related professional titles or abbreviations. Governor Matt Meyer (D) signed the bill into law April 23.

### **HAWAII**

#### **[HCR 35](#) – Biomarker **ADOPTED****

Introduced by Representative Cory Chun (D), HCR 35 requests the state auditor assess the effects of requiring health insurers to provide coverage for medically necessary biomarker testing for cancer treatment. The Resolution was adopted April 24.

### **MARYLAND**

#### **[SB 579](#) – Cancer **ENACTED****

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. Governor Wes Moore (D) signed the bill into law April 28.

### **MICHIGAN**

#### **[HB 5917](#) – Workplace Violence**

Introduced by Representative Joseph Pavlov (R), HB 5917 creates a felony for assaulting a health professional; punishable by life imprisonment for not less than one year, and/or a fine up to \$500; some assaults may be treated as misdemeanors with up to one year in prison or a \$2,000 fine, depending on the circumstances. The bill was introduced in the House and referred to the Judiciary Committee.

### **MINNESOTA**

#### **[HF 5082](#) – Cancer**

Introduced by Representative John Huot (D), HF 5082 requires health insurers to provide no cost sharing cancer screenings and necessary follow-up exams following the American Cancer Society (ACS) guidelines; includes colorectal, breast, prostate, cervical, and lung cancer at the frequencies recommended; removes previous restrictions based on age, risk, or test type, deferring instead to evolving ACS standards. The bill was introduced in the House and referred to the Commerce Finance and Policy Committee.

#### **[SF 5217](#) – Cancer**

Introduced by Senator Alice Mann (D), SF 5217 requires health insurers to provide no cost sharing cancer screenings and necessary follow-up exams following the American Cancer Society (ACS) guidelines; includes colorectal, breast, prostate, cervical, and lung cancer at the frequencies recommended; removes previous restrictions based on age, risk, or test type, deferring instead to evolving ACS standards. The bill was introduced in the Senate and referred to the Commerce and Consumer Protection Committee.

## **MISSOURI**

### [HB 1675](#) – Prior Authorization

Introduced by Representative Brian Seitz (R), HB 1675 allows prior authorization (PA) requests for a specific service approved at 90 percent or more during the most recent six-month evaluation period, PA requirements for that service must be waived for the provider; providers must be notified within 25 days after each evaluation period about their PA status; health insurers must provide an online portal for providers to access their PA information and notification; health insurers cannot deny or reduce payment for services that received PA. The bill was introduced in the House and is awaiting referral to a committee.

### [HB 1989](#) – Scope of Practice

Introduced by Representative Dave Hinman (R), HB 1989 allows advanced practice registered nurses (APRN) to practice independently without physician collaboration after completing 4,000 hours in a collaborative arrangement; removes previous rules mandating a maximum distance between collaborating physicians and APRNs; authorizes eligible APRNs to prescribe, administer, and dispense controlled substances in Schedules III, IV, and V, as well as certain Schedule II medications. The bill was introduced in the House and is awaiting referral to a committee.

### [HB 2184](#) – Restrictive Covenants

Introduced by Representative Ian Mackey (D), HB 2184 makes noncompete clauses restricting a physician's right to practice medicine in any geographic area for any period of time after the termination of their employment void and unenforceable. The bill was introduced in the House and is awaiting referral to a committee.

### [HB 2391](#) – Scope of Practice

Introduced by Representative Marty Murray (D), HB 2391 removing the requirement for certain advanced practice registered nurses (APRNs) to maintain collaborative practice arrangements with physicians who have completed at least 2,000 hours in a collaborative practice arrangement or have equivalent experience; allows APRNs to prescribe controlled substances Schedules III, IV, V, and some Schedule II in limited cases; eliminates all geographic proximity requirements for collaborative practice arrangements. The bill was introduced in the House and is awaiting referral to a committee.

### [HB 2702](#) – Telemedicine

Introduced by Representative Jeff Knight (R), HB 2702 specifies a physician-patient relationship can be established through an in-person evaluation, consultation with another physician who has an established relationship with the patient, or a telemedicine encounter, provided that the

standard of care does not require an in-person visit. The bill was introduced in the House and is awaiting referral to a committee.

#### [HB 2821](#) – Restrictive Covenants

Introduced by Representative Jo Doll (D), HB 2821 invalidates restrictive covenants in physician contracts. The bill was introduced in the House and is awaiting referral to a committee.

### **NEW YORK**

#### [A 11048](#) – Artificial Intelligence/Prior Authorization

Introduced by Assemblymember David Weprin (D), A 11048 regulates how health insurers use artificial intelligence (AI) in utilization review; insurers must notify patients and health care providers in writing when AI is used; prohibits insurers from making adverse decisions based solely on AI or group data; a clinical peer reviewer must consider each patient's individual circumstances and document their review; penalties include fines up to \$500,000 per insurer per year and \$100,000 per reviewer per year, license suspension or revocation, and a one-year ban on new licenses. The bill was introduced in the Assembly and referred to the Insurance Committee.

#### [S 10035](#) – Professional Liability

Introduced by Senator Luis Sepulveda (D), S 10035 sets a new statute of limitations for malpractice actions at two years and six months from when the plaintiff knew or should have known of the alleged negligence or from the last treatment date, with a hard seven-year cap; plaintiffs get priority in depositions; parties can record medical exams; prohibitions on demands for witness names, legal theories, or duplicative discovery; prohibits mandatory arbitration or mediation clauses in professional contracts for malpractice cases. The bill was introduced in the Senate and referred to the Judiciary Committee.

### **NORTH CAROLINA**

#### [H 1127](#) – Cancer

Introduced by Representative Mary Belk (D), H 1127 creates a prostate cancer program with \$2 million in recurring funds for free or low-cost prostate cancer screenings and follow-up for uninsured or underinsured men ages 50 to 70, or 40 to 70 with a family history who meet income requirements; requires health insurers to provide supplemental and diagnostic breast imaging mammograms, ultrasounds, and MRIs; mandates out-of-network providers accept insurer reimbursement rates as full payment for breast cancer prevention services and prohibits balance billing to patients. The bill was introduced in the House and is awaiting referral to a committee.

#### [S 966](#) – Scope of Practice

Introduced by Senator Jim Burgin (R), S 966 removes the physician supervision requirement for certified registered nurse anesthetists (CRNA) when administering anesthesia; CRNAs are allowed to select, order, prescribe, and administer drugs and devices needed for anesthesia and related procedures. The bill was introduced in the Senate and is awaiting referral to a committee.

#### [S 978](#) – Restrictive Covenant

Introduced by Senator Jim Burgin (R), S 978 prohibits non-compete clauses in employment contracts for health care professionals employed by hospitals; any nondisclosure agreement

(NDA) must clearly state it does not stop health care professionals from reporting safety, ethical, or legal violations. The bill was introduced in the Senate and is awaiting referral to a committee.

[S 1040](#) – Certificate of Need

Introduced by Senator Michael Lee (R), S 1040 eliminates the requirement for ambulatory surgical centers to obtain a certificate of need from the state. The bill was introduced in the Senate and is awaiting referral to a committee.

**PENNSYLVANIA**

[SB 1113](#) - Artificial Intelligence

Introduced by Senator Nick Pisciotto (D), SB 1113 regulates the use of artificial intelligence (AI) in healthcare facilities and health insurers; requires disclosure to patients and providers when AI is used in clinical decision-making or insurance utilization review; AI algorithms must not override human clinical judgment and be regularly reviewed for accuracy and reliability; civil penalties for violations can reach up to \$5,000 per instance, with annual caps of \$500,000 for organizations and \$100,000 for individuals, Additional remedies include injunctions and corrective action plans. The bill was introduced in the Senate and referred to the Institutional Sustainability and Innovation Committee.

**VERMONT**

[H 569](#) – Scope of Practice

Introduced by Representative Leslie Goldman (D), H 569 recognizes advanced practice registered nurses (APRNs) as health care professionals responsible for the care of hospital patients as attending providers. The bill was introduced in the House and referred to the Health Care Committee.

**VIRGINIA**

[S 212](#) – Scope of Practice **ENACTED**

Introduced by Senator Jennifer Boysko (D), S 212 allows Therapeutic Pharmaceutical Agent (TPA) certified optometrists to directly sell and dispense Schedule VI controlled substances; optometrists must be present and actively involved during dispensing, inform patients about proper use, and comply with all relevant regulations on storage, packaging, labeling, recordkeeping, and reporting. Governor Abigail Spanberger (D) signed the bill into law April 13.

[SB 239](#) – Certificate of Need **ENACTED**

Introduced by Senator Christopher Head (R), SB 239 provides a new definition of "medical deserts" as areas where counties and cities designated as primary care Health Professional Shortage Areas; projects in medical deserts qualify for an expedited certificate of need application and review process, including a 90-day review cycle. Governor Abigail Spanberger (D) signed the bill into law April 13.