

## **ACS State Affairs Legislative Update – May 15, 2026**

### **STATE AFFAIRS WORKGROUP**

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### **ACS STATE AFFAIRS PRIORITY ISSUES**

- Prior Authorization/Downcoding
- Restrictive Covenants
- Private Equity/Corporate Practice of Medicine
- Scope of Practice
- Cancer
- Rural Surgery
- Professional Liability
- Continuing Medical Education/Maintenance of Certification
- Trauma

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); Colorado (5/13); Connecticut (2/4); Georgia (4/2); Hawaii (5/8); Idaho (4/2); Indiana (2/27); Iowa (5/3); Kansas (4/11); Kentucky (4/15); Maine (4/29); Maryland (4/13); Mississippi (4/15); Missouri (5/15); Nebraska (4/17) New Mexico (2/19); Oklahoma (5/14); Oregon (3/6); South Dakota (3/30); Tennessee (4/23); Utah (3/6); Washington (3/12); West Virginia (3/14); and Wyoming (3/11). State legislative session information for 2026 can be found [here](#).

### **IN THE NEWS**

#### **[The growing war over Anthem's out-of-network penalty policy](#)**

Elevance Health's policy penalizing in-network facilities using out-of-network providers by reducing payments and potentially terminating contracts has sparked widespread opposition from hospitals, physicians, and lawmakers. Rolled out at the beginning of 2026 across multiple states, the policy includes some exemptions but is being challenged in a lawsuit in California and new legislation in Indiana banning such penalties. Medical societies and physicians argue the policy

is unworkable, anti-competitive, and could disrupt care by driving physicians away from certain insurers and hospitals, ultimately increasing costs and limiting patient access. Read more [here](#).

### **One of the Most Useful Tools on the Ambulance Is Blood**

Emergency responders are increasingly adopting prehospital blood transfusions—administering blood at the scene or during transport—to improve survival for trauma patients, particularly those with severe bleeding. Originating from military experience, these programs have expanded but remain rare, with only a small percentage of EMS agencies equipped to provide them. Evidence suggests they could significantly reduce preventable deaths, yet barriers such as funding, training, and state regulations limiting paramedics’ scope of practice hinder wider adoption. Federal and state efforts are beginning to support expansion, but sustained investment and legislative action are needed to make these lifesaving programs more widely available. Read more [here](#).

## **LEGISLATIVE TRACKING**

### **DELAWARE**

#### **HB 325 – Scope of Practice **ENACTED****

Introduced by Representative Alonna Berry (D), HB 325 changes the title "physician assistant" to "physician associate" (PA); allows PAs with more than 6,000 clinical practice hours to apply for independent practice; allows PAs to be designated as primary care providers, bill and receive direct payment. Governor Matt Meyer (D) signed the bill into law May 12.

### **GEORGIA**

#### **HB 1374 – Insurance **ENACTED****

Introduced by Representative Lee Hawkins (R), HB 1374 requires a written agreement from health care provider regarding payment methods; prohibits health insurers from restricting payment methods to only those with fees, such as credit card payments, unless the health care provider expressly accepted such a method; insurers must notify providers of any associated fees, inform them of all available payment options, and provide clear instructions for selecting alternatives that do not impose fees. Governor Brian Kemp (R) signed the bill into law May 5.

#### **SB 427 – Licensure **ENACTED****

Introduced by Senator Ben Watson (R), SB 427 creates a new licensure pathway for internationally trained physicians (ITP) to obtain limited provisional licenses to practice medicine under supervision in rural counties or underserved areas; to obtain a full medical license, physicians must complete four years of supervised practice in approved settings, but must then work two more years in an underserved area. Governor Brian Kemp (R) signed the bill into law May 11.

#### **SB 444 – Utilization Review/Artificial Intelligence **ENACTED****

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. Governor Brian Kemp (R) signed the bill into law May 5.

### **IOWA**

#### [HF 2434](#) – Insurance **ENACTED**

Introduced by the Iowa House Health and Human Services Committee, HF 2434 requires health insurers to cover health care services referred by out-of-network primary care providers; insurers cannot deny coverage or impose higher deductibles, coinsurance, or copayments because the referral came from an out-of-network provider. Governor Kim Reynolds (R) signed the bill into law April 16.

#### [HF 2635](#) – Prior Authorization **ENACTED**

Introduced by the House Health and Human Services Committee, HF 2635 requires health insurers to accept and pay or deny electronic claims within 30 days and paper claims within 45 days; insurers may only retroactively deny or recoup payments if there is fraud or misrepresentation, with written notice to providers; insurers must reimburse providers for administrative costs during audits, follow clear notification and appeal procedures; prohibits insurers from penalizing providers for out-of-network referrals, interfering in staffing/referral decisions, or enforcing unfair contract terms; for prior authorizations (PA), only qualified reviewers can deny or downgrade requests, and detailed explanations and fair appeals processes are required; cancer screenings, preventive care, and emergency inpatient treatments are exempt from PA requirements. Governor Kim Reynolds (R) signed the bill into law May 13.

### **NEW JERSEY**

#### [A 4916](#) – Cancer

Introduced by Assemblymember Kenyatta Stewart (D), A 4916 requires health insurers to provide no cost sharing colorectal cancer screening for individuals aged 33 and over, and for those under 33 if medically necessary. The bill was introduced in the Assembly and referred to the Financial Institutions and Insurance Committee.

#### [A 4976](#) – Cancer

Introduced by Assemblymember Al Barlas (R), A 4976 mandates all volunteer firefighters are entitled to periodic cancer screening exams, with the costs reimbursed by the State if not otherwise covered by the firefighter's health insurance; covering at minimum eleven types of cancer, including colon, lung, bladder, oral, thyroid, skin, blood, breast, cervical, testicular, and prostate cancers; no copayment, deductible, coinsurance, or out-of-pocket expense shall be required for the exams, with reimbursement is capped at \$1,250 per three-year period. The bill was introduced in the Assembly and referred to the Public Safety and Preparedness Committee.

#### [A 5028](#) – Cancer

Introduced by Assemblymember John Azzariti (R), A 5028 establishes the First Responder and Veteran Lung Cancer Screening Awareness and Referral Program; requires the department of health to coordinate statewide education, outreach, and referral efforts to increase awareness of lung cancer risk factors, eligibility for low-dose computed tomography (LDCT) screening, and the benefits of early detection. The bill was introduced in the Assembly and referred to the Health Committee.

#### [S 4194](#) – Telemedicine

Introduced by Senator Joseph Vitale (D), S 4194 allows health care providers to prescribe Schedule II controlled substances via telemedicine without an in-person examination, provided

interactive audio-video technology is used and regulatory standards are maintained. The bill was introduced in the Senate and referred to the Health, Human Services, and Senior Citizens Committee.

#### [S 4216](#) – Certificate of Need

Introduced by Senator Raj Mukherji (D), S 4216 expands certificate of need requirements to include hospital property sale or lease agreements with real estate investment trusts (REIT); prohibits hospital owners from entering into agreements with REITs if such deals could endanger public health or the hospital's long-term financial stability. The bill was introduced in the Senate and referred to the Health, Human Services, and Senior Citizens Committee.

### **NEW YORK**

#### [K 1267](#) – Cancer **ADOPTED**

Introduced by Assemblymember Jen Lunsford (D), K 1267 proclaims May 2026 as Melanoma Awareness Month to raise awareness for melanoma and skin cancer. The resolution was Adopted May 5.

#### [K 1363](#) – Stop the Bleed **ENACTED**

Introduced by Assemblymember Brian Maher (R), K 1363 designates May 2026 as Stop the Bleed Month to promote public awareness and training in life-saving bleeding control techniques. The bill was introduced in the Assembly and Adopted May 14.

#### [S 10268](#) – Prior Authorization

Introduced by Senator James Skoufis (D), S 101268 require insurers and health plans to grant automatic preauthorization (PA) approvals to health care professionals for certain services if they have a 90% or higher approval rate for those services over the most recent six-month period; health insurers are restricted from retroactively denying or recouping payments for services covered by automatic PA, except in cases of fraud or if the service wasn't performed; requires transparency in the evaluation process. The bill was introduced in the Senate and referred to the Insurance Committee.

### **OKLAHOMA**

#### [HB 4430](#) – Scope of Practice **ENACTED**

Introduced by Representative Kyle Hilbert (R), HB 4430 allows a physician assistant (PA) with 6,240 or more hours of postgraduate clinical practice experience is not required to practice under the supervision of a delegating physician; unsupervised PAs can prescribe Schedules III-V controlled substances; those under a practice agreement can prescribe Schedules II-V as delegated; advanced practice registered nurses and unsupervised PAs must carry malpractice insurance of at least \$1 million per occurrence and \$3 million aggregate per year, unless they work for a government agency with liability protection. The bill became law without the governor's signature on May 7.

#### [HB 4431](#) – Scope of Practice **ENACTED**

Introduced by Representative Kyle Hilbert (R) HB 4431 requires advanced practice registered nurses to maintain professional liability coverage of \$1,000,000 per occurrence and \$3,000,000 in aggregate annually. The bill became law without the governor's signature on May 13.

## **PENNSYLVANIA**

### [HR 524](#) – Cancer

Introduced by Representative Jordan Harris (D), HR 524 establishes June 2, 2026, as Cancer Action Day, urging legislative action to address cancer disparities and improve access to prevention, detection, and treatment services statewide. The bill was introduced in the House and referred to the Appropriations Committee.

## **RHODE ISLAND**

### [H 8535](#) – Cancer **ADOPTED**

Introduced by Representative Samuel Azzinaro (D), H 8535 designates the second week of May 2026 as 'Lung Cancer Action Week' to promote awareness, education, and research on lung cancer, with a focus on early detection, risk mitigation, and addressing disparities among high-risk and minority populations. The resolution was introduced in the House and Adopted May 12.

## **SOUTH CAROLINA**

### [SCR 1190](#) – Cancer **ADOPTED**

Introduced by Senator Sean Bennett (R), SCR 1190 designates November 2026 as 'Lung Cancer Awareness Month' to raise awareness and promote early detection of lung cancer. The resolution was introduced in the Senate and Adopted May 13.