

## **ACS State Affairs Legislative Update – January 30, 2026**

### **STATE AFFAIRS WORKGROUP**

Arnold Baskies, MD, FACS (NJ); Christina Colosimo, DO, FACS (CA); Ali Kasraeian, MD, FACS (FL); Kevin Koo, MD, FACS (MN); David Santos, MD, FACS (TX); and Kelly Swords, MD, FACS (CA). The Workgroup plays a critical role in identifying state advocacy priorities, setting new policy objectives, and evaluating state advocacy grant applications among other duties.

### **ACS STATE AFFAIRS PRIORITY ISSUES**

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

For more information regarding ACS State Affairs Policy Priorities in your state, please contact Catherine Hendricks, State Affairs Manager, at [chendricks@facs.org](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. State legislative session information for 2026 can be found [here](#).

### **STATE ADVOCACY DAYS**

Virginia: January 21, January 28, February 12, and 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**

#### **ARIZONA**

[HB 2076](#) – Stop the Bleed

Introduced by Representative Selina Bliss (R), HB 2076 requires employees to take at least four hours of tactical emergency casualty care; training provided by an emergency medical care

technician, registered nurse, or a licensed physician. The bill was introduced in the House and is awaiting referral to a committee.

#### [SB 1533](#) – Insurance

Introduced by Senator Priya Sundareshan (D), SB 1533 establishes a program in the department of insurance to support consumers enrolled in or seeking health insurance by assisting with complaints, appeals, disputes, and claims denials, as well as providing education on insurance rights and responsibilities; help consumers access health insurance coverage and federal premium tax credits; will collect and track data on consumer inquiries and problems; the department is authorized to suspend or revoke licenses, impose civil penalties up to \$25,000 per violation, and refer cases to the attorney general for civil enforcement; the department must compile and publicly post a comprehensive report detailing the number and types of denied and wrongfully denied claims, appeals, and investigation outcomes for each insurer and health plan. The bill was introduced in the Senate and is awaiting referral to a committee.

#### [SB 1604](#) – Cancer

Introduced by Senator Lela Alston (D), SB 604 requires health insurers to provide comprehensive coverage for autologous breast reconstruction and related services after mastectomy; 'autologous breast reconstruction procedure' to include a comprehensive list of specific surgical techniques and hybrid procedures, as well as a range of revision procedures such as liposuction, grafting, nipple reconstruction, and tattooing; requires out-of-network providers be reimbursed at rates not less than the average in-network rates for comparable services; out-of-network providers are prohibited from balance billing patients for covered services; utilization review requirements may still apply. The bill was introduced in the Senate and is awaiting referral to a committee.

### **DELAWARE**

#### [HB 191](#) – Artificial Intelligence

Introduced by Representative Melissa Minor-Brown (D), HB 191 prohibits nonhuman entities, including AI agents, from being licensed or certified to practice as nurses, physicians, or physician assistants in Delaware, and from using related professional titles or abbreviations. The bill was passed in the House and was referred to the Senate Oversight and Sunset Committee.

### **FLORIDA**

#### [HB 693](#) – Ambulatory Surgery Centers

Introduced by Representative Mike Redondo (R), HB 693 repeals the certificate of need process in the state. The bill was introduced in the House and referred to the Health & Human Services Committee.

#### [HB 1207](#) – Ambulatory Surgery Centers

Introduced by Representative Vanessa Oliver (R), HB 1207 creates a new regulatory chapter for ambulatory surgical centers establishing comprehensive licensure, operational, safety, transparency, and reporting requirements. The bill was introduced in the House and referred to the Health & Human Services Committee.

#### [SB 1156](#) – Ambulatory Surgical Centers

Introduced by Senator Jay Trumbull (R) SB 1156 establishes a new regulatory framework for ambulatory surgical centers (ASCs); includes peer review and disciplinary procedures for medical staff, internal risk management programs, patient safety plans, and protocols for handling adverse incidents; provides immunity for those involved in peer review and risk management. The bill was introduced in the Senate and referred to the Health Policy Committee.

## **GEORGIA**

### [SB 427](#) – Licensure

Introduced by Senator Ben Watson (R), SB 427 creates a new licensure pathway for internationally trained physicians (ITP) to obtain limited provisional licenses to practice medicine, specifically in rural counties or licensed hospitals; eligibility requirements include foreign medical education, licensure in another country, English proficiency, legal work status, and a clean record; physicians with the provisional license must practice under supervision in designated rural or hospital settings; violations can lead to disciplinary action or misdemeanor charges; after four years of supervised practice, the physician can apply for a full medical license, but must then work two more years in an underserved area; requires the hiring of medical directors and staff to oversee the program. The bill was introduced in the Senate and is awaiting referral to a committee.

### [SR 634](#) – Cancer

Introduced by Senator Chuck Hufstetler (R), SR 634 supports efforts to improve prevention, early detection, and equitable care for lung cancer; commends Intuitive for its technological innovations in lung cancer diagnosis and treatment. The bill was introduced in the Senate and is awaiting referral to a committee.

## **HAWAII**

### [HB 1969](#) – Cancer

Introduced by Representative Cory Chun (D), HB 1969 establishes and funds a state program to provide free colorectal cancer screenings for uninsured and underinsured residents; updates insurance coverage requirements to match federal guidelines. The bill was pre-filed in the House.

### [HB 1971](#) – Biomarker

Introduced by Representative Cory Chun (D), HB 1971 requires health insurers and Medicaid to provide biomarker testing to support evidence-based diagnosis and treatment including diagnosis, treatment, management, and monitoring of diseases or conditions, or to guide treatment decisions when supported by medical and scientific evidence. The bill was pre-filed in the House.

### [HB 2143](#) – Insurance

Introduced by Representative Gregg Takayama (D), HB 2143 establishes a single-payer publicly administered health care system in the state. The bill was pre-filed in the House.

### [HB 2145](#) – Proton Beam

Introduced by Representative Gregg Takayama (D), HB 2145 requires health insurers to cover medically necessary proton beam therapy for cancer treatment; prohibits stricter coverage

standards for this therapy compared to other radiation treatments. The bill was pre-filed in the House.

#### [HB 2160](#) – Cancer

Introduced by Representative Andrew Garrett (D), HB 2160 removes restrictions on cigarette tax revenues for the Hawaii Cancer Research Special Fund; allows greater flexibility in their use; appropriates additional funds for the University of Hawaii Cancer Center. The bill was pre-filed in the House.

#### [HB 2366](#) – Cancer

Introduced by Representative Lauren Matsumoto (R), HB 2366 requires health insurers to provide no cost sharing breast cancer screenings, supplemental, and diagnostic breast examinations. The bill was pre-filed in the House.

#### [HB 2537](#) – Artificial Intelligence/Telemedicine/Prior Authorization

Introduced by Representative Terez Amato (D), HB 2537 guarantees timely access to specialist care; requires telehealth services to be reimbursed at the same rate as in-person visits; sets strict deadlines for health insurers to make prior authorization decisions, one business day for urgent, three days for non-urgent; health insurers must clearly communicate adverse decisions, provide information on appeals, and maintain accessible resources for enrollees; regulates the use of artificial intelligence (AI) and automated decision tools in health care decisions, requiring disclosure, notification to patients/providers, and independent clinical review of adverse actions; prohibits retroactive denial of emergency interventions; insurers must report quarterly on network adequacy, provider ratios, wait times, telehealth use, referrals, and cannot retaliate against providers who assist patients in appeals. The bill was pre-filed in the House.

#### [HB 2552](#) – Licensure

Introduced by Representative Elle Cochran (D), HB 2552 allows certain health care professionals to practice in the state during declared emergencies without needing an in-license, as long as they have an active, unencumbered license in another state; professionals must be affiliated with recognized emergency response organizations or healthcare facilities and must follow the standards of care and scope of practice; allows out-of-state professionals to provide telehealth services during emergencies; the health department must create and maintain an online registry of all professionals practicing under this waiver, verify credentials, and coordinate with the commerce department; professionals must self-register within 24 hours of deployment, and the department must verify them within 48 hours; provides immunity from civil liability for the state, counties, and facilitating entities for good-faith actions, but professionals are still subject to state malpractice laws and insurance requirements. The bill was pre-filed in the House.

#### [HB 2558](#) – Telemedicine

Introduced by Representative Lauren Matsumoto (R), HB 2558 expands telemedicine; allows physicians licensed and in good standing in other states to establish physician-patient relationships and provide telemedicine services to residents under specific conditions; these conditions include that the service must be one the provider is licensed to perform in their home state, must not be reasonably available in the state. The bill was pre-filed in the House.

#### [SB 2915](#) – Cancer

Introduced by Senator Sharon Moriwaki (D), SB 2915 gives the Hawaii Cancer Research Special Fund greater flexibility in using cigarette tax revenues for research, operating expenses, and capital expenditures. The bill was introduced in the Senate and is awaiting referral to a committee.

#### [SB 2859](#) – Cancer

Introduced by Senator Joy San Buenaventura (D), SB 2859 establishes a state-funded program to provide free colorectal cancer screenings for uninsured and underinsured residents; coverage requirements must align with federal preventive care standards. The bill was introduced in the Senate and is awaiting referral to a committee.

#### [SB 2953](#) – Artificial Intelligence

Introduced by Senator Angus McKelvey (D) SB 2953 prohibits health insurers from using artificial intelligence (AI) as the sole basis for adverse medical necessity determinations; requires any adverse decision supported by AI be reviewed and affirmed by a licensed clinician with relevant expertise; health insurers must provide clear, plain-language notices to consumers and providers when AI is used in adverse determinations, including the main reasons behind the decision and instructions for appeal or reconsideration; health insurers must continuously monitor and document denial rates, appeal rates, and disparity indicators with the insurance commissioner. The bill was introduced in the Senate and is awaiting referral to a committee.

#### [SB 3027](#) – Insurance/Telemedicine

Introduced by Senator Chris Lee (D) HB 3027 guarantees timely access to specialist care; requires telehealth services to be reimbursed at the same rate as in-person visits; health insurers must make prior authorization (PA) decisions within one business day for urgent, three for non-urgent requests; must provide clear, written explanations for adverse decisions, including appeal and review options; health insurers must submit monthly PA reports to the insurance commissioner; health insurers must disclose and provide independent clinical review of adverse actions in the use of artificial intelligence (AI) and automated decision tools in healthcare decisions. The bill was introduced in the Senate and is awaiting referral to a committee.

#### [SB 3192](#) – Licensure

Introduced by Senator Carol Fukunaga (D), SB 3192 allows health care professionals to practice in the state without a state-issued license during declared states of emergency or local emergencies provided they hold an active license in another jurisdiction; permits eligible out-of-state practitioners to provide telehealth services without prior in-person consultations. The bill was introduced in the Senate and is awaiting referral to a committee.

#### [SB 3205](#) – Cancer

Introduced by Senator Joy San Buenaventura (D), SB 3205 amends state law to direct 22% of the tax revenue from electronic smoking devices and e-liquids to the Hawaii cancer research special fund, supporting the Cancer Center of Hawaii at the University of Hawaii. The bill was introduced in the Senate and is awaiting referral to a committee.

#### [SB 3210](#) – Proton Therapy

Introduced by Senator Karl Rhoads (D), SB 3210 appropriates \$50 million for the University of Hawai'i to acquire and operate a proton therapy system making advanced cancer treatment available to all residents. The bill was introduced in the Senate and is awaiting referral to a committee.

#### [SB 3305](#) – Single Payer

Introduced by Senator Jarrett Keohokalole (D), SB 3305 establishes a single-payer health care system replacing existing health insurance plans with comprehensive, publicly administered coverage for all state residents. The bill was introduced in the Senate and is awaiting referral to a committee.

### **ILLINOIS**

#### [HB 4556](#) – Biomarker

Introduced by Representative Maurice West (D), HB 4556 prohibits health insurers from using genetic or biomarker information for accident or health insurance policies, nontherapeutic purposes, or underwriting, unless the individual voluntarily submits favorable results; restricts employers, employment agencies, labor organizations, and licensing agencies from soliciting, requiring, or using genetic or biomarker information in employment decisions; clarifies disclosure of genetic and biomarker information is only permitted to the individual tested or those specifically authorized in writing, with additional disclosures in accordance with HIPAA standards. The bill was introduced in the House and is awaiting referral to a committee.

#### [HB 4565](#) – Restrictive Covenants

Introduced by Representative Laura Faver Dias (D), HB 4565 prohibits the enforcement of non-compete and non-solicitation agreements for health care professionals employed by health care facilities, regardless of union status. The bill was introduced in the House and is awaiting referral to a committee.

#### [SB 2960](#) – Cancer/Biomarker

Introduced by Senator Adriane Johnson (D), SB 2960 requires health insurers to cover medically necessary lung cancer screenings and biomarker testing. The bill was introduced in the Senate and referred to the Assignments Committee.

### **IOWA**

#### [SSB 3059](#) – Scope of Practice

Introduced by the Senate Health and Human Services Committee, SSB 3059 changes the title "physician assistant" to "physician associate"; does not alter the scope of practice. The bill was introduced in the Senate and referred to the Health and Human Services Committee.

### **KANSAS**

#### [SB 330](#) – Prior Authorization

Introduced by the Senate Financial Institutions and Insurance Committee, SB 330 requires all entities reviewing prior authorization (PA) must accept and respond to requests electronically, integrated with providers' health records, and at no cost to providers; establishes PA response timelines, urgent requests within 24 hours, emergency services within 2 hours, and regular services within 14 days; PA cannot be required for emergency services; PA for chronic or long-

term care must remain valid for the full treatment period, without repeated approvals; retroactive denial or revocation of authorizations is only allowed in cases of fraud; a health care provider may request peer-to-peer review in any appeal of an adverse determination of a PA request, such review shall be completed within 48 hours after the request by a qualified peer who has practiced in the same or similar specialty as the requesting health care provider; utilization review entities must publicly disclose all requirements, notify providers of changes, and submit annual reports to the insurance commissioner, which will be published online. The bill was introduced in the Senate and referred to the Financial Institutions and Insurance Committee.

#### [SB 409](#) – Cancer

Introduced by the Senate Financial Institutions and Insurance Committee, SB 409 requires health insurers to provide no cost sharing diagnostic and supplemental breast cancer examinations. The bill was introduced in the Senate and referred to the Financial Institutions and Insurance Committee.

### **KENTUCKY**

#### [HB 176](#) – Prior Authorization

Introduced by Representative Kimberly Moser (R), HB 176 requires health insurers to allow health care providers to qualify for exemptions from prior authorization (PA) if they meet criteria like high approval rates, value-based care participation, and compliance with standards; health care providers are evaluated annually for exemption eligibility and insurers must notify them within 30 days if they meet eligibility for the exemptions. The bill was introduced in the House and referred to the Banking and Insurance Committee.

#### [SB 116](#) – Scope of Practice

Introduced by Senator Scott Madon (R), SB 116 replaces the previous model for a physician assistant (PA) 'supervision' by a 'supervising physician' with a 'collaboration' model, to a physician PA working under a 'collaborating physician' through a formal 'collaboration agreement'; the agreement outlines the PA's scope of practice, communication, and decision-making processes, and must be kept on file and made available to the medical board upon request; allows PAs to prescribe and administer controlled substances under specified conditions and limits. The bill was introduced in the Senate and referred to the Committee on Committees.

#### [SR 53](#) – Cancer

Introduced by Senator Reginald Thomas (D), SR 53 commends the University of Kentucky Markey Cancer Center for pioneering cancer research and treatment, notably as the first U.S. site to trial a new immunotherapy for small cell lung cancer. The bill was introduced in the Senate and referred to the Committee on Committees.

### **ILLINOIS**

#### [SB 2932](#) – Scope of Practice

Introduced by Senator Lakesia Collins (D), SB 2932 allows certified registered nurse anesthetists (CRNA) to provide anesthesia services and prescribe medications independently of physician supervision or collaborative agreements; CRNAs may practice without a written collaborative agreement if they have attained national certification and either completed a professional practice doctorate or fulfilled specified continuing education and clinical experience requirements of at

least 250 hours of continuing education and 4,000 hours of clinical experience; clarifies physicians are not liable for the acts of CRNAs solely on the basis of having signed a collaborative agreement, unless there is evidence of incompetence or willful misconduct. The bill was introduced in the Senate and referred to the Assignments Committee.

#### [SB 2940](#) – Scope of Practice

Introduced by Senator Adriane Johnson (D), SB 2940 requires surgical technologists to graduate from an accredited program, hold national certification, be registered under state law, have military training in surgical technology or prior experience in a state facility; facilities in federally designated Health Professional Shortage or Medically Underserved Areas are exempt from these requirements but must prefer certified technologists when hiring; seeks to ensure only qualified professionals prepare and maintain operating rooms, sterilize equipment, and support surgical teams. The bill was introduced in the Senate and referred to the Assignments Committee.

### **INDIANA**

#### [SB 189](#) – Insurance

Introduced by Senator Scott Baldwin (R), SB 189 prohibits health insurers from imposing administrative fees or penalties on health care providers or facilities for care involving out-of-network providers; classifies such actions as unfair and deceptive insurance practices; strengthens network adequacy oversight. The bill was introduced in the Senate and referred to the Insurance and Financial Institutions Committee.

### **IOWA**

#### [HF 2125](#) – Scope of Practice

Introduced by Representative Ann Meyer (R), HF 2125 changes the title changing the professional title "physician assistant" to "physician associate"; clarifies this change does not affect the rights, responsibilities, or scope of practice. The bill was introduced and referred to the Health and Human Services Committee.

#### [SSB 3084](#) – Licensure

Introduced by the Senate Health and Human Services Committee, SSB 3084 proposes to raise the monetary thresholds that trigger the requirement for a certificate of need (CON) application for new institutional health services, capital expenditures, and mobile health services; eliminates the need for applicants to demonstrate existing facilities are being used efficiently; shortens the maximum allowable deferral period for CON decisions from 60 to 30 days unless both parties agree to a longer extension; removes the provision an application is automatically denied if not acted upon within 90 days. The bill was introduced in the Senate and referred to the Health and Human Services Committee.

### **MAINE**

#### [LD 2088](#) – Scope of Practice

Introduced by Representative Michelle Boyer (D), removes the requirement a physician assistant (PA) must have a practice agreement with a licensed physician when serving as the principal clinical provider in a practice without a physician; makes consultation optional rather than mandatory for PAs to consult, collaborate with, or refer patients to physicians or other health care

professionals. The bill was introduced in the House and referred to the Health Coverage, Insurance and Financial Services Committee.

## **MASSACHUSETTS**

### [H 4933](#) – Cancer

Introduced by the Joint Committee on Financial Services, H 4933 requires health insurers to provide no cost sharing colorectal screening starting at age 30. The bill was introduced in the House and referred to the Health Care Financing Committee.

### [H 4946](#) – Cancer

Introduced by the Joint Committee of Financial Services, H 4946 requires no cost cancer screenings for firefighters every three years through employer sponsored health care plans. The bill was introduced in the House and referred to the Health Care Financing Committee.

## **MICHIGAN**

### [SB 772](#) – Telemedicine

Introduced by Senator Sylvia Santana (D), SB 772 requires health insurers to pay for telemedicine services the same as in-person services; prohibits requiring face-to-face contact between the patient and the health care professionals; prohibits insurers from requiring health care professionals to provide telemedicine services unless such requirements are stipulated in contracts for telemedicine products and are deemed clinically appropriate by the provider; telemedicine services must be delivered by licensed health care professionals in the state where the patient is located; subject to the same policy terms, including copayments, coinsurance, and deductibles, as in-person services. The bill was introduced in the Senate and referred to the Finance, Insurance, And Consumer Protection Committee.

## **MISSISSIPPI**

### [HB 1313](#) – Scope of Practice

Introduced by Representative Sam Creekmore, IV (R), HB 1313 adds Certified Registered Nurse Anesthetists (CRNAs) to the nursing board; allows CRNAs with at least 8,000 practice hours to work independently without a collaborative agreement. The bill was introduced in the House and referred to the Public Health and Human Services Committee.

### [HB 1415](#) – Scope of Practice

Introduced by Representative Clay Mansell (R), HB 1415 creates a regulatory framework for licensing and overseeing anesthesiologist assistants (AA) under the state board of medicine; AAs must work under the direct supervision of a licensed anesthesiologist and can only perform duties delegated by their supervisor, within the limits of their training and the supervising physician's scope; the medical board is authorized to take disciplinary actions, including refusal to renew, revocation, suspension, or restriction of licenses, and to impose conditions or restrictions as deemed necessary. The bill was introduced in the House and referred to the Public Health and Human Services Committee.

### [HB 1717](#) – Artificial Intelligence

Introduced by Representative Brent Powell (R), HB 1717 requires any health care provider using artificial intelligence (AI) in a manner that materially contributes to a diagnosis, treatment plan,

problem list entry, order, or clinical note must disclose this use in the medical record and obtain an electronic attestation from a licensed clinician who reviews and accepts or rejects the AI's output; patient must be notified when AI contributed to their care and inform them of their right to request a human explanation where feasible; prohibits AI from automatically inserting diagnoses or orders into medical records without clinician acceptance; mandates all AI outputs are advisory only, with the treating clinician retaining ultimate authority; audit logs must be maintained to document the identity and credentials of the reviewing clinician; health insurers are prohibited from issuing automated denials for medical services; all adverse determinations must be reviewed and signed by a physician. The bill was introduced and referred to the Public Health and Human Services Committee.

#### [SB 2694](#) – Biomarker

Introduced by Senator Walter Michel (R), SB 2694 requires health insurers to provide coverage for biomarker testing when testing is supported by medical and scientific evidence; biomarker testing to includes a range of genomic, molecular, and protein-based analyses used for diagnosis, treatment, management, or ongoing monitoring of diseases or conditions. The bill was introduced and referred to the Insurance Committee.

### **MISSOURI**

#### [HB 3065](#) – Scope of Practice

Introduced by Representative Mathew Overcast (R), HB 3065 expands the scope of authority that may be delegated to advanced practice registered nurses (APRNs), including the ability to administer, dispense, and prescribe certain controlled substances (Schedules III, IV, V, and Schedule II - hydrocodone); prohibits use of sedation or general anesthesia; restricts Schedule III narcotic and Schedule II hydrocodone prescriptions to a 120-hour supply without refill; allows APRNs to prescribe Schedule II controlled substances for hospice patients and buprenorphine for substance use disorder treatment under physician direction; allows telehealth consultations in urgent care settings instead of in-person chart reviews; limits the number of APRNs/physician assistants a physician can collaborate with to six; requires a one-month direct supervision period for APRNs before independent practice in non-hospital settings; certified registered nurse anesthetist is permitted to provide anesthesia services without a collaborative practice arrangement provided they are under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed. The bill was introduced in the House and referred to the Health and Human Services Committee.

#### [HB 3096](#) – Cancer

Introduced by Representative Bill Allen (R), HB 3096 expands workers' compensation benefits for firefighters and fire investigators by presuming cancer and heart-related conditions are considered occupational diseases; streamlines the claims process; imposing penalties for unreasonable claim denials or delays. The bill was introduced in the House and is awaiting referral to a committee.

#### [SB 1598](#) – Artificial Intelligence/Professional Liability

Introduced by Senator Doug Beck (D), SB 1598 includes negligent use or reliance on artificial intelligence by health care providers as grounds for malpractice liability; establishes related timelines and definitions, and maintains existing caps on damages, \$400,000 for most personal

injury claims and \$700,000 for catastrophic personal injury or death; the statute of limitations for such claims is set at two years from the date the negligence or reliance is discovered, or should have been discovered, with an absolute bar after ten years from the act or two years after a minor's eighteenth birthday, whichever is later. The bill was introduced in the Senate and is awaiting referral to a committee.

## **NEBRASKA**

### [LB 914](#) – Scope of Practice

Introduced by Senator Brian Hardin (R), LB 914, removes the statute holding physicians and physician groups liable for the negligent acts or omissions of physician assistants under their supervision. The bill was introduced in the Chamber and referred to the Health and Human Services Committee.

### [LB 950](#) – Prior Authorization

Introduced by Senator Eliot Bostar (D), LB 950 mandates the use of standardized, uniform prior authorization (PA) request forms for prescription drugs, devices, durable medical equipment, and other health care services; utilization review agents can be exempt from using the paper forms if they implement an approved electronic prior authorization system and give health care professionals 90 days notice before switching to an electronic system. The bill was introduced in the Chamber and referred to the Banking, Commerce, and Insurance Committee.

### [LB 1212](#) – Licensure

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. The bill was introduced in the Chamber and referred to the Health and Human Services Committee.

## **NEW HAMPSHIRE**

### [SB 606](#) – Biomarker

Introduced by Senator Regina Birdsell (R), SB 606 requires health insurers and Medicaid plans to cover biomarker testing for diagnosis and treatment based on evidence-based criteria; establishes clear timelines for prior authorization decisions, 14 days for non-urgent and 72 hours for urgent requests. The bill was introduced in the Senate and referred to the Health and Human Services Committee.

## **NEW JERSEY**

### [A 236](#) – Professional Liability

Introduced by Assemblymember John Azzariti (R), A 236 prohibits medical liability insurers from raising premiums solely based on the filing of a claim of medical negligence or malpractice

against an insured; insurers may raise premiums if a claim results in a settlement, judgment, or arbitration award against the insured. The bill was introduced in the Assembly and referred to the Financial Institutions and Insurance Committee.

#### [A 275](#) – Stop the Bleed

Introduced by Assemblymember Paul Kanitra (R), A 275 requires all state, county, and municipal law enforcement officers and all basic life support ambulances and mobility assistance vehicles to be equipped with tourniquets. The bill was introduced in the Assembly and referred to the Public Safety and Preparedness Committee.

#### [A 131](#) – Stop the Bleed

Introduced by Assemblymember al Barlas (R), A 131 requires the department of health to create guidelines for placing bleeding control kits in state buildings and all K-12 schools; a bleeding control kit must contain a tourniquet, chest seal, compression and bleeding control bandages, a space emergency blanket, latex-free gloves, markers, scissors, and an instructional document; kits should be located in an accessible area near automated external defibrillators. The bill was introduced in the Assembly and referred to the Public Safety and Preparedness Committee.

#### [A 557](#) – Cancer

Introduced by Assemblymember Robert Auth (R), A 557 requires state-funded, no-cost sharing periodic cancer screenings for volunteer firefighters. The bill was introduced in the Assembly and referred to the Financial Institutions and Insurance Committee.

#### [A 692](#) – Cancer

Introduced by Assemblymember Gregory McGuckin (R), A 692 prohibits health insurers from requiring patients to pay any upfront costs beyond standard copayments, deductibles, or coinsurance for oral anticancer medications. The bill was introduced in the Assembly and referred to the Education Committee.

#### [A 906](#) – Professional Liability

Introduced by Assemblymember John Azzariti (R), A 906 requires expert witnesses or providing certificates of merit in medical malpractice cases be licensed in the state and meet specific professional criteria; penalties for retaliation against expert witnesses; expert witnesses in medical malpractice cases cannot testify on a contingency fee basis. The bill was introduced in the Assembly and referred to the Regulated Professions Committee.

#### [A 921](#) – Insurance

Introduced by Assemblymember John Azzariti (R), A 921 prohibits health insurers from imposing time limits on anesthesia service coverage. The bill was introduced in the Assembly and referred to the Financial Institutions and Insurance Committee.

#### [A 1142](#) – Cancer

Introduced by Assemblymember Joe Danielsen (D), A 1142 requires health insurers to provide no cost sharing prostate cancer screenings in accordance with clinical guidelines. The bill was introduced in the Assembly and referred to the Financial Institutions and Insurance Committee.

#### [A 1462](#) – Cancer

Introduced by Assemblymember Antwan McClellan (R), A 1462 requires health insurers to cover mammograms and related breast cancer screenings whenever recommended by a health care provider regardless of the patient's age or specific risk factors. The bill was introduced in the Assembly and referred to the Financial Institutions and Insurance Committee.

#### [A 1647](#) – Restrictive Covenants

Introduced by Assemblymember Melinda Kane (D), A 1647 makes void and unenforceable a restrictive covenant in a physician's contract; exceptions include leaving a hospital system or group practice to join another similar-sized entity within a defined geographic area, leaves a federally qualified health center to practice within a five-mile radius for up to four years, or departs from a hospital system or group practice that provided a unique incentive, such as a signing bonus over \$50,000 or the establishment of a new program or service, explicitly stated in the contract. The bill was introduced in the Assembly and referred to the Health Committee.

#### [A 1696](#) – Scope of Practice

Introduced by Assemblymember Verlina Reynolds-Jackson (D), A 1696 allow optometrists to use a wider range of diagnostic and therapeutic methods, including prescribing pharmaceutical agents by any route, including controlled substances; allows them to perform certain minor ophthalmologic procedures, such as non-invasive laser and ultrasound applications limited to trabeculoplasty, capsulotomy, and iridotomy, treatment of chalazions, and excision of benign skin lesions, provided these are performed with topical or local anesthesia and do not involve invasive intra-ocular or orbital surgery, or general anesthesia. The bill was introduced in the Assembly and referred to the Regulated Professions Committee.

#### [A 1945](#) – Cancer

Introduced by Assemblymember Annette Quijano (D), A 1945 requires health insurers to cover and health care professionals to order concurrent advanced breast imaging tests such as ultrasounds and MRIs when mammograms are ordered for women with additional breast cancer risk factors. The bill was introduced in the Assembly and referred to the Health Committee.

#### [A 2009](#) – Telemedicine

Introduced by Assemblymember Shama Haider (D), A 2009 allows out-of-state health care professionals located outside the state to provide telemedicine services to residents; all health care providers must be licensed, certified, or registered in the state and are subject to the state's licensing boards; health care providers must share their credentials and contact information with patients, review medical history, and facilitate sharing of medical records with patients and their primary care providers upon request; telemedicine services must meet the same standards of care as in-person services, including for diagnosis, treatment, and prescriptions; health care providers must keep complete patient records, comply with confidentiality laws, and are protected from disciplinary action solely for practicing telemedicine. The bill was introduced in the Assembly and referred to the Health Committee.

#### [A 2114](#) – Licensure

Introduced by Assemblymember Linda Carter (D), A 2114 creates a new graduate license for medical students who completed at least one year of clinical practice and passed Step 2 of the US

Medical Licensing Exam, but have not finished a residency; graduate physicians can provide primary care only in medically underserved areas and only under the supervision of a fully licensed physician, with a formal collaborative practice agreement outlining scope, oversight, and prescriptive authority; requires health insurers to reimburse graduate physicians at the same rate as a physician assistant. The bill was introduced in the Assembly and referred to the Health Infrastructure Committee.

#### [A 2143](#) – Trauma/Certificate of Need

Introduced by Assemblymember Eliana Pintor Marin (D), A 2143 restricts the establishment of new trauma centers within 15 miles of existing trauma centers; requires any proposed request for certificate of need applications for new trauma centers must first be submitted to the Trauma System Advisory Committee. The bill was introduced in the Assembly and referred to the Health Infrastructure Committee.

#### [A 2152](#) – Cancer

Introduced by Assemblymember Eliana Pintor Marin (D), A 2152 requires health insurers to provide coverage for annual mammograms starting at age 18; requires coverage of ultrasound evaluations, magnetic resonance imaging scans, three-dimensional mammography, and other additional testing of the entire breast or breasts after a baseline mammogram reveals extremely dense breast tissue, any abnormality regardless of breast density, or if the patient has additional risk factors such as family or personal history of breast cancer, positive genetic testing, or other indications as determined by the health care provider. The bill was introduced in the Assembly and referred to the Financial Institutions and Insurance Committee.

#### [A 2237](#) – Certificate of Need

Introduced by Assemblymember Shanique Speight (D), A 2237 removes the licensing requirement for ambulatory surgical centers replacing it with a registration process; involves a single, nonrefundable fee not exceeding \$1,000, and the registration is valid for five years. The bill was introduced in the Assembly and referred to the Health Infrastructure Committee.

#### [A 2623](#) – Stop the Bleed

Introduced by Assemblymember Carmen Morales (D), A 2623 requires each executive county superintendent to distribute funds to each public school located in the county to purchase tourniquets; requires training on tourniquet use; schools may collaborate with local law enforcement, emergency medical services, or nationally recognized organizations to fulfill the training requirement; appropriates up to \$500,000. The bill was introduced in the Assembly and referred to the Education Committee.

#### [A 2775](#) – Cancer

Introduced by Assemblymember Verlina Reynolds-Jackson (D), A 2775 requires health insurers provide coverage for mammogram screenings for women beginning at age 35, lowering the threshold from the current age of 40; stipulates women under 35 with a family history of breast cancer or other risk factors are eligible for mammograms at ages and intervals deemed medically necessary by their healthcare provider; requires coverage for diagnostic imaging, such as ultrasound, MRI, or three-dimensional mammography, if a baseline mammogram reveals extremely dense breast tissue, any abnormality regardless of breast density, or if the patient has

additional risk factors, including family or personal history of breast cancer, positive genetic testing, or other indications as determined by a healthcare provider; additional screenings may be subject to utilization review to assess medical necessity. The bill was introduced in the Assembly and referred to the Financial Institutions and Insurance Committee.

#### [A 3128](#) – Cancer

Introduced by Assemblymember Lisa Swain (D), A 3128 requires health insurers to provide no cost sharing diagnostic and supplemental breast examinations. The bill was introduced in the Assembly and referred to the Financial Institutions and Insurance Committee.

#### [A 3180](#) – Professional Liability

Introduced by Assemblymember Jay Webber (R), A 3180 proposes a \$250,000 cap on noneconomic damages in medical malpractice cases for physicians who provide at least ten percent of their care without compensation. The bill was introduced in the Assembly and referred to the Judiciary Committee.

#### [A 3185](#) – Professional Liability

Introduced by Assemblymember Jay Webber (R), A 3185 establishes a \$250,000 cap on noneconomic damages in medical malpractice lawsuits. The bill was introduced in the Assembly and referred to the Judiciary Committee.

#### [A 3189](#) – Professional Liability

Introduced by Assemblymember Jay Webber (R), A 3189 prohibits wrongful birth and wrongful death lawsuits; preserves liability for intentional misrepresentation and traditional malpractice. The bill was introduced in the Assembly and referred to the Judiciary Committee.

#### [A 3331](#) – Cancer

Introduced by Assemblymember Sterley Stanley (D), A 3331 requires state-funded, periodic cancer screenings for volunteer firefighters; funded by a one-tenth percent increase in the fire insurance premium tax. The bill was introduced in the Assembly and referred to the Financial Institutions and Insurance Committee.

#### [A 3942](#) – Cancer

Introduced by Assemblymember Robert Karabinchak (D), A 3942 requires the department of health to implement a \$100,000 mobile cancer screening program in partnership with community organizations; mobile vehicles will be staffed by at least one qualified health care professional to various locations across the state; types of cancer screenings offered and the methods used will depend on the expertise of the health care professionals and the available medical equipment on each vehicle. The bill was introduced in the Assembly and referred to the Health Committee.

#### [A 3987](#) – Licensure

Introduced by Assemblymember alexander Schnall (D), A 3987 creates a pathway for international medical graduates (IMGs) from Australia, Canada, Ireland, Israel, New Zealand, Singapore, South Africa, Switzerland, or the United Kingdom to obtain licensure to practice medicine in the state; the state board of medicine is required to grant a provisional medical license to IMGs who have secured employment at a physician's office or licensed health care

facility provided they meet specific criteria; criteria include holding a medical doctorate or equivalent, in good standing with their home country's medical regulatory body, completed a residency or similar postgraduate training, have at least five years of physician-level practice in their home country, demonstrate English fluency, possess appropriate federal immigration status, provide evidence of equivalent medical training and exam passage, passing a background check, paying all required fees, and being licensed in one of the nine specified countries. The bill was introduced in the Assembly and referred to the Health Infrastructure Committee.

#### [A 4000](#) – Pre-hospital Blood

Introduced by Assemblymember John Azzariti (R), A 4000 authorizes and funds advanced life support providers to administer blood transfusions in pre-hospital settings under medical oversight; requires health insurers to reimburse for pre-hospital blood. The bill was introduced in the Assembly and referred to the Health Committee.

### **NEW MEXICO**

#### [HB 24](#) – Rural Workforce

Introduced by Representative Kathleen Cates (D), HB 24 creates a \$5 million loan program to help licensed healthcare professionals purchase homes in New Mexico in exchange for a ten-year service commitment; the loan is secured by a lien on the property for ten years, after which the lien is removed when the service requirement is fulfilled; if the healthcare professional fails to meet the service obligation, the loan must be repaid on a sliding scale depending on the number of years served, with full repayment required if the obligation is not met within the first five years, and partial repayment for service between five and ten years. The bill was introduced in the House and referred to the Appropriations and Finance Committee.

#### [HB 127](#) – Licensure

Introduced by Representative Reena Szczepanski (D), HB 127 requires the medical board grant expedited licenses to qualified physicians licensed in other states or countries; requires the board to process applications within 30 days, provided the applicant holds a current, good-standing license and has practiced for at least three years; removes the board's previous discretion to determine which jurisdictions are eligible for expedited licensure; establishes a new telehealth registry to allow out-of-state physicians to register as telehealth providers if they hold an unrestricted license elsewhere, maintain professional liability insurance, and doesn't have a physical office in the state. The bill was introduced in the House and is awaiting referral to a committee.

#### [HB 143](#) – Professional Liability/Student Loan Repayment

Introduced by Representative Jenifer Jones (R), HB143 provides loan repayment awards to medical residents and fellows who commit to working as physicians in the state for five consecutive years; creates a dedicated, non-reverting fund, appropriates \$3 million from the general fund; sets detailed eligibility, contract, and reporting requirements for the program; sets a single aggregate cap of \$600,000 per occurrence for non-punitive, non-medical expense damages in medical malpractice cases; personal liability limit for healthcare providers is reduced from \$250,000 to \$200,000, with amounts above this paid from the patient's compensation fund (PCF); clarifies payments from the PCF for medical care and related benefits are to be made as expenses are incurred; limits the availability and amount of punitive damages by requiring a high

standard of proof and capping awards relative to compensatory damages; imposes a tiered cap on attorney contingency fees in malpractice cases, ranging from 30% of the first \$250,000 recovered to 15% of amounts over \$1 million, and excludes PCF covered recoveries from fee calculations. The bill was introduced in the House and is awaiting referral to a committee.

#### [HB 150](#) – Scope of Practice

Introduced by Representative Jenifer Jones (R), HB 150 allows a physician assistant (PA) to practice independently after completing over 4,000 practice hours under physician supervision; PAs with under 4,000 practice hours must be supervised by a physician or other appropriate health care practitioner (not defined in the bill). The bill was introduced in the House and is awaiting referral to a committee.

#### [HB 195](#) – Professional Liability

Introduced by Representative Reena Szczepanski (D), HB 195 prohibits the collection of medical malpractice judgments from the personal assets or income of independent health care providers provided they maintain sufficient malpractice insurance; allows courts to reduce or nullify awards based on frivolous or coercive plaintiff allegations. The bill was introduced in the House and is awaiting referral to a committee.

#### [HB 209](#) – Cancer

Introduced by Representative Joshua Hernandez (R), HB 209 requires health insurers to provide no cost sharing cancer screenings. The bill was introduced in the House and is awaiting referral to a committee.

#### [SB 20](#) – Step-Therapy/Prior Authorization

Introduced by Senator Elizabeth Stefanics (D), SB 20 prohibits health insurers from requiring prior authorization (PA) and step-therapy requirements for prescription drugs to treat autoimmune disorders and cancer; once PA is granted, it cannot be required again for three years unless there is evidence of fraud, regulatory action affecting the drug, or the addition of a generic or biosimilar equivalent to the formulary; requires insurers use a streamlined PA processes, including the use of uniform forms and electronic portal systems for 24/7 submission and tracking of requests; requires PA determinations be made within seven days, or within 24 hours for expedited requests, with automatic approval if these timelines are not met. The bill was introduced in the Senate and referred to the Health and Public Affairs Committee.

#### [SB 175](#) – Professional Liability

Introduced by Senator Craig Brandt (R), SB 175 deletes language stating punitive damages are the personal liability of the physician and not payable by the state fund or insurance policy; eliminates the possibility of punitive damages recoverable in a malpractice lawsuit. The bill was introduced in the Senate and referred to the Judiciary Committee.

#### [SM 2](#) – Medicaid

Introduced by Senator Elizabeth Stefanics (D), SM 2 requests a state authority to create a Medicaid pediatric palliative care benefit allowing for concurrent curative care; expands access to supportive services; requires stakeholder consultation. The bill was introduced in the Senate and referred to the Rules Committee.

## **MICHIGAN**

### **[HB 5478](#) – Insurance**

Introduced by Representative Curtis VanderWall (R), HB 5478 requires health insurers to pay clean claims within 45 days, or accrue 12 percent annual interest; insurers must notify providers within 30 days of any deficiencies preventing a claim from being considered clean, and providers have 45 days to correct these issues; prohibits health insurers from denying entire claims due to defects in part of the claim and from retaliating against providers who allege violations of timely payment procedures; complaints regarding violations can be filed with the state insurance director, who may impose civil fines up to \$1,000 per violation, not exceeding \$10,000 in aggregate for multiple violations; prohibits health insurers from attempting to claw back payments made to providers more than 90 days after the payment date, unless the claim was fraudulent and the provider was convicted of fraud; if a health insurer attempts to retrieve a payment within the 90-day window, it must provide a detailed explanation, including the reason for retrieval, date of service, service code or description, amount to be retrieved, and contact information for the health insurer. The bill was introduced in the House and referred to the Insurance Committee.

## **OKLAHOMA**

### **[HB 3228](#) – Professional Liability**

Introduced by Representative Justin Humphrey (R), HB 3228 creates a public database of medical malpractice lawsuits against state licensed physicians; information required to report includes: physician name, nature of the medical malpractice claim, date the lawsuit was filed, disposition of the case, any disciplinary action taken by the Board as a result of the lawsuit, and internet links to relevant court documents when available; mandates reporting by physicians within 30 days of the filing of a lawsuit; requires the medical board to create an educational campaign about the database. The bill was introduced in the House and is awaiting referral to a committee.

## **RHODE ISLAND**

### **[H 7190](#) – Artificial Intelligence**

Introduced by Representative Susan Donovan (D), HB 7190 requires health insurers to disclose detailed information about their artificial intelligence (AI) systems, including the models used, their role in decision-making, training datasets, performance metrics, and risk management policies; insurers must maintain documentation of AI-influenced decisions, specifically adverse benefit determinations, for at least five years; for determinations where AI is a substantial factor, a provider with the same license status as the ordering provider must review and approve the decision and their rationale must be documented; health insurers are responsible for the costs of compliance. The bill was introduced in the House and referred to the Health and Human Services Committee.

### **[H 7274](#) – Scope of Practice**

Introduced by Representative Marie Hopkins (R), H 7274 removes the mandate for direct physician supervision of physician assistants (PAs); PAs may collaborate, consult, or refer to other healthcare team members as needed, with the degree of collaboration determined at the practice level by employer, group, or hospital with no written agreement required; allows PAs to

receive direct payment from the medical assistants program. The bill was introduced in the House and referred to the Health and Human Services Committee.

#### [H 7276](#) – Cancer

Introduced by Representative Kathleen Fogarty (D), H 7276 requires health insurers to provide no cost sharing diagnostic and supplemental breast examinations. The bill was introduced in the House and referred to the Health and Human Services Committee.

#### [S 2210](#) – Stop the Bleed

Introduced by Senator V. Susan Sosnowski (D) S 2210 requires every public and private elementary and secondary school provide and maintain clearly visible and easily accessible trauma kits; each trauma kit must include, a tourniquet, gloves and marker, scissors, instructions, compression bandages, bleeding control bandages, and any other supplies deemed necessary; at least one person trained in first aid and trauma kit use must be present during school sponsored events, including athletic events; grants civil liability immunity to trained individuals who provide emergency assistance for traumatic bleeding injuries; schools may accept funding for trauma kits from grants, nonprofits, parent-teacher organizations, private parties, and government entities. The bill was introduced in the Senate and referred to the Education Committee.

#### [SB 2768](#) – Artificial Intelligence

Introduced by Senator Jarrett Keohokalole (D), SB 2768 restricts health insurers use of artificial intelligence (AI) in utilization reviews; before any adverse determination the claim must be reviewed by licensed health care providers to independently review the claim, considering the patient's clinical history and circumstances, and use their own medical judgment before adverse actions are taken; health insurers are prohibited from using AI to deny, delay, or modify determinations to provide health care services. The bill was introduced in the Senate and is awaiting referral to a committee.

### **UTAH**

#### [SB 211](#) – Professional Liability

Introduced by Senator Kirk Cullimore (R), SB 211 requires courts to reduce the plaintiff's award by the total amount received from collateral sources, except where subrogation rights exist or the collateral source is not included in the damages award. The bill was introduced and distributed in the Senate.

### **VERMONT**

#### [H 771](#) – Certificate of Need

Introduced by Representative Joshua Dobrovich (R), H 771 eliminates the certificate of need program for ambulatory surgical centers. The bill was introduced in the House and referred to the Health Care Committee.

#### [H 776](#) – Artificial Intelligence

Introduced by Representative Monique Priestley (D), H 776 requires health insurers using artificial intelligence (AI) for utilization review must ensure determinations are based on an individual's medical and clinical history, the specific circumstances presented by the requesting

health care provider, and other relevant clinical information; AI tools cannot independently deny, delay, or change coverage decisions; only a licensed human health care provider with relevant expertise can make adverse coverage decisions after reviewing the provider's recommendation and the patient's information. The bill was introduced in the House and referred to the Health Care Committee.

#### [S 212](#) – Scope of Practice

Introduced by Senator Jennifer Boysko (D), S 212 allows Therapeutic Pharmaceutical Agent (TPA) certified optometrists to directly sell and dispense Schedule VI controlled substances; optometrists must be present and actively involved during dispensing, inform patients about proper use, and comply with all relevant regulations on storage, packaging, labeling, recordkeeping, and reporting. The bill was introduced in the Senate and referred to the Education and Health Committee.

### **VIRGINIA**

#### [HB 1526](#) – Prior Authorization

Introduced by Delegate Hyland Fowler (R), HB 1526 requires health insurers to expedited prior authorization (PA) requests within 72 hours and standard requests within 7 days, with clear communication of decisions regarding approvals, denials, or requests for additional information; If a service is authorized and scheduled or provided, the insurer cannot revoke or alter the PA except in cases of fraud or regulatory action; insurers must maintain a public updated list of services requiring PA and give at least 30 days' notice before changes. The bill was introduced in the House and is awaiting referral to a committee.

### **WASHINGTON**

#### [HB 2261](#) – Scope of Practice

Introduced by Representative Matt Marshall (R), HB 2261 requires health care providers display and clearly communicate their credentials to patients; all licensed health care providers who interact with patients to wear visible identification badges clearly displaying their name, health care credential, and any health care related degrees; any advertisement for health care services naming a license holder must also specify the type of credential and degree held by that individual. The bill was introduced in the House and referred to the Health Care and Wellness Committee.

#### [HB 2683](#) – Insurance

Introduced by Representative Alicia Rule (D), HB 2683 requires health insurers to use a designated database for provider credentialing applications and prohibits them from requesting credentialing information in any other format; shortens the maximum time for carriers to approve or deny credentialing applications from 90 days to 30 days; insurers must provide access to comprehensive billing and coverage information on a website to all providers and facilities (including out-of-network); insurers must give at least 60 days' advance notice of any changes to these documents, both on their website and in newsletters. The bill was introduced in the House and referred to the Health Care and Wellness Committee.

### **WEST VIRGINIA**

#### [HB 4292](#) – Scope of Practice

Introduced by Delegate Doug Smith (R), HB 4292 authorizes the board of medicine to establish and enforce standards and procedures for physician assistants. The bill was introduced in the House and referred to the Government Organization Committee.

#### [HB 4627](#) – Cancer

Introduced by Delegate Gary Howell (R), HB 4627 requires health insurers and self-insured public employers to provide professional firefighters with free preventive cancer screenings; prohibits most cost-sharing. The bill was introduced in the House and referred to the Health and Human Services Committee.

#### [HB 4715](#) – Scope of Practice

Introduced by Representative Lis White (R), HB 4715 removes the requirement for physician assistants (PAs) and certified nurse practitioners (CNPs) to practice under the supervision or collaboration of a physician. This grants PAs and CNPs the authority to practice independently within their education and training; the board of medicine, board of osteopathic medicine, board of nursing are prohibited from creating rules that require physician supervision for PAs or CNPs; certified registered nurse anesthetists (CRNAs) may work in “cooperation” with a physician, dentist, or podiatrist but does not require their physical presence or supervision. The bill was introduced in the House and referred to the Health and Human Resources Committee.

#### [HB 4873](#) – Professional Liability

Introduced by Delegate David Pritt (R), HB 4873 extends the statute of limitations for minors to file medical malpractice lawsuits within five years after turning 18. The bill was introduced in the House and referred to the Judiciary Committee.

#### [HB 4917](#) – Certificate of Need

Introduced by Delegate Chris Anders (R), HB 4917 abolishes the state certificate of need program. The bill was introduced in the House and referred to the Health and Human Services Committee.

#### [SB 619](#) – Stop the Bleed

Introduced by Senator Tom Takubo (R), SB 619 requires public schools to implement bleeding control programs; school personnel must receive bleeding control training every two years, students in grades 9-12 will get instruction as part of their curriculum; defines “bleeding control kit” including items like a tourniquet, compression bandage, gauze, gloves, scissors, and instructions, with the option to include other medical supplies; kits must be placed in accessible locations throughout school buildings, included in emergency plans, and used in all emergency drills; provides civil liability immunity to school personnel using the kits, except in cases of gross negligence or willful misconduct; allows funding through donations or legislative appropriations. The bill was introduced in the Senate and referred to the Health and Human Resources Committee.

#### [SB 647](#) – Scope of Practice

Introduced by Senator Tom Takubo (R), SB 647 authorizes physician assistants to own medical businesses; allows them to be shareholders in medical corporations. The bill was introduced in the Senate and referred to the Health and Human Services Committee.