

ACS State Affairs Legislative Update – January 16, 2026

STATE AFFAIRS WORKGROUP

Arnold Baskies, MD, FACS (NJ); Christina Colosimo, DO, FACS; 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

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

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: January 21, January 28, February 12, and February 26; Richmond
Arizona: March 16: Phoenix

LEGISLATIVE TRACKING

ALABAMA

SB 63 – Artificial Intelligence

Introduced by Senator Arthur Orr (R), SB 63 prohibits health insurers from exclusively using artificial intelligence (AI) to make coverage decisions; requires disclosures to enrollees about the use of AI; allows the department of insurance to investigate violations, require corrective action, and discipline repeat offenders. The bill was introduced in the Senate and was referred to the Healthcare Committee.

ARIZONA

HB 2250 – Prior Authorization

Introduced by Representative Selina Bliss (R), HB 2250 requires health insurers to honor a prior authorization (PA) granted to an insured by their previous insurer for at least 90 days if it is a covered benefit under the new insurer; the insured cannot be forced to repeat step-therapy protocols; providers with a 90 percent approval rate for PA requests for a specific service over the past year and at least five requests are exempt from PA for that service for twelve months; health insurers must disclose all PA requirements on their website, provide notification of any changes at least 60 days in advance, and update their sites before new requirements take effect; health insurer response time for urgent PA requests is three days and for non-urgent requests to five days, if deadlines are missed, requests are automatically granted; the state can require public disclosure of PA and adverse determination statistics. The bill was introduced in the House and is awaiting referral to a committee.

CALIFORNIA

[AB 1570](#) – Cancer

Introduced by Assemblymember Lori Wilson (D), AB 1570 requires health insurers to provide no cost sharing, screening mammography and medically necessary diagnostic breast imaging, breast magnetic resonance imaging, breast ultrasound, and other clinically indicated diagnostic testing for an insured with a known family history or genetic mutation for breast cancer, to the extent it is consistent with nationally recognized evidence-based clinical guidelines. The bill was introduced in the Assembly and is awaiting referral to a committee.

GEORGIA

[HR 1012](#) – Cancer **ADOPTED**

Introduced by Representative Stacey Evans (D), HR 1012 commends The Susan Jolley Foundation, the Georgia Cancer Control Consortium, and Cancer Pathways for their significant contributions to cervical cancer education and awareness in Georgia. The bill was introduced in the House and adopted January 13.

HAWAII

[SB 2107](#) – Cancer

Introduced by Senator Mike Gabbard (D), SB 2107 requires the department of health to create and distribute lung cancer screening educational materials; mandates tobacco retailers to display related signage and provide written notices to buyers. The bill was introduced in the Senate and is pending referral to a committee.

ILLINOIS

[SB 2790](#) – Cancer

Introduced by Senator Laura Murphy (D), SB 2790 requires the department of public health to provide lung cancer screening information through the tobacco quitline; mandates educational materials and signage at tobacco and nicotine product retailers; establishes penalties for noncompliance. The bill was introduced in the Senate and referred to the Assignments Committee.

INDIANA

[HB 1373](#) – Cancer/Breast Reconstruction

Introduced by Representative Joanna King (R), HB 1373 requires health insurers to cover all types and stages of breast reconstruction surgery, including after breast-conserving surgery, trauma, disease, or preventive procedures; coverage must include a wide range of surgical techniques and future medically recognized procedures; health insurers must maintain an adequate network of breast reconstruction surgeons, if not, patients can use out-of-network providers at in-network rates, and insurers must reimburse these providers fairly or face financial penalties; the law cannot be waived by contract, and compliance cannot be used to lower reimbursement for other breast reconstruction services. The bill was introduced in the House and referred to the Insurance Committee.

IOWA

[HSB 502](#) – Insurance

Introduced by the House Health and Human Services Committee, HSB 502 amends the credentialing process for physicians by health insurers; health insurers must respond to credentialing requests within 56 calendar days and provide written reasons for any denials; physicians are eligible for retrospective payment of clean claims for covered services provided during credentialing. The bill was introduced in the House and referred to the Health and Human Services Committee.

KENTUCKY

[HB 388](#) – Scope of Practice

Introduced by Representative Robert Duvall (R), HB 388 authorizes optometrists and physician assistants to prescribe, dispense, and administer a controlled substance. The bill was introduced in the House and referred to the Committee on Committees.

MARYLAND

[SB 78](#) – Cancer

Introduced by Senator Arthur Ellis (D), SB 78 requires physicians ordering prostate specific antigen tests to give patients standardized, written information about necessary preparations to ensure accurate results. The bill was introduced in the Senate and referred to the Finance Committee.

MISSISSIPPI

[HB 500](#) – Restrictive Covenants

Introduced by Representative Kimberly Remak (R), HB 500 makes any noncompete clauses in health care provider contracts unenforceable. The bill was introduced in the House and referred to the Judiciary Committee.

[SB 2120](#) – Cancer

Introduced by Senator Hillman Frazier (D), SB 2120 requires health insurers to provide no cost sharing annual prostate cancer screenings for high-risk men; high-risk men are defined as aged 40-49 with a family history of prostate cancer or other risk factors outlined in the National Comprehensive Cancer Network Guidelines, men aged 50 and older, and others exhibiting potential signs as determined by a physician; includes examination using the prostate-specific antigen test or digital rectal exam. The bill was introduced in the Senate and referred to the Insurance Committee.

MISSOURI

[SB 1254](#) – Scope of Practice

Introduced by Senator Joe Nicola (R), SB 1254 allows optometrist to perform more minor eye procedures like removing foreign bodies, placing punctal plugs, and using some non-laser therapies; requires an optometrist to disclose to every patient that they are not a physician, the patient has the option to seek care from a physician, and the patient waived a referral to a physician; patient consent must be retained for seven years. The bill was introduced in the Senate and is awaiting referral to a committee.

NEW HAMPSHIRE

[HB 1725](#) – Artificial Intelligence

Introduced by Representative Patrick Long (D), HB 1725 requires health insurers to provide clear and conspicuous disclosure to consumers when interacting with an artificial intelligence in health care except in emergencies, in which case notice shall be provided as soon as possible. The bill was introduced in the House and referred to the Commerce and Consumer Affairs Committee.

NEW JERSEY

[S 162](#) – Cancer

Introduced by Senator Patrick Diegnan (D), S 162 creates a mobile cancer screening program; each vehicle must have at least one licensed health care professional qualified to perform cancer screenings; allocates \$100,000 from the general fund. The bill was introduced in the Senate and referred to the Health, Human Services and Senior Citizens Committee.

[S 855](#) - Cancer

Introduced by Senator Michael Testa (R), S 855 requires health insurers cover the cost of a mammogram if recommended by a health care provider, regardless of the patient's age or risk factors; additional diagnostic tests, like ultrasound, MRI, or 3D mammography, after a mammogram must be covered if recommended by a provider, though insurers can still review these for medical necessity. The bill was introduced in the Senate and referred to the Health, Human Services and Senior Citizens Committee.

[S 959](#) – Prior Authorization

Introduced by Senator Jon Bramnick (R), S 959 requires health insurers to respond to prior authorization requests within 48 hours; mandates prompt communication with providers; automatically approves requests if insurers fail to meet these deadlines. The bill was introduced in the Senate and referred to the Commerce Committee.

[S 1275](#) – Cancer

Introduced by Senator Linda Greenstein (D), S 1275 requires health insurers to provide no cost sharing diagnostic and supplemental breast examinations. The bill was introduced in the Senate and referred to the Commerce Committee.

[S 1583](#) – Cancer

Introduced by Senator Carmen Armato (R), S 1583 requires firefighters be provided a cancer screening exam by a physician who participates in the state health benefits program for the following cancers: colon; lung; bladder; oral; thyroid; skin; blood; breast; cervical, testicular; and prostate. The bill was introduced in the Senate and referred to the State Government, Wagering, Tourism and Historic Preservation Committee.

[S 1796](#) – Cancer

Introduced by Senator Troy Singleton (D), S 1796 requires health insurers to provide annual, no cost sharing prostate cancer screening for men aged 40 to 75; includes a digital rectal exam, the prostate-specific antigen test, and associated laboratory work; includes follow-up testing: urinary analysis; serum biomarkers; medical imaging, including, but not limited to, magnetic resonance imaging. The bill was introduced in the Senate and referred to the Commerce Committee.

[S 1972](#) – Cancer

Introduced by Senator Holly Schepisi (R), S 1972 lowers the age requirement for coverage of mammograms from 40 to 35; for women under 35 who have a family history of breast cancer or other risk factors, coverage for mammograms is required at ages and intervals deemed medically necessary by their healthcare provider; requires coverage for further diagnostic testing, such as ultrasound, MRI, or three-dimensional mammography, if a baseline mammogram reveals extremely dense breast tissue, any abnormality regardless of breast density, or if the patient has additional risk factors, including family or personal history of breast cancer, positive genetic testing, or extremely dense breast tissue as defined by the American College of Radiology's Breast Imaging Reporting and Data System; these additional screenings may be subject to utilization review by the insurer, allowing for periodic assessment of medical necessity. The bill was introduced in the Senate and referred to the Commerce Committee.

[S 2391](#) – Cancer

Introduced by Senator Anthony Bucco (R), S 2391 establishes a dedicated funding stream for the commission on cancer research allocating 1% of the workforce development fund's annual revenues to the commission to ensure support for cancer research initiatives. The bill was introduced in the Senate and referred to the Health, Human Services and Senior Citizens Committee.

[S 2595](#) – Cancer

Introduced by Senator Vin Gopal (D), S 2595 entitles all volunteer firefighters to periodic, no cost sharing cancer screening exams, with the costs reimbursed by the state if not covered by the firefighter's health insurance; screenings must be made available at least five years after the start of a volunteer firefighter's service and every three years thereafter; covers the following cancers: colon, lung, bladder, oral, thyroid, skin, blood, breast, cervical, testicular, and prostate. The bill was introduced in the Senate and referred to the Community and Urban Affairs Committee.

[S 2716](#) – Cancer

Introduced by Senator Britnee Timberlake (D), S 2716 requires health insurers to cover annual mammograms for women starting at age 35 instead of 40. The bill was introduced in the Senate and referred to the Commerce Committee.

[SCR 29](#) – Cancer

Introduced by Senator Linda Greenstein (D), SCR 29 encourages the U.S. Preventive Services Task Force to lower its recommended age for colorectal cancer screening from 50 to 45 for individuals with average cancer risk factors. The bill was introduced in the Senate and referred to the Health, Human Services and Senior Citizens Committee.

OKLAHOMA

[HB 3359](#) – Biomarker

Introduced by Representative Danny Williams (R), HB 3359 downgrades biomarker testing as discretionary rather than mandatory for Medicaid recipients; state Medicaid program is no longer required to cover biomarker testing for diagnosis, treatment, management, or monitoring of diseases, even when such testing is supported by medical and scientific evidence, FDA approvals, CMS determinations, or nationally recognized clinical guidelines. The bill was introduced in the House and is awaiting referral to a committee.

RHODE ISLAND

[H 7076](#) – Scope of Practice

Introduced by Representative David Bennett (D), H 7076 establishes a licensure and regulatory system for certified surgical first assistants; requires standardized qualifications, ongoing education, and oversight by a board within the health department. The bill was introduced in the House and referred to the Health and Human Services Committee.

VERMONT

[H 661](#) – Cancer

Introduced by Representative Chris Taylor (R), H 661 expands workers' compensation eligibility for firefighters by adding cancers of the larynx, pharynx, and trachea to the list of cancers presumed to be caused by occupational exposure; removes the under 65 age cap; excludes firefighters who have used tobacco products within ten years of diagnosis. The bill was introduced in the House and referred to the General and Housing Committee.

[H 662](#) – Cancer

Introduced by Representative Chris Taylor (R), H 662 allocates \$145,000 to the provision of cancer screenings for firefighters. The bill was introduced and referred to the Health Care Committee.

VIRGINIA

[HB 393](#) – Cancer

Introduced by Delegate Alex Askew (D), HB 393 establishes a dedicated state fund to support cancer screenings for Virginia firefighters and EMS personnel. The bill was introduced in the House and is awaiting referral to a committee.

[HB 481](#) – Insurance

Introduced by Delegate Patrick Hope (D), HB 481 requires physician review of denials. The bill was introduced in the House and is awaiting referral to a committee.

[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 676](#) – Insurance

Introduced by Delegate Michelle Maldonado (D), HB 676 requires all claims-related documents, notifications, and communications between providers and carriers to be submitted electronically; health insurers cannot require paper or fax submissions and must offer providers a no-fee electronic payment option if requested. The bill was introduced in the House and is awaiting referral to a committee.

[HB 813](#) – Cancer

Introduced by Delegate Richard Sullivan (D), HB 813 clarifies any prohibition on cost-sharing requirements, such as copayments, coinsurance, or deductibles, for enrollees applies only when health care services are received from participating providers under the enrollee's health plan. The bill was introduced in the House and is awaiting referral to a committee.

[HB 1201](#) – Certificate of Need

Introduced by Delegate Phillip Scott (R), HB 1201 exempts independent ambulatory surgery facilities with up to three operating rooms and not affiliated with a hospital from certificate of public need requirements. The bill was introduced in the House and is awaiting referral to a committee.

[SB 164](#) – Downcoding

Introduced by Senator Jeremy McPike (D), SB 164 defines 'downcoding'; prohibits health insurers from downcoding a claim unless the decision is reviewed by a licensed physician, nurse practitioner, or physician assistant; the insurer must explain why the claim was downcoded, the reason for the decision to downcode, and the process to appeal; every health insurer must establish a process for appealing a downcoded claim, including how to initiate an appeal, contact information for the individual managing the appeal, reasonable timelines for the submission of an appeal no less than 180 days after receipt of notice of the downcoded claim, and reasonable timelines for adjudication of the appeal. The bill was introduced in the Senate and referred to the Commerce and Labor Committee.

[SB 172](#) – Insurance

Introduced by Senator Stella Pekarsky (D), SB 172 requires health insurers to use electronic attachments for all claims-related documentation and processes; no insurer shall require submission of such documentation by paper, facsimile, or other nonelectronic means if an electronic attachment can be used. The bill was introduced in the Senate and referred to the Commerce and Labor Committee.

[SB 239](#) – Certificate of Need

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. The bill was introduced in the Senate and referred to the Education and Health Committee.