

ACS State Affairs Legislative Update – February 13, 2026

STATE AFFAIRS WORKGROUP

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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

FLORIDA

[HB 137](#) – Cancer

Introduced by Representative Dianne Hart-Lowman (D), HB 137 requires health insurers and Medicaid to provide annual coverage for diagnostic mammograms and supplemental breast cancer screenings for women aged 25 to 40; supplemental screenings, such as MRI, ultrasound, or molecular breast imaging, are required if a woman has dense breast tissue, a personal or family history of breast cancer, a history of benign breast disease, certain genetic or ancestral risk factors, has not given birth before age 30, or for other reasons determined by her physician. The bill was introduced in the House and referred to the Health and Human Services Committee.

[HB 6003](#) – Professional Liability

Introduced by Representative Dana Trabulsy (R), HB 6003 removes the statutory barriers preventing children and parents of adult children from recovering damages for mental pain and suffering in wrongful death cases involving medical negligence. The bill passed the House and is in the Senate for consideration.

[SB 668](#) – Scope of Practice

Introduced by Senator Keith Truenow (R), SB 668 allows physician assistants (Pa) to practice independently; a PA must hold an active, unencumbered license, no recent disciplinary actions, and completed at least 3,000 clinical practice hours within the preceding five years; PAs must maintain professional liability insurance of at least \$100,000 per claim/\$300,000 aggregate, or by securing an irrevocable letter of credit in the same amounts. The bill was introduced in the Senate and referred to the Health Policy Committee.

[SB 1700](#) – Professional Liability

Introduced by Senator Erin Grall (R), SB 1700 removes the statutory barriers preventing children and parents of adult children from recovering damages for mental pain and suffering in wrongful death cases involving medical negligence. The bill was introduced in the Senate and referred to the Judiciary Committee.

GEORGIA

[HB 1211](#) – Cancer

Introduced by Representative Trey Kelley (R), HB 1211 allows health insurers to use guidelines from the American Cancer Society, but also the National Comprehensive Cancer Network, the United States Preventive Services Task Force, or any national coverage determination made by the federal Centers for Medicare and Medicaid Services for colorectal screening. The bill was introduced in the House and is awaiting referral to a committee.

[HB 1236](#) – Prior Authorization

Introduced by Representative Trey Kelley (R), HB 1236 requires any adverse determination regarding the medical necessity of a health care service must be agreed upon by a licensed clinical peer licensed in the state; must make a reasonable effort to discuss the patient's care with the treating healthcare provider or their qualified designee, who is familiar with the patient's case, during normal working hours. The bill was introduced in the House and is awaiting referral to a committee.

[HR 1296](#) – Trauma **ADOPTED**

Introduced by Representative Sharon Cooper (R), HR 1296 designates February 24, 2026, as Trauma Awareness Day; emphasizes the importance of trauma prevention, care, and public awareness without introducing new funding. The bill was introduced in the House and adopted February 9.

IDAHO

[H 611](#) – Prior Authorization

Introduced by the House Health and Welfare Committee, H 611 requires health insurers maintain and publicly disclose up-to-date lists of services requiring prior authorization (PA), including detailed clinical review criteria and statistics on approval and denial rates; any changes to PA requirements must be communicated to affected parties at least 60 days in advance; requires the implementation of a standardized electronic PA system; sets specific timelines for decisions on standard PA requests within five days and expedited requests within 24 hours; adverse determinations must include clear reasons and appeal rights; appeals must be reviewed by appropriately qualified physician; PA approvals are valid for 12 months, with special provisions for chronic conditions; PA must be honored for at least 90 days when enrollees switch plans; if insurers fail to comply with deadlines, services are automatically deemed authorized. The bill was introduced in the House and referred to the Health and Welfare Committee.

ILLINOIS

[HB 5168](#) – Workplace Violence

Introduced by Representative Sharon Chung (D), HB 5168 defines 'workplace violence'; broadens the types of health care facilities and workers covered; prohibits health care providers from discouraging or limiting workers from contacting law enforcement or the Department of Public Health regarding workplace violence; requires providers to display notices stating that verbal aggression and physical assault will not be tolerated; significant penalties for non-compliance; protects the confidentiality of incident records. The bill was introduced in the House and is awaiting referral to a committee.

[HB 5214](#) – Scope of Practice

Introduced by Representative Maurice West (D), HB 5214 removes the requirement for an anesthesiologist or other supervising professional be physically present during anesthesia services provided by certified registered nurse anesthetists (CRNA); requires the physician to participate in the formulation and agreement of the anesthesia plan with the CRNA; and to be available for diagnosis, consultation, and emergency treatment, but not necessarily on the premises; health care facilities are required to develop alternative policies for anesthesia services in the absence of 24-hour anesthesiologist availability, ensuring that a physician is still available for participation and consultation. The bill was introduced in the House and is awaiting referral to a committee.

[HB 5389](#) – Cancer

Introduced by Representative Nabeela Syed (D), HB 5389 requires health insurers to provide no cost sharing lung cancer screenings for firefighters. The bill was introduced in the House and is awaiting referral to a committee.

[HB 5451](#) – Cancer

Introduced by Representative Mary Beth Canty (D), HB 5451 lowers the minimum age for low-dose mammography coverage from 35 to 25 years, allowing earlier access to baseline and annual mammograms, as well as additional imaging (ultrasound, MRI, molecular breast imaging) based on risk factors and physician recommendations. The bill was introduced in the House and is awaiting referral to a committee.

[SB 2993](#) - Artificial Intelligence

Introduced by Senator Rachel Ventura (D), SB 2993 prohibits licensed medical professionals from allowing artificial intelligence to prescribe medication unless the professional maintains full control and responsibility over the prescription; violations of this provision can result in civil penalties of up to \$10,000 per violation. The bill was introduced in the Senate and referred to the Assignments Committee.

[SB 3509](#) – Biomarker

Introduced by Senator Julie Morrison (D), SB 3509 requires health insurers to cover biomarker testing for diagnosis, treatment, management, or monitoring of diseases when supported by specified types of medical and scientific evidence, including FDA-approved indications, Medicare coverage determinations; includes genetic, molecular, and protein-based tests, as well as new types of sequencing and gene-drug interaction analyses. The bill was introduced in the Senate and referred to the Assignments Committee.

[SB 3607](#) – Restrictive Covenants

Introduced by Senator Steve Stadelman (D), SB 3607 makes any covenant not to compete generally considered void and unenforceable except in limited circumstances; employers may only enforce a non-compete agreement if its duration does not exceed one year and the health care practitioner was not dismissed by the employer; employers retain the right to recover reasonable expenses from health care practitioners related to relocation, training, or establishment of a patient base unless the practitioner was dismissed. The bill was introduced in the Senate and referred to the Assignments Committee.

[SB 3668](#) – Cancer

Introduced by Senator Adriane Johnson (D), SB 3668 requires Medicaid to cover breast cancer screening and treatment; lowers minimum age for low-dose mammography coverage from 35 to 25 years, allowing earlier baseline screening for those at risk. The bill was introduced in the Senate and referred to the Assignments Committee.

[SB 3747](#) – Good Samaritan

Introduced by Senator Chapin Rose (R), SB 3747 amends the Good Samaritan law to protect licensed health care providers from civil liability when they voluntarily provide uncompensated medical services, except in cases of gross negligence or willful misconduct; written consent is required in nonemergency situations. The bill was introduced in the Senate and referred to the Assignments Committee.

IOWA

[HF 2412](#) – Prior Authorization

Introduced by Representative Matthew Rinker (R), HF 2412 requires health insurers to exempt health care professionals for a particular service if, during the most recent three-month period at least 95 percent of the provider's prior authorization requests for the service were approved; insurers are required to evaluate contracted professionals at least every three months to determine exemption eligibility; health care professionals do not need to request these exemptions proactively; exemptions remain in effect unless rescinded by the carrier, which can occur if a retrospective review of a random sample of claims finds that less than 95% meet the carrier's medical necessity criteria; professionals may appeal adverse exemption decisions or seek an independent review, with the health carrier bearing the costs of such processes; stipulates insurers cannot retroactively deny payment for services provided under an exemption unless there is intentional misrepresentation by the provider. The bill was introduced in the House and referred to the Commerce Committee.

[SSB 3118](#) – Artificial Intelligence

Introduced by the Senate Health and Human Services Committee, SSB 3118 allows utilization review organizations to use artificial intelligence (AI) algorithms for initial reviews of prior authorization requests, but prohibits AI from being the sole basis for denying, delaying, or downgrading requests based on medical necessity; only health care professionals with relevant specialty and experience can make final decisions to deny or downgrade such requests; requires detailed written explanations, attestations, and information about appeals processes to health care providers; exempts PA and other utilization review requirements for cancer-related screenings and preventative health care services. The bill was introduced in the Senate and referred to the Health and Human Services Committee.

KANSAS

[SB 504](#) – Restrictive Covenants

Introduced by the Senate Federal and State Affairs Committee, SB 504 makes noncompete agreements generally void and unenforceable; employers are prohibited from requiring or enforcing them; a limited exception allows employers to impose a noncompete restriction for up to 24 months following initial employment, but only if the health care professional voluntarily resigns, restriction must be geographically limited to a 15-mile radius from the employer's primary practice location and must include a mandatory financial buyout option based solely on the unamortized portion of documented recruiting and relocation costs, amortized over 24 months; prohibits employers from seeking compensation for lost profits, anticipated revenue, training costs, or punitive damages; does not affect confidentiality or nondisclosure agreements protecting trade secrets, nor does it restrict covenants related to the sale of a medical practice involving the transfer of goodwill; employers are barred from preventing health care professionals from notifying patients about their departure, new practice location, or the patient's right to choose a provider. The bill was introduced in the Senate and referred to the Federal and State Affairs Committee.

KENTUCKY

[SB 137](#) – Licensure

Introduced by Senator Stephen Meredith (R), SB 137 creates a new medical license with specific requirements for both U.S. and international medical graduates (IMG); introduces a provisional license, allowing experienced international physicians with at least 5 years of practice, in good

standing, and postgraduate training who have a job offer from a licensed health care entity to practice medicine; provisional license lasts for three years with the sponsoring employer, after three years, it automatically becomes a regular license, and the physician is no longer required to stay with the original employer; applicants must pass a board exam; the board has discretion to grant or deny licenses. The bill was introduced in the Senate and referred to the Health Services Committee.

[SB 171](#) – Certificate of Need

Introduced by Senator Gex Williams (R), SB 171 eliminates the certificate of need requirements for health facilities and services; immediately voids all existing certificates; removes state approval as a prerequisite for establishing or operating healthcare facilities. The bill was introduced in the Senate and referred to the Committee on Committees.

MAINE

[LD 2200](#) – Restrictive Covenant

Introduced by the House Joint Standing Committee on Health Coverage, Insurance, and Financial Services, LD 2200 prohibits noncompete agreements for health care practitioners. The bill was introduced in the House and referred to the Joint Standing Committee on Health Coverage, Insurance, and Financial Services.

MARYLAND

[HB 598](#) – Licensure

Introduced by Delegate Terry Hill (D), HB 598 allows the medical board to grant a temporary, non-renewable license (valid up to three years) for internationally trained physicians to practice medicine in the state; applicants must meet strict criteria, including a medical degree from a WHO-recognized institution, at least two years of postgraduate training, five years of recent medical practice, good standing with foreign licensing authorities, no pending disciplinary issues, certification by the Educational Commission for Foreign Medical Graduates, passing all steps of the U.S. Medical Licensing Exam, English proficiency, good moral character, and compliance with state requirements; the board can deny or revoke licenses for disciplinary or competency reasons; the board will set regulations for qualifications, fees, and a pathway to full licensure. The bill was introduced in the House and referred to the Health Committee.

[HB 1087](#) – Surgical Smoke

Introduced by Delegate Steve Johnson (D), HB 1087 requires all health care facilities performing surgical procedures to adopt and implement policies mandating the use of smoke evacuation systems during any surgical procedure that may generate surgical smoke. The bill was introduced in the House and referred to the Health Committee.

[SB 380](#) – Licensure

Introduced by Senator Karen Lewis Young (D), SB 380 allows the medical board to grant a temporary, non-renewable license (valid up to three years) for internationally trained physicians to practice medicine in the state; applicants must meet strict criteria, including a medical degree from a WHO-recognized institution, at least two years of postgraduate training, five years of recent medical practice, good standing with foreign licensing authorities, no pending disciplinary issues, certification by the Educational Commission for Foreign Medical Graduates, passing all

steps of the U.S. Medical Licensing Exam, English proficiency, good moral character, and compliance with state requirements; the board can deny or revoke licenses for disciplinary or competency reasons; the board will set regulations for qualifications, fees, and a pathway to full licensure. The bill was introduced in the Senate and referred to the Finance Committee.

[SB 797](#) – Insurance

Introduced by Senator Clarence Lam (D), SB 797 prohibits health insurers from downcoding claims without a thorough review of clinical documentation; specifically bans the use of automated tools, such as artificial intelligence or algorithms, to downcode claims without such review; prohibits downcoding based solely on diagnosis codes, the use of final diagnoses rather than presenting symptoms for emergency services, and targeting providers who treat complex or chronic conditions; health insurers must notify the health care professional within 30 days of receiving a claim if they intend to downcode, and provide specific reasons, references to clinical criteria, the original and revised codes, and information about the provider's right to respond with additional documentation within 90 days. The bill was introduced in the Senate and referred to the Finance Committee.

[SB 808](#) – Insurance

Introduced by Senator Nancy King (D), SB 808 shortens the timelines for health insurers to notify health care professionals about the status of their applications, requiring initial notice within 5 days of receiving a completed application and final acceptance or rejection within 30 days; health insurers who fail to provide timely notice face civil penalties of \$500 per day, payable to the provider; repeals the authority for insurers to charge application fees; mandates insurers allow health care professionals to submit credentialing forms online, with dedicated and responsive communication channels for credentialing inquiries; insurers must respond to health care professional inquiries within two business days. The bill was introduced in the Senate and referred to the Finance Committee.

MASSACHUSETTS

[S 2938](#) – Scope of Practice

Introduced by the Senate Health Care Financing Committee, S 2938 requires health insurers to reimburse certified registered nurse anesthetists the same as physicians. The bill was introduced in the Senate and referred to the Joint Committee on Health Care Financing.

MISSOURI

[HB 1635](#) – Scope of Practice

Introduced by Representative Matthew Overcast (R), HB 1635 allows advanced practice registered nurses (APRN) to practice independently after completing 2,000; removes all geographic proximity requirements for collaborative practice arrangements between physicians and APRNs; allows those who meet the independent practice criteria to prescribe, dispense, and administer medications, including certain controlled substances, without a collaborative agreement. The bill was introduced in the House and is awaiting referral to a committee.

NEW HAMPSHIRE

[HB 1554](#) – Prior Authorization

Introduced by Representative Julie Miles (R), HB 1554 requires health insurers provides health care professionals with the opportunity to request a peer-to-peer review both before and after a prior authorization determination, including after an appeal has been initiated, and regardless of whether a formal grievance or appeal is underway. The bill was introduced in the House and referred to the Commerce and Consumer Affairs Committee.

[HB 1638](#) – Step Therapy

Introduced by David Nagel (R), HB 1638 allows patients and their health care professionals to bypass health insurer step therapy protocols when medically necessary; health insurers and utilization review organizations must grant an override if the required drug is contraindicated, expected to be ineffective, previously failed, not in the patient's best interest, or if the patient is stable on another drug; urgent requests must be resolved within 72 hours or 24 hours in emergent circumstances, and non-urgent requests within 7 or 14 days depending on the submission method; if a decision is not made within these timeframes, the exception is automatically granted prohibits step therapy protocols for prescription drugs treating advanced, metastatic cancer and associated conditions. The bill was introduced in the House and referred to the Commerce and Consumer Affairs Committee.

[SB 421](#) – Trauma

Introduced by Senator Suzanne Prentiss (D), SB 421 expands the trauma medical review committee to include representatives from each trauma hospital level (I-IV), trauma surgeons, emergency physicians, trauma program managers, trauma registrars, a trauma nurse coordinator with a background in trauma performance improvement, an injury prevention coordinator, a trauma survivor, a rehabilitation physician or designee, and a representative from the Office of Highway Safety; requires the committee to submit an annual report detailing the status of the state's trauma system, including hospital information, committee activities, recommendations for system improvement, and data on leading causes of injury and death in New Hampshire.

[SB 429](#) – Stop the Bleed

Introduced by Senator Suzanne Prentiss (D), SB 429 requires trauma kits in all public schools; trauma kit is defined by the bill and must contain specific first aid items such as a tourniquet, bleeding control bandage, nonlatex gloves, a pen-type marker, blunt-ended scissors, and instructional documents from recognized national organizations, ; establishes a dedicated fund with a \$25,000 appropriation for their purchase; outlines administrative procedures for their implementation and ongoing support to enhance school emergency preparedness. The bill was introduced in the Senate and referred to the Education Committee.

NEW JERSEY

[S 3372](#) – Stop the Bleed

Introduced by Senator James Holzapfel (R), S 3372 requires all law enforcement officers be issued tourniquets; requires every basic life support ambulance and mobility assistance vehicle be equipped with a tourniquet. The bill was introduced in the Senate and referred to the Law and Public Safety Committee.

PENNSYLVANIA

[HB 2212](#) – Insurance

Introduced by Representative Steven Malagari (D), HB 2212 prohibits health insurers from discriminating against out-of-network facilities willing to provide services as long as those facilities accept the insurer's highest in-network rate or agree to an arbitration process for payment disputes; the facilities must meet quality standards, maintain accreditation, and are partially owned by in-network physicians; arbitration process requires an arbitrator to pick the best and final offer from either party, consider payment disparities, facility quality, and case complexity; losing party pays the arbitration fees unless settled after arbitration begins, then fees are shared. The bill was introduced in the House and referred to the Insurance Committee.

RHODE ISLAND

[H 7538](#) – Artificial Intelligence

Introduced by Representative Teresa Tanzi (D), H 7538 requires health care professionals and facilities to notify patients when using artificial intelligence (AI); mandates any health care professional or facility employing AI to document in-person or telehealth patient visits must notify patients of this use. The bill was introduced in the House and referred to the Health and Human Services Committee.

[H 7539](#) – Step Therapy

Introduced by Representative Michelle McGaw (D), H 7539 limits health insurers on the use of step therapy protocols by health insurers; health insurers must grant exceptions to step therapy protocols in cases where the required step is contraindicated, likely to cause adverse reactions, has been previously tried and found ineffective, is expected to be ineffective based on clinical history, would delay or prevent medically necessary care, or would disrupt a patient's stable and effective treatment; health insurers are required to establish a clear, accessible electronic process for healthcare professionals to request exceptions, and must respond to such requests within 72 hours or 24 hours for urgent cases, with automatic approval if no determination is made within these timeframes; insurers are required to provide the insurance commissioner with sufficient data to evaluate whether step therapy protocols delay or deny medically necessary care, including utilization and outcome data. The bill was introduced in the House and referred to the Health and Human Services Committee.

[H 7548](#) – Professional Liability

Introduced by Representative Kathleen Fogarty (D), H 7548 makes expressions of apology or sympathy by health care professionals regarding unexpected medical outcomes inadmissible as evidence of liability in legal proceedings, unless they include explicit admissions of fault. The bill was introduced in the House and referred to the Judiciary Committee.

[H 7616](#) – Stop the Bleed

Introduced by Representative David Bennett (D), H 7616 requires all state elementary and secondary schools to maintain trauma kits and train personnel; each trauma kit must include a tourniquet, gloves and marker, scissors, instructions, compression bandages, bleeding control bandages, and any additional supplies deemed necessary; provides civil liability immunity for properly trained individuals who render emergency assistance for traumatic bleeding injuries, as well as for trainers, property owners, and equipment owners, except in cases of intentional harm or gross negligence; at least one person trained in first aid and the use of the trauma kit must be

present for school-sponsored activities or during athletic events. The bill was introduced in the House and referred to the Education Committee.

[H 7646](#) – Professional Liability

Introduced by Representative George Nardone (R), H 7646 establishes a medical malpractice tribunal to screen all malpractice, error, or mistake claims against health care professionals before the cases proceed in superior court; the tribunal is required to hold a hearing within fifteen days after the defendant files an answer, during which the plaintiff must present an offer of proof with evidence admissible at trial; the tribunal's role is to determine whether the plaintiff's evidence raises a legitimate question of liability suitable for judicial inquiry or if the case is merely an unfortunate medical result, without resolving factual disputes, assessing credibility, or determining damages; if the plaintiff's offer of proof sufficient, the case proceeds in superior court without restriction; if found insufficient, the plaintiff may continue only by posting a \$6,000 bond to cover the defendant's taxable costs if the plaintiff does not prevail; failure to post the bond within thirty days results in dismissal without prejudice; the tribunal's findings are admissible as evidence at trial. The bill was introduced in the House

[S 2459](#) – Corporate Practice of Medicine

Introduced by Senator Linda Ujifusa (D), S 2459 prohibits unlicensed corporate ownership and control of medical practices; strengthens protections for health care professionals' clinical independence; mandates detailed public reporting and transparency of healthcare entity ownership and control; attorney general is empowered to investigate, subpoena records, and impose penalties of \$10,000 per day for violations, with the authority to seek injunctive relief and recover legal costs; department of health is authorized to impose administrative penalties and disapprove transactions violating the act; individuals aggrieved by violations may pursue private legal action with potential statutory damages up to \$100,000 per violation.

[S 2468](#) – Step Therapy

Introduced by Senator Linda Ujifusa (D), S 2468 mandates health insurers grant exceptions to step therapy requirements under specific clinical circumstances, such as when a required step is contraindicated, has been ineffective, is likely to delay necessary care, or would disrupt a patient's stable treatment; health insurers must provide a clear, accessible electronic process for healthcare professionals to request exceptions, and must respond to such requests within 72 hours or 24 hours for urgent cases, with automatic approval if deadlines are missed; approved exceptions must last at least 12 months unless the patient's condition materially changes; step therapy protocols cannot require more than one failed treatment or last longer than 30 days before coverage for the prescribed therapy is granted; step therapy protocols are prohibited for serious mental illnesses, cancer, and rare diseases with limited treatment options; during the review or appeal of a step therapy exception, insurers must maintain uninterrupted coverage without increased cost-sharing for the patient. The bill was introduced in the Senate and referred to the Health and Human Services Committee.

UTAH

[SB 31](#) – Scope of Practice

Introduced by Senator Evan Vickers (R), SB 31 reduces the number of post graduate clinical hours a physician assistant (PA) needs before working independently from 10,000 to 8,500

hours; gives certified nurse anesthetists (CRNA) prescriptive authority. The bill was introduced in the Senate and distributed.

VIRGINIA

[HB 627](#) – Restrictive Covenants

Introduced by Delegate Charniele Herring (D), HB 627 prohibits the enforcement of restrictive covenants for physicians with a salary of less than \$500,000 per year. The bill was introduced in the House and referred to the Labor and Commerce Committee.

WEST VIRGINIA

[HB 5241](#) – Cancer

Introduced by Delegate Sean Hornbuckle (D), HB 5241 requires health insurers to provide specific breast cancer screening services, including one baseline mammogram for women aged 30 to 39, annual mammograms for women aged 40 and over, and additional mammograms for women under 40 with a family history or other risk factors as determined by their healthcare provider; mandates coverage for comprehensive ultrasound screenings if a mammogram reveals dense or heterogeneous breast tissue, or if a woman is considered at increased risk due to family or personal history, positive genetic testing, or other medical indications as determined by a physician or advanced practice nurse. The bill was introduced in the House and referred to the Finance Committee.

[SB 807](#) – Scope of Practice

Introduced by Senator Tom Takubo (R), SB 807 allows physician assistants to own and operate a medical business, including corporations and professional limited liability companies; subjects them to the same disciplinary and conflict-of-interest standards as physicians. The bill was introduced in the Senate and referred to the Health and Human Resources Committee.

[SB 810](#) – Cancer

Introduced by Senator Tom Takubo (R), SB 810 creates a comprehensive lung cancer prevention and education program; promotes lung cancer screening, particularly targeting unserved populations; minimum reimbursement of \$250 per scan, facility, and reading fee, and will pay providers at the current Medicare rate for low-dose CT scans. The bill was introduced in the Senate and referred to the Health and Human Resources Committee.

WISCONSIN

[AB 1010](#) – Professional Liability

Introduced by Assemblymember Christine Sinicki (D), AB 1010 allows eligible adult children to sue for damages for loss of society and companionship if their parent dies or is injured due to medical malpractice; eligibility includes an adult child who has a disability and was dependent on the parent for support; if the adult child was enrolled in a post-secondary education program and financially dependent on the parent at the time of injury or death; or if the adult child incurred out-of-pocket expenses related to the malpractice, such as medical, custodial, funeral, or legal costs. The bill was introduced in the Assembly and referred to the Health, Aging, and Long-Term Care Committee.

[AB 1011](#) – Professional Liability

Introduced by Assemblymember Christine Sinicki (D), AB 11 increases the cap on noneconomic damages in medical malpractice cases from \$750,000 to \$3,000,000 per occurrence. The bill was introduced in the Assembly and referred to the Health, Aging, and Long-Term Care Committee.

WYOMING

[HB 129](#) – Licensure

Introduced by Representative Jacob Wasserburger (R), HB 129 authorizes the medical board to grant provisional medical licenses to internationally trained physicians; requirements for a provisional license include medical education, licensure in their home country, years of practice, English language proficiency, successful completion of certain U.S. medical licensing exams, and a clean criminal background check; provisional license holders must have a written offer of employment from an in-state health care provider and are subject to ongoing supervision by a state licensed physician; After three years of continuous, successful practice and a passing score on the final step of the U.S. medical licensing exam, provisional license holders may apply for full, unrestricted licensure. The bill was introduced in the House and is awaiting referral to a committee.