

## ACS State Affairs Legislative Update – April 24, 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](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); Florida (3/13); Georgia (4/2); Idaho (4/2); Indiana (2/27); Kansas (4/11); Kentucky (4/15); Maryland (4/13); Mississippi (4/15); Nebraska (4/17) New Mexico (2/19); Oregon (3/6); South Dakota (3/30); Tennessee (4/23); Utah (3/6); Washington (3/12); West Virginia (3/14); Wisconsin (3/17); and Wyoming (3/11). State legislative session information for 2026 can be found [here](#).

### LEGISLATIVE TRACKING

#### ALABAMA

#### SB 63 – Artificial Intelligence **ENACTED**

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. Governor Kay Ivey (R) signed the bill into law April 17.

## **CALIFORNIA**

### [AB 2431](#) – Downcoding

Introduced by Assemblymember Darshana Patel (D), AB 2431 requires health insurers to provide any decision to downcode must be based on a documented review of clinical information and reference accepted medical standards—not just claim form data; downcoding cannot target or discriminate against providers treating complex or high-acuity patients; if a claim is downcoded, the insurer provide a clear written explanation, including the criteria used and the payment changes; providers must have at least 365 days to dispute downcoded claims, with a clear process and the right to appeal batches of similar claims; disputes must be resolved within 45 working days. The bill was introduced in the Assembly and referred to the Health Committee.

## **ILLINOIS**

### [HB 3605](#) – Biomarker

Introduced by Representative Camille Lilly (D), HB 3605 requires health insurers to provide no cost sharing genetic testing for individuals with a personal or family history of cancer, as recommended by a healthcare professional and in accordance with current evidence-based clinical practice guidelines. The bill is currently in the Senate and referred to the Assignments Committee.

## **IOWA**

### [HF 2040](#) – Professional Liability

Introduced by Representative Bob Kressig (D), HF 2040 redefines noneconomic damages to include the loss of dependent care due to the death or severe injury of a primary caregiver; removes loss of pregnancy as an exception to the \$250,000 cap on noneconomic damages; eliminates the caps of \$1 million and \$2 million for cases involving substantial or permanent loss or impairment, substantial disfigurement, or death; directs a portion of punitive damage awards to a civil reparations trust fund. The bill was introduced in the House and referred to the Judiciary Committee.

## **KANSAS**

### [HB 2029](#) – Scope of Practice

Introduced by Representative Carrie Barth (R), HB 2029 requires optometrists to obtain professional liability insurance with a minimum of \$500,000 per claim and an annual aggregate limit of \$1,500,000 for all claims during the policy period, if they are credentialed to perform any of these advanced procedures: Incision and curettage of a chalazion, removal and biopsy of skin lesions, laser capsulotomy, and laser trabeculoplasty. The bill was introduced in the House and referred to the Transportation Committee.

## **MAINE**

### [LD 2201](#) – Private Equity **ENACTED**

Introduced by Representative Kristi Mathieson (D), LD 2201 refines the regulatory review process for health care transactions involving private equity companies, hedge funds, or management services organizations when these entities acquire majority ownership or

operational control of a health care entity. Governor Janet Mills (D) signed the bill into law April 13.

## **MISSOURI**

### [SB 1453](#) – Telemedicine

Introduced by Senator Justin Brown (R), SB 1453 updates the requirements for establishing a valid physician-patient relationship when using telemedicine, specifying such a relationship can be formed through an in-person medical evaluation and physical examination, consultation with another physician who has an established relationship with the patient, or a telemedicine encounter if the standard of care does not necessitate an in-person visit. The bill was introduced in the Senate and referred to the Families, Seniors, and Health Committee.

## **NEBRASKA**

### [LB 1212](#) – Licensure **ENACTED**

Introduced by Senator Merv Riepe (R), LB 1212 creates a new pathway for internationally trained physicians to become licensed in the state; allows internationally trained physicians with a recognized foreign medical degree, comparable training, and at least three years of recent practice to apply for a limited license; limited license is valid for up to three years and can be renewed once; requires employment and supervision by a participating health care entity, passing parts of the U.S. Medical Licensing Exam, and meeting board criteria; after three years and a successful assessment, physicians can apply for a restricted license, which allows independent practice in shortage areas without supervision, provided they pass Step 3 of the licensing exam and meet other requirements; after at least three years each under limited and restricted licenses, the physician may become eligible for an unrestricted license. Governor Jim Pillen (R) signed the bill into law April 14.

## **NEW JERSEY**

### [S 178](#) – Scope of Practice

Introduced by Senator Patrick Diegnan (D), S 178 allows optometrists to perform minor ophthalmologic non-invasive laser and ultrasound procedures for eye conditions, including: trabeculectomy, capsulotomy, iridotomy; treatment of chalazions, excision of skin tags and other benign lesions using local anesthesia; prohibits invasive intra-ocular surgeries, orbital surgeries including strabismus surgery and any surgery requiring an incision of the orbital septum or layered suturing, any procedures requiring general anesthesia; optometrists must also complete training and certification before performing these procedures, and work under supervision for new procedures until authorized. The bill was introduced in the Senate and referred to the Commerce Committee.

### [S 986](#) – Professional Liability

Introduced by Senator Jon Bramnick (R), S 986 specifically prohibits the use of "interrelated wrongful act clauses" and "prior and pending proceeding clauses," which insurers have used to deny coverage based on similarities to other claims, even if those claims are unrelated. The bill was introduced in the Senate and referred to the Commerce Committee.

### [S 2819](#) – Licensure

Introduced by Senator Angela McKnight (D), S 2819 establishes a new medical license category for graduate physicians, medical school graduates who have passed Step 2 of the US Medical Licensing Exam but have not completed a residency; graduate physicians may only provide primary care in medically underserved areas and under the supervision of a fully licensed collaborating physician, with a formal collaborative practice agreement outlining scope, oversight, and patient disclosures; requires health insurers to reimburse graduate physicians at rates equivalent to other mid-level providers. The bill was introduced in the Senate and referred to the Health, Human Services, and Senior Citizens Committee.

## **PENNSYLVANIA**

### [HB 2394](#) – Cancer

Introduced by Representative Joe Ciresi (D), HB 2394 creates a state-funded program to cover annual cancer screening costs for eligible firefighters. The bill was introduced in the House and referred to the Veterans Affairs and Emergency Preparedness Committee.

## **WASHINGTON**

### [HB 2127](#) – Scope of Practice

Introduced by Representative Matt Marshall (R), HB 2127 updates state law to change the title "physician assistant" to "physician associate" across all statutes and regulations. The bill was introduced in the House and referred to the Health Care and Wellness Committee.