

ACS State Affairs Legislative Update – March 6, 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

New York: March 10; Albany
Arizona: March 16; Phoenix
Delaware: March 26; Dover
California: April 8; Sacramento

Virginia Advocacy Day Briefing

On February 26, 2026, Virginia Chapter Fellows Jessica Burgess, MD, FACS; Margaret Tracci, MD, FACS; William Ward, Jr., MD, FACS; and Jason Wilson, MD, FACS and surgical residents Kyle Alexander, MD; Vashti Bandy, MD; and Morgan Hopp, MD, in partnership with the

Medical Society of Virginia (MSV), gathered at the State Capitol in Richmond for Advocacy Day and directly engaged with over a dozen legislators on issues affecting patient care and the practice of medicine, including: opposition to medical malpractice pre-judgment interest (SB 536), support for banning non-compete agreements (HB 627/SB 128), strengthening workplace violence reporting requirements (HB 1489), and advancing medical student loan repayment initiatives (SB 625). Meetings were coordinated based on practice locations to facilitate direct engagement with elected officials, reinforcing the critical role of surgeon advocacy in shaping sound health policy and protecting patients across the Commonwealth.

Tennessee Doctor's Day on the Hill

On March 3, members of the Tennessee Chapter of the American College of Surgeons (ACS) joined the Tennessee Medical Association (TMA) at the State Capitol in Nashville for Doctor's Day on the Hill, engaging lawmakers on key issues affecting patient care and medical practice. Surgical residents Joseph Balaban, MD, and Ryan Taylor, MD, participated in legislative meetings after receiving bill briefings and assignments at the Cordell Hull Building. Priority discussions included supporting extended notice requirements for insurer policy changes (HB 2579/SB 2550), banning downcoding and unilateral contract changes while requiring human review of AI claim denials (HB 2619/SB 2155), increasing TennCare reimbursement to 110 percent of Medicare rates (HB 2046/SB 2080), and opposing expanded optometric scope of practice to include laser and minor surgical procedures (HB 1952/SB 2076). Meetings were scheduled based on practice locations, with residents meeting Representatives Becky Massey, Justin Lafferty, Dave Wright, and Senator Richard Briggs, MD. The event reinforced the importance of physician advocacy in advancing sound health policy and protecting patients across Tennessee.

LEGISLATIVE TRACKING

ARIZONA

[HB 2435](#) – Licensure

Introduced by Representative Selina Bliss (R), HB 2435 establishes a provisional license for internationally trained physicians who have graduated from a foreign medical school but may not qualify for traditional U.S. certification; applicants must hold a valid medical license, have legal immigration status, and secure employment in a county with fewer than one million residents; provisional licenses renew annually; requires indirect supervision by a physician in the same specialty, ongoing continuing education, and employer reporting on employment status; employers may require competency testing; after four years a provisional license is eligible for full licensure. The bill was introduced in the House and referred to the Health and Human Services Committee.

CALIFORNIA

[AB 1558](#) – Trauma/UEVHPA

Introduced by Assemblymember Joaquin Arambula (D), AB 1558 establishes the Uniform Emergency Volunteer Health Practitioners Act (UEVHP); allows for the recognition of volunteer registration systems run by disaster relief organizations, health facilities, and government agencies, as long as they can verify volunteers' licenses and good standing; the Emergency Medical Services Authority (EMSA) is given authority to regulate where, when, and what types of volunteer health practitioners can serve during emergencies, and to coordinate with other

agencies; out-of-state volunteer health practitioners in good standing may practice in the state during emergencies; state licensing boards can sanction out-of-state volunteers for misconduct and must report sanctions to practitioner's home states. The bill was introduced in the Assembly and is awaiting referral to a committee.

[AB 2398](#) – Licensure

Introduced by Assemblymember David Alvarez (D), AB 2398 creates a new, three-year supervised physician graduate (PG) license for medical school graduates who have not completed residency and internationally trained physicians; applicants must have graduated within the past four years from an accredited medical school, passed Steps 1 and 2 of the United States Medical Licensing Examination, demonstrate English proficiency, and secure employment under a supervising practice agreement with a state licensed physician; after five years of supervised practice and successful completion of Step 3 of the licensing exam, PGs may apply for a full and unrestricted physician's license. The bill was introduced in the Assembly and is awaiting referral to a committee.

[SB 1333](#) – Scope of Practice

Introduced by Senator Brian Jones (R), SB 1333 allows naturopaths to perform minor office procedures, including: care and operative procedures relative to lacerations, skin lesions, and abrasions, the incision and drainage of abscesses, the trephination of subungual hematomas, the removal of foreign bodies, the topical and parenteral use of local anesthetic solutions, their adjuncts, and diluents, obtaining samples of superficial human tissue by means of biopsy, consistent with the practice of naturopathic medicine; prescribe Schedule II-V controlled substances without physician supervision. The bill was introduced in the Senate and is awaiting referral to a committee.

CONNECTICUT

[HB 5398](#) – Corporate Practice of Medicine

Introduced by the Joint Committee on Public Health, HB 5398 increases notification requirements for mergers, acquisitions, affiliations, and other material changes involving health care entities, mandating the parties provide detailed information—including ownership structures, and management arrangements to the state attorney general.

[SB 342](#) – Insurance

Introduced by the Joint Committee on Insurance and Real Estate, SB 342 requires health insurers to ensure equal reimbursement rates for outpatient services, regardless of the facility or provider affiliation, within the same geographic region; prohibits health insurers from using artificial intelligence (AI) to deny or reduce claims without review by a clinical peer. The bill was introduced in the Senate and referred to the Insurance and Real Estate Committee.

[SB 391](#) – Cancer

Introduced by the Joint Committee on Judiciary, SB 391 seeks to expand options for breast cancer screening, diagnosis, and treatment for women in state prison. The bill was introduced in the Senate and referred to the Judiciary Committee.

[SB 410](#) – Cancer

Introduced by the Joint Committee on Public Safety and Security, SB 410 establishes a one-year pilot program in two municipalities to reimburse firefighters for cancer screenings. The bill was introduced in the Senate and referred to the Joint Committee on Public Safety and Security.

FLORIDA

[HB 973](#) – Stop the Bleed

Introduced by Representative Daryl Campbell (D), HB 973 requires all public K-12 schools to have bleeding control kits; designate staff to receive training in their use; integrate into school emergency plans and drills. The bill was introduced in the House and referred to the Education Administration Committee.

[SB 1204](#) – Stop the Bleed

Introduced by Senator Rosalind Osgood (D), SB 1204 requires all public K-12 schools to have bleeding control kits; designate staff to receive training in their use; integrate into school emergency plans and drills. The bill was introduced in the Senate and referred to the Education Pre-K–12 Committee.

GEORGIA

[HB 1480](#) – Single Payer

Introduced by Representative Gabriel Sanchez (D), HB 1480 creates a single payer health care system. The bill was introduced in the House and is awaiting referral to a committee.

[SB 602](#) – Prior Authorization

Introduced by Senator Nabilah Parkes (D), SB 602 requires health insurers to provide detailed clinical criteria, reasoning, reviewer credentials, and information on appeal rights when a claim is denied; prohibits insurers from retroactively denying coverage for services that already received prior authorization; requires insurers to provide the total number of initial requests for prior authorization, whether initial requests were approved or denied, and the approval and denial rates. The bill was introduced in the Senate and is awaiting referral to a committee.

IDAHO

[H 788](#) – Prior Authorization

Introduced by the House Health and Welfare Committee, H 788 creates a prior authorization (PA) exemption to eligible health care professionals who provide 360 preceptorship hours with at least 60 percent of those hours in rural or underserved areas. The bill was introduced in the House and is awaiting referral to a committee.

[H 806](#) – Scope of Practice

Introduced by the House Health and Welfare Committee, H 806 allows physician assistants (PA) to be employed by nonphysician health care providers and to independently own medical practices with at least two years of licensure; removes the requirement for a named collaborating physician; replaces a specific list of supervised professionals with the general term “health professionals who require supervision,” expanding physician accountability; creates a one-year, nonrenewable limited license for recent medical graduates not yet in residency. The bill was introduced in the House and referred to the Health and Welfare Committee.

[S 1319](#) – Insurance

Introduced by the Senate State Affairs Committee, S 1319 prohibits freestanding emergency rooms from balance billing patients; freestanding ERs must accept the reimbursement an in-network provider would receive for the same emergency service in the same geographic area; any patient cost sharing must be calculated as if they used an in-network provider; health insurers must pay providers directly; enforces compliance by making violators liable for attorney's fees and costs, with each unlawful billing attempt counting as a separate violation. The bill was introduced in the Senate and referred to the Commerce and Human Resources Committee.

IOWA

[SF 2421](#) - Artificial Intelligence/Prior Authorization/Utilization Review

Introduced by the Senate Health and Human Services Committee, SF 2421 clarifies utilization review organizations (URO) may use artificial intelligence (AI) for initial reviews of prior authorization (PA) requests; AI cannot be the sole basis for denying, delaying, or downgrading requests based on medical necessity; any denial or downgrade must be made by a qualified reviewer or clinical peer, with detailed written explanations and attestations provided to the requesting health care provider and a mandatory consultation within seven business days if a request is denied; denial appeals must be handled by a different qualified reviewer or clinical peer than the one involved in the initial decision; prohibits health insurers from imposing additional utilization review requirements for cancer-related screenings recommended by a health care professional; exempts PA for the treatment of life-threatening health conditions. The bill was introduced in the Senate and is awaiting referral to a committee.

[SF 2455](#) – Insurance

Introduced by the Senate Commerce Committee, SF 2455 requires insurers to reimburse out-of-network providers the greater of either the median in-network rate for the service or 150% of the Medicare fee schedule, excluding patient cost-sharing; prohibits out-of-network providers from balance billing patients beyond their standard cost-sharing obligations. The bill was introduced in the Senate and is awaiting referral to a committee.

KENTUCKY

[HB 726](#) – Telemedicine

Introduced by Representative Kimberly Holloway (R), HB 726 requires health insurers to reimburse telemedicine services the same as in-person visits; allows for audio-only when other options are unavailable; requires telemedicine providers to be licensed in the state or under an interstate licensure compact; cost sharing measures must be the same as an in-person visit. The bill was introduced in the House and referred to the Committee on Committees.

[HB 822](#) – Cancer

Introduced by Representative Deanna Gordon (R), HB 822 requires health insurers to provide no cost sharing colorectal cancer screenings for individuals aged 45 and older, and those under 45 at high risk for colorectal cancer. The bill was introduced in the House and referred to the Committee on Committees.

[HCR 114](#) – Trauma

Introduced by Representative Mark Hart (R), HCR 114 is a resolution recognizes the critical importance of having a physician present in every emergency department, particularly in rural areas, to ensure the highest standard of emergency care; highlights the extensive education and training physicians undergo; emphasizing only physicians possess the clinical expertise necessary for immediate evaluation, treatment, and stabilization of patients with acute or life-threatening conditions; acknowledges the valuable role of advanced practice registered nurses and physician assistants as part of physician-led teams but asserts that physician presence is essential for optimal patient outcomes. The bill was introduced in the House and referred to the Committee on Committees.

[SB 307](#) – Step Therapy/Prior Authorization

Introduced by Senator Karen Berg (D), SB 307 requires step therapy protocols be based on evidence-based clinical guidelines developed by expert panels; if there are no guidelines available, peer-reviewed publications may be used; creates an electronic process for requesting exceptions to step therapy to be integrated into prior authorization (PA) systems; must be reviewed within 48 hours; when more information is needed, providers must be notified within 48 hours; if no decision is made in this timeframe, the exception is automatically granted; once PA is granted, coverage for the requested drug must begin immediately and cannot be retroactively denied. The bill was introduced in the Senate and referred to the Committee on Committees.

[SB 311](#) – Insurance

Introduced by Senator Stephen Meredith (R), SB 311 requires health insurers to obtain written agreement to change a participating provider's reimbursement; any modifications made in violation of these requirements are deemed void and unenforceable; changes involving provider network inclusion or new insurance products, the provider's written acceptance is required. The bill was introduced in the Senate and referred to the Committee on Committees.

[SB 340](#) – Insurance

Introduced by Senator Shelley Frommeyer (R), SB 340 establishes an all-payer claims database to collect and analyze health care claims data from a broad range of payers for health system improvement, with dedicated funding, privacy safeguards, enforcement mechanisms, and oversight by a multi-sector advisory council. The bill was introduced in the Senate and referred to the Committee on Committees.

[SB 348](#) – Certificate of Need

Introduced by Senator Gex Williams (R), SB 348 exempts physician-owned ophthalmology and endoscopy ambulatory surgical centers from the state's certificate of need requirement. The bill was introduced in the Senate and referred to the Committee on Committees.

LOUISIANA

[HB 475](#) – Artificial Intelligence

Introduced by Representative Stephanie Berault (R), HB 475 requires health professionals to obtain a patient's verbal consent before recording medical visits for artificial intelligence transcription. The bill was introduced in the House and referred to the Health and Welfare Committee.

[HB 766](#) – Cancer

Introduced by Representative Aimee Freeman (D), HB 766 requires health insurers to cover orally administered anti-cancer medications the same as intravenous treatments; prohibits cost sharing to disadvantage oral medications. The bill was introduced in the House and referred to the Insurance Committee.

[SB 169](#) – Biomarker

Introduced by Senator Kirk Talbot (R), SB 169 requires health insurers to provide coverage for biomarker testing. The bill was introduced in the Senate and referred to the Insurance Committee.

[SB 212](#) – Professional Liability

Introduced by Senator Gregory Miller (R), SB 212 clarifies that the \$500,000 cap on recoverable damages is per claimant and does not include past or future medical care, related benefits, or lost income; the cap will be adjusted for inflation based on the federal Consumer Price Index since 1975; individual health care providers' liability remains capped at \$100,000 plus interest with excess paid from the patient compensation fund; allows for a certificate of merit versus a medical review panel. The bill was introduced in the Senate and referred to the Judiciary Committee.

[SB 246](#) - Artificial Intelligence/Prior Authorization

Introduced by Senator W. Jay Luneau (D), SB 246 prohibits health insurers from using artificial intelligence (AI) in utilization review and claims determinations; insurers are required to notify the patient when AI makes an adverse determination and provide the clinical rationale and appeal instructions; AI may not delay, deny, or modify health care services; AI determinations must be based on the patient's clinical history, not on group data sets; before any adverse determination based on medical necessity or procedures requiring prior authorization, independent human judgment is required. The bill was introduced in the Senate and referred to the Insurance Committee.

[SB 366](#) – Professional Liability

Introduced by Senator Jimmy Harris (D), SB 366 raises the overall cap for malpractice claims from \$500,000 to \$1,000,000 with annual inflation adjustments; the liability cap for individual qualified health care providers is increased from \$100,000 to \$250,000 with annual inflation adjustments; introduces an alternative to the mandatory medical review panel process by permitting claimants to initiate actions through a notarized affidavit from a board-certified physician. The bill was introduced in the Senate and referred to the Judiciary Committee.

MINNESOTA

[HF 3789](#) – Cancer

Introduced by Representative Julie Greene (D), HF 3789 requires health insurers to provide no cost sharing pap tests. The bill was introduced in the House and referred to the Commerce, Finance, and Policy Committee.

[HF 3867](#) – Prior Authorization

Introduced by Representative Anquam Mahamoud (D), HF 3867 requires a health insurer's reviewing physician to directly contact the enrollee's health care professional to obtain more information about the medical necessity of the service before issuing a prior authorization (PA) denial; adverse determinations must be communicated in writing and by telephone by the physician making the decision; creates a cause of action for enrollees who are injured by wrongful denials of PA, including punitive damages and attorney fees; attending health care professionals are immune from civil liability under this new cause of action. The bill was introduced in the House and referred to the Commerce, Finance, and Policy Committee.

[SF 3984](#) – Prior Authorization

Introduced by Senator Erin Maye Quade (D), SF 3984 prohibits health insurers from using artificial intelligence (AI) to approve or deny prior authorization (PA) requests. The bill was introduced in the Senate and referred to the Commerce and Consumer Protections Committee.

[SF 3993](#) – Insurance

Introduced by Senator Rich Draheim (R), SF 3993 requires health insurers to provide enrollees with cost-sharing credits when they receive health care services from out-of-network providers at a lower cost than comparable in-network providers. The bill was introduced in the Senate and referred to the Commerce and Consumer Protection Committee.

MISSOURI

[HB 1805](#) – Trauma

Introduced by Representative Mark Sharp (D), HB 1805 revises the process for designating trauma centers by aligning state requirements with national standards; prohibits the department from denying Level I, II, or III trauma center status based solely on the distance between centers; prohibits hospitals from publicly claiming trauma center status unless officially designated by the department; hospitals to receive state designation based on national certification or verification, without additional state-imposed standards, provided the hospital maintains its national status. The bill was introduced in the House and is awaiting referral to committee.

[HB 2570](#) – Insurance

Introduced by Representative David Smith (D), HB 2570 requires health insurers to reimburse anesthesia services without imposing time limits or exclusions. The bill was introduced in the House and referred to the Health and Mental Health Committee.

[HB 2749](#) – Scope of Practice

Introduced by Representative Bishop Davidson (R), HB 2749 allows licensed hospitals to handle administrative duties for physician assistant (PA) collaborative agreements letting one agreement cover multiple physicians and PAs; limits the number of PAs, advanced practice nurses, or assistant physicians a doctor can supervise to six except for hospital inpatient care; shifts reporting duties from individual physicians to hospitals when hospitals handle administration; requires state oversight for compliance. The bill was introduced in the House and referred to the General Laws Committee.

[HB 3484](#) – Scope of Practice

Introduced by Representative Jeff Coleman (R), HB 3484 defines "surgery," including structural alterations of the human body, use of various instruments, and injections into body cavities, organs, joints, sensory organs, and the central nervous system; specifically excludes subcutaneous, intramuscular, and intravenous injections by licensed nurses under physician orders. The bill was introduced in the House and is awaiting referral to a committee.

[SB 897](#) – Prior Authorization

Introduced by Senator Ben Brown (R), SB 897 establishes health insurers or utilization review entities may only require prior authorization (PA) from a health care provider if, during the most recent six-month evaluation period, less than 90 percent of that provider's prior authorization requests for a given service were approved; the threshold applies to all services collectively; health insurers cannot deny or reduce payment for services already approved except in cases of intentional misrepresentation or if the service was not performed. The bill was introduced in the Senate and referred to the Insurance and Banking Committee.

[SB 1719](#) – Scope of Practice/Workplace Violence

Introduced by Senator Nick Schroer (R), SB 1719 requires health care facilities to create workplace violence prevention committees and written plans; plans must include reporting procedures, protections against retaliation, staff training, and support for employees after violent incidents; facilities cannot retaliate against staff who report violence or contact law enforcement; allows advanced practice registered nurses to practice independently after 2,000 hours of collaborative practice. The bill was introduced in the Senate and is awaiting referral to a committee.

[SB 1775](#) – Workplace Violence

Introduced by Senator Kurtis Gregory (R), SB 1775 requires hospitals to implement workplace violence prevention plans; the plan must include definitions of workplace violence, processes for confidential reporting and protection from retaliation, annual training, incident response protocols, and adjustments to patient care assignments to protect staff from abusive patients; prohibits retaliation or disciplinary action against those who report workplace violence or assist others in doing so. The bill was introduced in the Senate and is awaiting referral to a committee.

[SB 1795](#) – Biomarker

Introduced by Senator Stephen Webber (D), SB 1795 requires health insurers to cover biomarker testing for diagnosis, treatment, appropriate management, or ongoing monitoring of a patient's disease or condition to guide treatment decisions when the test provides clinical utility. The bill was introduced in the Senate and is awaiting referral to a committee.

PENNSYLVANIA

[HB 2265](#) – Trauma

Introduced by Representative Paul Takac (D), HB 2265 requires hospitals with emergency departments to have a board-certified or board-eligible emergency physician onsite at all times, with limited exceptions for certain rural hospitals, including maintaining an average daily emergency department census of 46 or fewer visits over the preceding two years and demonstrating good faith efforts to recruit qualified emergency physicians; prohibits

telemedicine as a substitute for onsite physician presence. The bill was introduced in the House and referred to the Health Committee.

SOUTH CAROLINA

[HB 5206](#) – Artificial Intelligence/Prior Authorization

Introduced by Representative Brandon Guffey (R), HB 5206 requires health insurers must consider each enrollee's medical history and unique clinical circumstances, not just group data; if a prior authorization request is denied, reduced, or deferred, a licensed physician must review the decision, consider AI's recommendation, and the patient's specific situation; insurers must clearly inform enrollees when AI is used in utilization review. The bill was introduced in the House and referred to the Labor, Commerce, and Industry Committee.

TENNESSEE

[HB 1952](#) – Scope of Practice

Introduced by Representative Ryan Williams (R), HB 1952 expands the scope of practice for optometrists by including a wider range of diagnostic, management, and treatment activities; authorizes optometrists to perform certain surgical procedures; administer and prescribe pharmaceutical agents by any approved route; conduct laser-assisted procedures on the anterior segment of the eye; and use local anesthetics for specific minor procedures, provided they meet board certification requirements; the bill explicitly excludes optometrists from performing advanced surgical procedures, such as retina laser procedures, LASIK, PRK, corneal transplants, cataract surgery, and surgeries involving the removal of the eye or full-thickness incisions of the cornea or sclera; optometrists are to be held to the same standard of care as other physicians providing similar services. The bill was introduced and referred to the Health Committee.

[HB 2579](#) – Insurance

Introduced by Representative Sabi Kumar (R), HB 2579 extends the required notice period health insurers must give to health care providers about material changes to provider manuals or reimbursement rules from 60 days to 65 days. The bill was introduced in the House and referred to the Insurance Committee.

[HB 2619](#) – Insurance/Downcoding/Artificial Intelligence

Introduced by Representative Dan Howell (R), HB 2619 prohibits health insurers from downcoding claims for services performed; prohibits insurers from making unilateral material changes to provider contracts without notice and negotiation; requires any claim or coding review conducted by artificial intelligence (AI) be reviewed and approved by a qualified human health care provider before a determination is sent to the provider or patient; bans the practice of 'lasering' in stop-loss insurance underwriting and restricts the removal of enrollees from group plans except under specific circumstances such as nonpayment or fraud; prohibits individuals or entities owning or controlling both a health care provider and a health insurance entity. The bill was introduced in the House and referred to the Insurance Committee.

[SB 2155](#) – Insurance/Downcoding/Artificial Intelligence

Introduced by Senator Bo Watson (R), SB 2155 prohibits health insurers from downcoding claims for services performed; prohibits insurers from making unilateral material changes to provider contracts without notice and negotiation; requires any claim or coding review conducted

by artificial intelligence (AI) be reviewed and approved by a qualified human health care provider before a determination is sent to the provider or patient; bans the practice of 'lasering' in stop-loss insurance underwriting and restricts the removal of enrollees from group plans except under specific circumstances such as nonpayment or fraud; prohibits individuals or entities owning or controlling both a health care provider and a health insurance entity. The bill was introduced in the Senate and referred to the Commerce and Labor Committee.

[SB 2550](#) – Insurance

Introduced by Senator Shane Reeves (R), SB 2550 extends the required notice period health insurers must give to health care providers about material changes to provider manuals or reimbursement rules from 60 days to 65 days. The bill was introduced in the Senate and referred to the Commerce and Labor Committee.

RHODE ISLAND

[H 7862](#) – Insurance

Introduced by Representative Mia Ackerman (D), HB 7862 prohibits health insurers from unilaterally modifying, amending, or reinterpreting any material term or condition of a contract with a healthcare provider during the contract's term. The bill was introduced in the House and referred to the Corporations Committee.

[H 7935](#) – Scope of Practice

Introduced by Representative David Bennett (D), H 7935 allows the degree of physician assistant (PA) collaboration is determined by the practice setting; broadens the authority of PAs to provide medical and surgical services within their competencies; removes direct collaboration with a physician; adds criminal background checks and increases continuing medical education hours from 25 to 50 biannually. The bill was introduced in the House and referred to the Health and Human Services Committee.

[H 7942](#) – Prior Authorization

Introduced by Representative Joseph Solomon (D), H 7942 requires health insurers to justify any denial of health care services deemed medically necessary by a provider, requiring them to provide justification if they deny coverage for such services. The bill was introduced in the House and referred to the Health and Human Services Committee.

[S 2806](#) – Scope of Practice

Introduced by Senator Pamela Lauria (D), S 2806 requires health insurers to reimburse physician assistants and certified registered nurse practitioners the same as physicians; applies to nurse practitioners or physician assistants who bill insurers directly under their own names and national provider identifiers; insurers are prohibited from reducing physician reimbursement rates to comply with this act. The bill was introduced in the Senate and referred to the Finance Committee.

[S 2864](#) – Cancer

Introduced by Senator Lammis Vargas (D), S 2864 requires health insurers to provide no cost sharing lung cancer screenings. The bill was introduced in the Senate and referred to the Health and Human Services Committee.

[S 2868](#) – Scope of Practice

Introduced by Senator Bridget Valverde (D), S 2868 allows physician assistants (PA) to provide medical and surgical services within their competencies without direct supervision; allow PAs to consult with or refer to physicians or other healthcare professionals as appropriate. The bill was introduced in the Senate and referred to the Health and Human Services Committee.

[S 3023](#) – Cancer

Introduced by Senator Lammis Vargas (D), S 3023 requires health insurers to provide no cost sharing lung cancer screenings. The bill was introduced in the Senate and referred to the Health and Human Services Committee.

[S 3028](#) – Insurance

Introduced by Senator Stefano Famiglietti (D), S 3028 prohibits health care providers and insurers from denying or refusing to process medical claims solely because they may be related to third-party incidents, except for workers' compensation cases. The bill was introduced in the Senate and referred to the Health and Human Services Committee.

UTAH

[SB 319](#) – Prior Authorization

Introduced by Senator John Johnson (R), SB 319 requires health insurers to publicly post detailed prior authorization (PA) requirements and the use of artificial intelligence (AI) in PA reviews, on their websites; insurers must disclose their use of AI to the Department of Insurance, network providers, and enrollees; bill establishes strict timelines for insurers to make PA decisions: five business days for standard requests and 72 hours for urgent care; for chronic or long-term care conditions, PA must generally be valid for at least 12 months and outpatient service authorizations must last at least six months; mandates adverse PA determinations be made using independent medical judgment; insurers must provide detailed notices for adverse determinations, including specific billing codes, estimated costs, and cost-sharing details, and must inform enrollees and providers about appeal processes; enhances reporting requirements: insurers must annually report detailed PA statistics, including approval and denial rates, appeal outcomes, and processing times, to the Department of Insurance, which will publish this data online. The bill was introduced and distributed in the Senate.

WISCONSIN

[SB 1066](#) – Artificial Intelligence/Prior Authorization

Introduced by Senator Kelda Roys (D), SB 1066 requires prior authorization denials for medically necessity or experimental status by reviewed by a licensed health care provider and not artificial intelligence. The bill was introduced in the Senate and referred to the Utilities, Technology, and Tourism Committee.