

ACS State Affairs Legislative Update – February 20, 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

ALABAMA

[HJR 123](#) – Cancer

Introduced by Representative David Faulkner (R), HJR 123 designates March 2026 as Colorectal Cancer Awareness month. The bill was introduced in the House and referred to the Rules Committee.

CALIFORNIA

[AB 1906](#) – Cancer

Introduced by Assemblymember Cecilia Aguiar-Curry (D), AB 1906 requires health insurers and Medi-Cal to provide no cost sharing annual at-home cervical cancer screening kits. The bill was introduced in the Assembly and is awaiting referral to a committee.

[AB 2575](#) - Artificial Intelligence

Introduced by Assemblymember Liz Ortega (D), AB 2575 requires health care providers using artificial intelligence (AI) for patient care must provide comprehensive disclosures to health care professionals and patients; disclosures must include detailed information about the AI tool, such as its developer, intended use, known risks, validation processes, and instructions for overriding AI outputs when professional judgment deems it necessary and linked to affected patients' health records. The bill was introduced in the Assembly and is awaiting referral to a committee.

[SB 1124](#) – Cancer

Introduced by Senator Bob Archuleta (D), SB 1124 requires retailers who sell tobacco products to display and distribute lung cancer screening information; materials are required to include eligibility criteria for lung cancer screening, information on the effectiveness of such screening, and the toll-free number for the Kick It California tobacco cessation program. The bill was introduced in the Senate and referred to the Rules Committee.

[SB 1309](#) – Cancer

Introduced by Senator Susan Rubio (D), SB 1309 requires health insurers to provide no cost sharing lung cancer screenings; includes diagnostic CT scans, PET/CT scans, tissue sampling, biopsy, bronchoscopy, pathology, and surgical consultation following an initial abnormal or indeterminate test result. The bill was introduced in the Senate and referred to the Rules Committee.

COLORADO

[HB 1249](#) – Scope of Practice

Introduced by Representative Ryan Gonzalez (R), HB 1249 allows physician assistants, estheticians, cosmetologists, practical nurses, registered nurses, and advanced practice registered nurses to own a majority in corporations providing medical-aesthetic services provided they are licensed by the state. The bill was introduced in the House and referred to the Health and Human Services Committee.

GEORGIA

[HB 1354](#) – Insurance

Introduced by Representative Trey Kelley (R), HB 1354 requires health insurers to approve credentialing applications from healthcare providers within 45 days of receiving a complete

application that meets the insurer's established criteria. The bill was introduced in the House and is awaiting referral to a committee.

[HB 1374](#) – Insurance

Introduced by Representative Lee Hawkins (R), HB 1374 requires a written agreement from health care provider regarding payment methods; prohibits health insurers from restricting payment methods to only those with fees, such as credit card payments, unless the health care provider expressly accepted such a method; insurers must notify providers of any associated fees, inform them of all available payment options, and provide clear instructions for selecting alternatives that do not impose fees. The bill was introduced in the House and is awaiting referral to a committee.

[SB 509](#) – Cancer

Introduced by Senator Rick Williams (R), SB 509 requires health insurers who provide coverage for diagnostic breast examinations must also cover an annual chest imaging test, as well as any additional medically necessary and clinically appropriate chest imaging tests for covered individuals post-mastectomy or after other cancer treatments such as chemotherapy or radiation therapy; chest imaging tests include X-rays, ultrasounds, MRIs, PET scans, and CT scans of the chest. The bill was introduced in the Senate and is awaiting referral to a committee.

IDAHO

[H 648](#) – Cancer

Introduced by the House Business Committee, H 648 requires health insurers to reimburse oral anticancer medications the same as injected or intravenous medications. The bill was introduced in the House and referred to the Health and Welfare Committee.

INDIANA

[HB 1271](#) – Downcoding

Introduced by Representative Julie McGuire (R), HB 1271 health insurers are prohibited from using automated systems, including artificial intelligence (AI), as the sole basis for downcoding claims without human review of the patient's medical record; insurers must disclose when AI is used to make adverse determinations or downcode claims, and cannot downcode solely based on diagnosis codes or in a discriminatory manner against providers treating complex or chronic conditions; when insurers downcode, they must provide detailed notifications to providers, including reasons, clinical criteria, original and revised codes, payment amounts, and information on the right to appeal; providers are guaranteed a clear, accessible appeal process with at least 180 days to file, and may appeal in batches for similar claims; restricts insurers and health maintenance organizations from retroactively auditing, recouping, or refunding paid claims more than one year after payment, and from retroactively auditing claims more than three years after payment, except in cases of proven fraud as determined by a court. The bill was introduced in the House and referred to the Insurance Committee.

IOWA

[HF 2438](#) – Prior Authorization

Introduced by Representative Austin Harris (R), HB 2438 exempts certain services from prior authorization (PA) and utilization review requirements, specifically cancer-related screenings and

preventative services; requires health insurers to accept and pay or deny clean claims within 30 days for electronic submissions and 45 days for paper submissions; retroactive denial, reduction, or recoupment of paid claims is restricted to cases of misrepresentation, fraud, or duplicate submissions, with written notice and evidence required; insurers conducting audits of clean claims must reimburse providers for reasonable administrative costs, adhere to strict notification and determination timelines, and allow for appeals, with automatic approval and interest penalties for violations; prohibits financial penalties, reimbursement reductions, administrative fees, or network termination based on a provider's referral to out-of-network providers; insurers are barred from interfering in provider staffing and referral decisions and must offer opportunities for negotiation in contract amendments, with unreasonable contract terms deemed void; violations are subject to civil penalties and litigation cost recovery for providers; insurers may only deny or downgrade requests for PA if the decision is made by a qualified reviewer or clinical peer with appropriate specialty and experience; detailed written explanations, attestation of reviewer qualifications, and information on the appeals process must be provided to the requesting provider and covered person; if a denial occurs, a consultation between the provider and the reviewer must be offered within seven business days; appeals must be conducted by a different qualified reviewer or clinical peer; violations of these requirements are treated as unfair or deceptive practices, with civil penalties and litigation cost recovery provisions. The bill was introduced in the House and referred to the Health and Human Services Committee.

[HF 2552](#) – Certificate of Need

Introduced by Representative Judd Lawler (R), HF 2552 exempts cancer care providers from certificate of need (CON) requirements for outpatient oncology clinics, radiation therapy centers, chemotherapy infusion centers, outpatient cancer diagnostic facilities, oncology surgical centers, and ancillary support services directly related to cancer treatment; CON requirements does not apply to these defined cancer care providers. The bill was introduced in the House and referred to the Health and Human Services Committee.

[HF 2635](#) – Prior Authorization

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

[SF 2367](#) – Certificate of Need

Introduced by the Senate Health and Human Services Committee, SF 2367 replaces the requirement for a public hearing on certificate of need (CON) applications with a written public comment period; new services and facilities now require a CON, including open heart surgery

services, organ transplantation services, and replacement medical equipment over \$1.5 million. The bill was introduced in the Senate and is awaiting referral to a committee.

[SSB 3177](#) – Insurance

Introduced by the Senate Commerce Committee, SSB 3177 requires health insurers to cover emergency and certain non-emergency services provided by out-of-network providers; out-of-network providers are required to submit claims to the patient's health insurer within 60 days of service, and carriers must reimburse the greater of either the median in-network rate for the service or 150 percent of the most recent Medicare fee schedule, excluding patient cost sharing; prohibits balance billing; and establishes an arbitration process for resolving payment disputes. The bill was introduced in the Senate and referred to the Commerce Committee.

KENTUCKY

[SB 195](#) – Professional Liability

Introduced by Senator Craig Richardson (R), SB 195 mandates professional liability claimants provide written notice to each prospective defendant at least 60 days before filing a complaint; strengthens the certificate of merit requirement, requiring claimants to obtain a written expert opinion before filing suit; provides for attorney fees and costs to prevailing parties if the opposing party fails to offer competent expert testimony; revises comparative fault statute to bar recovery for claimants found 50 percent or more at fault and clarifies the calculation of damages, particularly for medical expenses, by limiting evidence to amounts actually paid or necessary to satisfy financial obligations, excluding sums exceeding what would be paid by insurance or government programs. The bill was introduced in the Senate and referred to the Committee on Committees.

LOUISIANA

[HB 197](#) – Artificial Intelligence

Introduced by Representative Jessica Domangue (R), HB 197 authorizes the use of artificial intelligence (AI) by health care providers; permitted uses include preparing and maintaining client records, managing appointment scheduling, processing billing or insurance claims, analyzing anonymized data, organizing external resources or referrals, and drafting general communications related to therapy logistics, provided these do not include therapeutic advice; strictly prohibits health care providers from using AI to make independent decisions related to treatment or diagnosis, interact directly with patients, or generate therapeutic recommendations or treatment plans without review and approval by a licensed healthcare professional; violations may result in civil penalties of up to \$10,000 per violation. The bill was introduced in the House and referred to the Health and Welfare Committee.

[SB 84](#) – Cancer

Introduced by Senator Brach Myers (R), SB 84 requires health insurers to provide no cost sharing prostate cancer screenings, including digital rectal examinations and prostate-specific antigen (PSA) testing; expands coverage for men between the ages of 40 and 49. The bill was introduced in the Senate and referred to the Insurance Committee.

MARYLAND

[HB 1093](#) – Insurance

Introduced by Delegate Bonnie Cullison (D), HB 1093 shortens the time frames for health insurers to notify providers about the status of their applications, from 30 to five days for initial notice, and from 120 to 30 days for final acceptance or rejection; imposes a civil penalty of \$500 per day for each day a required notice is not sent, with penalties paid directly to the affected provider; repeals the authority for insurers to charge application fees and mandates insurers allow providers to use a uniform online credentialing form, with dedicated and responsive communication channels for credentialing inquiries; insurers must pay group practices at the participating provider rate for services rendered by providers who have applied for credentialing and meet certain criteria, such as holding a valid license, being credentialed by an accredited hospital, having professional liability insurance, or possessing immunity under federal or state tort claims acts. The bill was introduced in the House and referred to the Health Committee.

[HB 1153](#) – Insurance

Introduced by Delegate Pam Guzzone (D), HB 1153 prohibits health insurers from downcoding claims without first reviewing clinical documentation; prohibits the use of automated tools, including artificial intelligence and algorithms, to downcode without human review; prohibits downcoding based solely on diagnosis codes or targeting providers who treat complex or chronic conditions; providers must be notified within 30 days if the insurer intends to downcode a claim, including the specific reasons, reference to clinical criteria, the original and revised codes, and the opportunity for the provider to submit additional documentation within 90 days; any final determination to downcode must be made by a physician board-certified in the relevant specialty with actual clinical experience; if a final decision to downcode is made, the provider must be notified of their right to appeal; allows providers to file a complaint with the state insurance commissioner without first appealing to the carrier if the coverage decision results from a final downcoding determination. The bill was introduced in the House and referred to the Health Committee.

[HB 1385](#) – Artificial Intelligence

Introduced by Delegate Terri Hill (D), HB 1385 establishes new requirements for the use of artificial intelligence (AI) by health insurers; any audit or compliance review of such AI tools must include a human evaluation by a licensed health care professional, who is empowered to consider the specific circumstances of a patient and to question, modify, or override AI-generated determinations; requires that the performance, use, and outcomes of these AI tools be reviewed at least quarterly, with a human evaluation of real-world health outcomes; AI tools cannot replace the role of health care providers in the determination process, cannot base decisions solely on group data sets, and must not result in unfair discrimination or harm to enrollees. The bill was introduced in the House and referred to the Health Committee.

[HB 1558](#) – Scope of Practice

Introduced by Delegate Jamila Woods (D), HB 1558 creates a licensing and regulatory pathway for anesthesiologist assistants (AAs) under the authority of the board of physicians; AAs must always work under the supervision of a licensed anesthesiologist and cannot practice independently; outlines the qualifications required for licensure, including graduation from an accredited AA program, passage of a national certification exam, and completion of a criminal history records check. The bill was introduced in the House and referred to the Health Committee.

[HB 1602](#) – Cancer

Introduced by Delegate Mike Griffith (R), HB 1602 requires counties to provide no-cost preventive cancer screenings to volunteer firefighters. The bill was introduced in the House and referred to the Rules and Executive Nominations Committee.

[SB 951](#) – Scope of Practice

Introduced by Senator Arthur Ellis (D), SB 951 establishes a licensing and regulatory framework for anesthesiologist assistants (AAs) under the authority of the medical board; AAs must always work under the supervision of a licensed anesthesiologist and cannot practice independently. The bill was introduced in the Senate and referred to the Finance Committee.

MICHIGAN

[HB 5522](#) – Scope of Practice

Introduced by Representative Luke Meerman (R), HB 5522 allows physician assistants (PA) with at least 1,000 hours of experience to practice independently; experienced PAs may enter into and supervise PA practice agreements, marking a shift from the previous requirement only physicians could serve as supervising providers. The bill was introduced in the House and referred to the Health Policy Committee.

MINNESOTA

[SF 3712](#) – Insurance

Introduced by Senator Alice Mann (D), SF 3712 requires the reviewing physician for a health insurer to contact the attending health care professional to obtain more information about the medical necessity of the service before issuing a denial of prior authorization; adverse determinations must be communicated in writing and by telephone, with the call made by the physician or specialist responsible for the decision; if an adverse determination deviates from accepted medical norms and the recommendation of the enrollee's attending health care professional and results in injury, the enrollee may sue the insurer; if the rate at which an insurer's adverse determinations are reversed on appeal exceeds 40 percent in any 12-month period, the state may impose fines. The bill was introduced in the Senate and referred to the Commerce and Consumer Protection Committee.

MISSOURI

[HB 1810](#) – Trauma

Introduced by Representative Pattie Mansur (D), HB 1810 revises the process and criteria for designating hospitals as trauma, STEMI (ST-Elevation Myocardial Infarction), or stroke centers; hospitals must be designated as trauma centers (adult, pediatric, or both) if they meet the applicable criteria, and it prohibits the denial of Level I, II, or III trauma center status based solely on the distance between centers; allows for site reviews to be conducted on-site, and permits trauma center designation without a site review if the hospital is verified by a national body at an approved level; allows hospitals to receive trauma, STEMI, or stroke center designation based on national certification or verification, without the need to meet additional state standards, provided the hospital maintains its national certification; limits the state's authority to impose education requirements on emergency medicine physicians who are board-certified or board-eligible through recognized national boards, deeming their existing

requirements sufficient; hospitals are prohibited from publicly claiming trauma, STEMI, or stroke center status without official designation. The bill was introduced in the House and is awaiting referral to a committee.

[HB 1944](#) – Artificial Intelligence/Downcoding

Introduced by Representative George Hruza (R), HB 1944 prohibits the use of artificial intelligence (AI) for downcoding claims; any downcoding decision must be made by a state-licensed physician in the same specialty as the treating physician, following a documented review of clinical information; health insurers are barred from downcoding based solely on diagnosis codes and must provide detailed notifications when claims are downcoded, including the reason, clinical criteria, original and revised codes, payment amounts, and the credentials of the reviewing physician; the bill also mandates a clear and accessible appeals process for physicians, with a minimum 180-day window to submit appeals and the ability to appeal batches of similar claims. The bill was introduced in the House and is awaiting referral to a committee.

[HB 2335](#) – Stop the Bleed

Introduced by Representative Ann Kelley (R), HB 2335 amends state law to include timelines for the Department of Elementary and Secondary Education to develop a traumatic blood loss protocol, and for school districts and charter schools to implement this protocol by the end of the 2025-26 school year; provides Good Samaritan protections for school personnel when using bleeding control kits. The bill was introduced in the House and referred to the Elementary and Secondary Education Committee.

[HB 2897](#) – Scope of Practice

Introduced by Representative Jeff Farnan (R), HB 2897 broadens the definition of optometry to include both surgical and nonsurgical prevention and treatment of the eye, its adnexa, and vision; allows for the removal of non-perforating foreign bodies, YAG capsulotomy, laser trabeculoplasty, and peripheral iridotomy, and other minor surgeries (e.g., removal of eyelashes, scraping the cornea for diagnosis, incision and curettage of a chalazion); requires completion of a 32-hour board-approved certification program before performing injection or laser procedures, unless they graduated after July 1, 2020. The bill was introduced in the House and referred to the Professional Registration and Licensing Committee.

[HB 3323](#) – Cancer

Introduced by Representative Marlon Anderson (D), HB 3323 expands and makes the prostate cancer program permanent; establishes two prostate cancer programs, one in an urban area and one in a rural area; targets uninsured and economically challenged men, defined as those with incomes up to 150 percent of the federal poverty level, and provides eligibility for men aged 50 and older, as well as high-risk men aged 35 to 49 upon physician advice or personal request; the scope of services is broadened to include prostate cancer screening, prostate-specific antigen testing, diagnostic referrals, mental health assessment referrals, treatment services, support group services, and outreach and education to increase awareness and utilization among the target population. The bill was introduced in the House and is awaiting referral to a committee.

[SB 846](#) – Prior Authorization

Introduced by Senator Justin Brown (R), SB 846 stipulates health insurers and utilization review (UR) entities can only require prior authorization (PA) for health care services from providers whose approval rates for PA are below 90 percent over the previous 12-month period; insurers and UR must notify providers within 25 days about determinations regarding prior authorization exemptions and provide supporting data; providers must have access to an online portal to track PA requests and decisions, and there must be a process for appealing determinations; payment for services that received PA cannot be denied or reduced unless there is fraud or the provider did not perform the service. The bill was introduced in the Senate and was referred to the Insurance and Banking Committee.

[SB 979](#) – Scope of Practice

Introduced by Senator Nick Schroer (R), SB 979 allows advanced practice nurses (APN) to practice independently, without a collaborative agreement with a physician, after completing 2,000 documented clinical hours; a physician can supervise a maximum of six full-time equivalent APRNs, physician assistants, and assistant physicians. The bill was introduced in the Senate and referred to the Emerging Issues and Professional Registration Committee.

[SB 1016](#) – Scope of Practice

Introduced by Senator Patty Lewis (D), SB 1016 allows advanced practice registered nurses (APRN) who have completed 2,000 hours in a collaborative practice agreement to practice independently.

[SB 1445](#) – Scope of Practice

Introduced by Senator Patty Lewis (D), SB 1445 authorizes certified registered nurse anesthetists (CRNA) to select, order, and administer controlled substances for anesthesia care in licensed facilities without requiring additional prescriptive authority; CRNAs are not allowed to prescribe these substances outside of anesthesia care. The bill was introduced in the Senate and referred to the Emerging Issues and Professional Registration Committee.

NEW YORK

[SB 457](#) – Licensure

Introduced by Senator Tara Reardon (D), SB 457 creates a new licensure pathway for physicians who graduated from medical schools outside the U.S. or Canada; requirements include: graduation from a reputable international medical school, good standing with their home country's licensing board, at least two years accredited postgraduate training, minimum five years of practice abroad, employment offer from a state health care provider, English proficiency, pass a recognized medical licensing exam. The bill was introduced in the Senate and referred to the Health and Human Services Committee.

NEW JERSEY

[A 4052](#) – Scope of Practice

Introduced by Assemblymember William Spearman (D), A 4052 eliminates the requirement for a written agreement between an advanced practice nurse (APNs) and physician; certified registered nurse anesthetists (CRNA) may practice and administer anesthesia independently after completing either 24 months or 2,400 hours of licensed, active advanced practice nursing

practice providing anesthesia services to patients. The bill was introduced in the Assembly and referred to the Health Infrastructure Committee.

[A 4357](#) – Telemedicine

Introduced by Assemblymember Margie Donlon (D), A 4357 requires health insurers to reimburse telemedicine services at the same rate as in-person services. The bill was introduced in the Assembly and referred to the Financial Institutions and Insurance Committee.

[S 3549](#) – Bariatric Surgery

Introduced by Senator Anthony Bucco (R), S 3549 requires health insurers and Medicaid to cover obesity treatments, including bariatric surgery. The bill was introduced in the Senate and referred to the Commerce Committee.

NEW MEXICO

[HB 213](#) – Scope of Practice

Introduced by Representative Dayan Hochman-Vigil (D), HB 213 allows optometrists to perform laser surgeries, including laser capsulotomy, trabeculoplasty, and iridotomy; adds a laser credentialed member to the board of optometry. The bill has passed the House and is before the Senate Judiciary Committee for consideration.

NEW YORK

[S 9228](#) – Restrictive Covenants

Introduced by Senator Pete Harkham (D), S 9228 prohibits the use of noncompete agreements; allows affected health care professionals to bring civil actions within two years of the violation, with courts empowered to void such agreements and award remedies including liquidated damages (up to \$10,000 per professional), lost compensation, and attorney fees. The bill was introduced in the Senate and referred to the Labor Committee.

RHODE ISLAND

[H 7721](#) – Restrictive Covenant/Corporate Practice of Medicine

Introduced by Representative Kathleen Fogarty (D), H 7721 prohibits unlicensed individuals, corporations, partnerships, or entities from owning medical practices, employing health care professionals, or engaging in the practice of medicine; medical practices may only be owned and controlled by licensed physicians, requires physicians hold the majority of voting shares, directorships, and officer positions; certain public and safety-net entities, such as federally qualified health centers, public hospitals, and tribal health clinics, are permitted to employ physicians under defined circumstances; imposes strict regulations on the relationships between medical practices and management services organizations (MSOs), including bans on straw ownership, dual ownership interests, restrictive stock transfer agreements, and most noncompetition, nondisclosure, and nondisparagement agreements; medical practices may delegate certain administrative functions to MSOs if such delegation is controlled by a majority of licensee-owners and does not relinquish de facto control to non-licensees; penalties for noncompliance range up to \$50,000 for small entities and \$500,000 for larger organizations per incomplete or false report; bans on restrictive covenants. The bill was introduced in the House and referred to the Corporations Committee.

[H 7749](#) – Professional Liability

Introduced by Representative Robert Craven (D), H 7749 repeals current law allowing defendants in medical malpractice cases to present evidence of payments or benefits; defendants will no longer be able to offset damages by the amount of collateral benefits plaintiffs have received. The bill was introduced in the House and referred to the Judiciary Committee.

[S 2570](#) – Artificial Intelligence

Introduced by Senator Pamela Lauria (D), S 2570 requires health care professionals or facilities to notify patients when artificial intelligence (AI) is used to document in-person or telehealth visits. The bill was introduced in the Senate and referred to the Health and Human Services Committee.

[S 2572](#) – Scope of Practice

Introduced by Senator Gordon Rogers (R), S 2572 removes the requirement for direct supervision of a physician assistant (PA) by a physician; PAs are required to collaborate, consult with, or refer to appropriate healthcare team members as dictated by patient condition, the PA's education and experience, and the standard of care; a written agreement is no longer required; PAs are authorized to provide any medical or surgical services within their competence, including prescribing and dispensing medications. The bill was introduced in the Senate and referred to the Health and Human Services Committee.

SOUTH CAROLINA

[SB 920](#) – Artificial Intelligence/Prior Authorization

Introduced by Senator Matthew Leber (R), SB 920 requires health Insurers using artificial intelligence (AI) to ensure PA decisions are based on each enrollee's medical history and unique clinical circumstances, not just group data; any denial, reduction, or deferral of a PA request must be reviewed by a licensed physician or qualified healthcare professional; data on treatment denials must be made available upon request. The bill was introduced in the Senate and referred to the Banking and Insurance Committee.

TENNESSEE

[SB 2076](#) – Scope of Practice

Introduced by Senator Bo Watson (R), SB 2076 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 in the Senate and referred to the Health and Welfare Committee.

WEST VIRGINIA

[HB 5615](#) – Telemedicine

Introduced by Delegate Larry Kump (R), HB 5616 removes the in-person visit requirement for initiating telemedicine services and clarifies documentation and confidentiality standards for telemedicine encounters are governed by the provider's home state. The bill was introduced in the House and referred to the Health and Human Resources Committee.

[HB 5681](#) – Scope of Practice

Introduced by Delegate Lisa White (R), HB 5681 removes the requirement for advanced practice registered nurses to maintain a collaborative relationship with a physician in order to prescribe, administer, and dispense prescription drugs. The bill was introduced in the House and referred to the Health and Human Resources Committee.

[SB 940](#) – Cancer

Introduced by Senator Joey Garcia (D), SB 940 establishes an early detection cancer screening pilot program for active and retired firefighters; comprehensive cancer screenings—including blood tests, vital organ ultrasounds, lung CT scans (if indicated), and skin cancer screenings—to all eligible firefighters; maximum allocation of \$1,300 per individual for screenings. The bill was introduced in the Senate and referred to the Health and Human Resources Committee.

[SB 956](#) – Scope of Practice

Introduced by Senator Chris Rose (R), SB 956 allows physician assistants (PA) to practice independently without an agreement with a physician; allows PA to own and operate medical businesses, including the ability to be shareholders in medical corporations and to form professional limited liability companies (PLLCs) for the provision of healthcare services; changes the title "physician assistant" to "physician associate." The bill was introduced in the Senate and referred to the Health and Human Resources Committee.