

ACS State Affairs Legislative Update – March 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. The following legislatures have adjourned: Florida (3/13); Indiana (2/27); New Mexico (2/19); Oregon (3/6); Utah (3/6); Virginia (3/14); West Virginia (3/14); Wisconsin (3/17); and Wyoming (3/11). State legislative session information for 2026 can be found [here](#).

STATE ADVOCACY DAYS

Delaware: March 26; Dover
California: April 8; Sacramento

LEGISLATIVE TRACKING

ALABAMA

[HB 605](#) – Rural Workforce

Introduced by Representative Jamie Kiel (R), HB 605 provides limited immunity from state and federal antitrust laws to rural health care professionals who engage in collaborative activities designed to improve health care delivery in rural areas; health care professionals must obtain a certificate from the state detailing the nature, scope, and anticipated effects of their collaborative activities, and demonstrating these activities are reasonably necessary to further the state's rural health policy. The bill was introduced in the House and referred to the Judiciary Committee.

[SB 350](#) – Rural Workforce

Introduced by Senator Donnie Chesteen (R), SB 350 provides limited immunity from state and federal antitrust laws to rural health care professionals who engage in collaborative activities designed to improve health care delivery in rural areas; health care professionals must obtain a certificate from the state detailing the nature, scope, and anticipated effects of their collaborative activities, and demonstrating these activities are reasonably necessary to further the state's rural health policy. The bill was introduced in the Senate and referred to the Healthcare Committee.

ARIZONA

[SB 1494](#) – Insurance

Introduced by Senator Carine Werner (R), SB 1494 prohibits health insurers to steer or advise people with known health conditions to drop their current health plan for another as a regular business practice; prohibits providers from paying premiums for enrollees; creates an unprofessional conduct violation for physicians to advise patients to enroll/disenroll from specific insurance plans; allows health care professionals to discuss in-network/out-of-network status with patients. The bill was introduced in the Senate and referred to the Health and Human Services Committee.

CALIFORNIA

[AB 1979](#) – Artificial Intelligence

Introduced by Assemblymember Mia Bonta (D), AB 1979 prohibits health facilities, clinics, physician offices, and group practices from using artificial intelligence (AI) tools, systems, or devices for any activity that requires the professional judgment of a licensed health care professional, such as patient assessment, patient education, clinical handoffs, or any documentation or communication that involves applying professional expertise to an individual patient; AI cannot be used to direct, guide, supervise, or instruct unlicensed personnel in performing functions that require a professional license; clarifies AI may still be used for non-clinical documentation and communication tasks that do not involve professional judgment, such as sending automated updates to patients about their health records. The bill was introduced in the Assembly and referred to the Health Committee.

CONNECTICUT

[SB 196](#) – Corporate Practice of Medicine

Introduced by the Joint Committee on Public Health, SB 196 prohibits hospitals from entering into sale-leaseback transactions involving their main campus real estate with real estate investment trusts; aims to prevent hospitals from selling and then leasing back their primary facilities, a financial arrangement that has become more common in the health care sector; hospitals must annually submit an attestation to the health department confirming no private equity entity holds a controlling interest in the hospital and affirms the hospital's license holder

retains full governance over all aspects of the hospital's operations, including clinical, operational, managerial, financial, and human resources matters, and that no private equity entity is permitted to influence policies or procedures that could interfere with the professional judgment or clinical decisions of health care providers. The bill was introduced in the Senate and referred to the Joint Committee on Public Health.

DELAWARE

[HB 325](#) – Scope of Practice

Introduced by Representative Alonna Berry (D), HB 325 changes the title "physician assistant" to "physician associate" (PA); allows PAs with more than 6,000 post-graduate clinical practice hours to apply for independent practice; clarifies PAs with independent practice authority must collaborate, consult, or refer to other healthcare team members as appropriate to the patient's needs and their own competencies; reimbursement must be equivalent to physicians when the same services are rendered; PAs are authorized to bill and receive direct payment for medically necessary services; allows PAs to be designated as primary care providers. The bill was introduced in the House and referred to the Sunset Committee.

[SB 1](#) – Insurance

Introduced by Senator Bryan Townsend (D), SB 1 seeks to increase reimbursement in primary care potentially decreasing reimbursements for surgical specialties; caps reimbursement rates for services at 250 percent of Medicare rates. The bill was introduced in the Senate and referred to the Health and Social Services Committee.

GEORGIA

[SR 916](#) – Cancer

Introduced by Senator Kay Kirkpatrick (R), SR 916 designates March 9, 2026, as Skin Cancer Awareness Day to promote public awareness and education about the risks and prevention of skin cancer. The bill was introduced in the Senate and is awaiting referral to a committee.

IDAHO

[H 841](#) – Prior Authorization

Introduced by the House Ways and Means Committee, H 841 requires health insurers to publicly disclose all prior authorization (PA) requirements and give at least 60 days' notice before changing requirements; insurers must have electronic prior authorization systems; insurers must respond to standard prior authorization requests within seven days and to urgent requests within 72 hours, if a request is incomplete, providers must be notified within one business day; denials must include clear reasons for PA denial and information about appeals, which must be reviewed by independent, qualified professionals; fines up to \$10,000 per violation, and requires annual public reporting of prior authorization data. The bill was introduced in the House and is awaiting referral to a committee.

IOWA

[HSB 766](#) – Artificial Intelligence

Introduced by the House Appropriations Committee, HSB 766 establishes the licensure and oversight of Artificial Intelligence Augmented and Autonomous Service Providers (AAASPs), specifically those operating clinical AI services impacting patient care; creates the Board of

Autonomous Medical Practice; mandates transparency and patient consent and imposes a professional duty on AAASPs to prioritize patient welfare over financial interests; prohibits the use of commercial advertising within clinical AI interfaces and requires the retention of immutable algorithmic logic snapshots for audit purposes. The bill was introduced in the House and referred to the Appropriations Committee.

KENTUCKY

[SCR 172](#) – Scope of Practice

Introduced by Senator Stephen Meredith (R), SCR 172 creates a task force to review and recommend updates to the optometric scope of practice, including injections and laser surgeries. The bill was introduced in the Senate and referred to the Committee on Committees.

LOUISIANA

[HB 984](#) – Professional Liability

Introduced by Representative Timothy Kerner (R), HB 984 increases the cap on total recoverable damages for injuries or death resulting from medical malpractice. Specifically, the bill raises the maximum amount recoverable for all malpractice claims, exclusive of future medical care and related benefits, from \$500,000 to \$750,000 plus interest and costs. The bill was introduced in the House and is awaiting referral to a committee.

MASSACHUSETTS

[HD 5749](#) – Prior Authorization

Introduced by Representative Homar Gomez (D), HD 4549 requires health insurers to pay for medically necessary health care services ordered by a treating provider, if those services are covered under the insured's plan and adhere to the carrier's clinical review criteria, including prior authorization (PA) procedures; requires health insurers to give providers detailed written notice and a thirty-day period to challenge any recoupment actions; for claims denials, providers are granted the right to appeal, triggering a retrospective review of medical necessity that must be completed within thirty days; if the service is deemed medically necessary after review, the denial must be reversed and the claim paid; if not, the carrier must provide a specific written justification and an appeals process. The bill was introduced in the House and is awaiting referral to a committee.

MINNESOTA

[HF 4274](#) – Professional Liability

Introduced by Representative Jeff Backer (R), HF 4274 reduces the statute of limitations for initiating medical malpractice lawsuits from four years to two years; prohibits plaintiffs from making statements about a health care provider's personal income or assets to coerce settlements; restricts plaintiff's ability to collect judgments from a health care provider's personal income or assets unless the provider acted willfully, maliciously, or fraudulently, or failed to maintain at least \$1,000,000 in malpractice insurance coverage; caps economic damages to the actual amounts paid by the plaintiff or their insurer for medical expenses; caps noneconomic damages for pain, suffering, and inconvenience at \$500,000. The bill was introduced in the House and referred to the Judiciary Finance and Civil Law Committee.

[HF 4460](#) – Scope of Practice

Introduced by Representative John Huot (D), HF 4460 establishes a licensing pathway for anesthesiologist assistants (AA); overseen by the board of medicine; AAs may only practice under the supervision of a licensed physician and within a collaborative practice agreement; scope of practice includes perioperative, intraoperative, and postoperative patient care activities, under physician oversight. The bill was introduced in the House Health Finance and Policy Committee.

[SF 2939](#) – Corporate Practice of Medicine

Introduced by Senator Alice Mann (D), SF 2939 requires health care entities to report detailed information about their ownership, control, affiliates, significant equity investors, and financial status; civil penalties up to \$500,000 for noncompliance or false reporting; the attorney general is empowered to enforce the corporate practice of medicine provisions. The bill was introduced in the Senate and referred to the Health and Human Services Committee.

[SF 4517](#) – Scope of Practice

Introduced by Senator Robert Kupec (D), SF 4517 creates a licensure pathway for anesthesiologist assistants (AA) through the state medical board; requires AAs to be supervised by a physician under a collaborative practice agreement; an AAs scope includes a wide range of patient care activities, from developing anesthesia care plans to performing invasive procedures and participating in teaching and research. The bill was introduced in the Senate and referred to the Health and Human Services Committee.

MISSOURI

[HB 1650](#) – Licensure

Introduced by Representative Matthew Overcast (R), HB 1650 revises the requirements for assistant physician (AP) licensure; allows graduates of accredited medical schools who have passed Step 2 or 3 of the United States Medical Licensing Examination (USMLE) within the preceding three years to apply, removing previous restrictions related to the timing of graduation and examination; clarifies APs may only provide primary care services in medically underserved areas or at federally qualified health centers, with exceptions for those in authorized postgraduate training; mandates health insurers reimburse APs at the same rate as other mid-level providers; to qualify for full licensure, an AP must have a license in good standing, no disciplinary actions, and complete Step 3 of the USMLE (or equivalent) and complete sixty months of full-time practice under a collaborative practice arrangement, and at least one hundred hours of continuing medical education every two years; letters of recommendation from collaborating physicians are also required. The bill was introduced in the House and is awaiting referral to a committee.

NEW HAMPSHIRE

[HB 1406](#) – Prior Authorization/Artificial Intelligence

Introduced by Representative Alicia Gregg (D), HB 1406 prohibits health insurers from using artificial intelligence (AI) to audit or adjust provider codes to change, alter, or amend a provider's clinical decisions; requires health insurers to keep records of their use of AI tools in claims processing and to make these records available to the state insurance department for auditing purposes. The bill was introduced in the House and referred to the Commerce and Consumer Affairs.

NEW JERSEY

[A 4619](#) – Certificate of Need

Introduced by Assemblymember Dawn Fantasia (R), A 4619 removes the requirement for small surgical practices, with no more than one operating room, to be licensed as ambulatory care facility; these practices must register with the health department. The bill was introduced in the Assembly and referred to the Health Committee.

[AJR 161](#) – Cancer

Introduced by Assemblymember Shanique Speight (D), AJR 161 creates a commission to assess the incidence and mortality rates of pancreatic cancer; evaluate current screening, diagnostic, and treatment practices; identify barriers to early detection and effective care, such as insurance coverage and health equity issues; review the availability of advanced diagnostic tools like biomarker and genetic testing; analyze ongoing research and clinical trials, and consider educational strategies for health care providers, patients, and the public. The bill was introduced in the Assembly and referred to the Health Committee.

[S 3810](#) – Cancer

Introduced by Senator M. Teresa Ruiz (D), S 3810 lowers the minimum age for mandatory health insurer coverage of mammograms from 40 to 18 years old; extends coverage to women under 18 if they have a family history or other risk factors for breast cancer; cover physician-directed imaging such as ultrasound, magnetic resonance imaging (MRI), three-dimensional mammography, or other additional breast imaging tests. The bill was introduced in the Senate and referred to the Commerce Committee.

[S 3866](#) – Cancer

Introduced by Senator Vin Gopal (D), S 3866 requires periodic cancer screenings for volunteer firefighters; funded by an increase on fire insurance premium tax to establish a dedicated reimbursement fund. The bill was introduced in the Senate and referred to the Commerce Committee.

[S 3947](#) – Telemedicine

Introduced by Senator Vin Gopal (D), S 3947 requires health insurers to reimburse telemedicine services at the same rate as in-person services, as long as those services are otherwise covered under the health benefits plan; prohibits insurers from imposing higher cost-sharing (deductibles, copayments, or coinsurance) for telemedicine; restricts insurers from limiting coverage based on the location of the provider or patient, the technology platform used (including audio-only services), or by restricting coverage to select third-party telemedicine organizations, provided the standard of care is met. The bill was introduced in the Senate and referred to the Health, Human Services, and Senior Citizens Committee.

OHIO

[SB 385](#) – Scope of Practice

Introduced by Senator Terry Johnson (R), SB 385 creates a licensing pathway for naturopaths under the board of medicine; prohibits the board of medicine from restricting naturopathic therapies beyond those outlined in statute; allows naturopaths to do very limited minor procedures, such as caring for superficial lacerations, abrasions, superficial lesions, or removing

foreign bodies from superficial tissue. The bill was introduced in the Senate and is awaiting referral to a committee.

PENNSYLVANIA

[SB 1211](#) – Biomarker

Introduced by Senator Devlin Robinson (R), SB 1211 requires state Medicaid and CHIP managed care plans to cover biomarker testing. The bill was introduced in the Senate and referred to the Banking and Insurance Committee.

RHODE ISLAND

[H 8246](#) – Cancer

Introduced by Representative David Bennett (D), H 8246 requires health insurers to provide no cost sharing lung cancer screening and follow-up services. The bill was introduced in the House and referred to the Health and Human Services Committee.

[S 2010](#) – Artificial Intelligence

Introduced by Senator Linda Ujifusa (D), S 2010 requires health insurers to disclose detailed information to the state regarding their use of artificial intelligence (AI), including the types of models employed, their roles in decision-making, training datasets, performance metrics, and governance policies; insurers must maintain documentation of AI-influenced decisions, particularly adverse benefit determinations, for at least five years; adverse benefit determination involving AI, specifically related to medically necessary, must be reviewed and approved by a provider with the same license status as the ordering professional before the determination is finalized; rationale for adverse determinations must be documented in the enrollee's case record. The bill was introduced in the Senate and referred to the Artificial Intelligence and Emerging Technology Committee.

[S 2032](#) – Cancer

Introduced by Senator Samuel Zurier (D), S 2032 requires health insurers to provide no cost sharing diagnostic and supplemental breast exams, including mammography, breast MRI, or ultrasound, used to evaluate abnormalities detected through screening or other means. The bill was introduced in the Senate and referred to the Health and Human Services Committee.

[S 3061](#) – Insurance

Introduced by Senator Brian Thompson (D), S 3061 requires health insurers to cover at least seven days of post-acute care services after discharge without prior authorization; medical necessity determined by treating health care professional. The bill was introduced in the Senate and referred to the Health and Human Services Committee.

[S 3089](#) – Insurance

Introduced by Senator Robert Britto (D), S 3089 prohibits health insurers from making unilateral changes to material terms in provider contracts during the contract term; requires mutual agreement or legal mandate for modifications or if expressly required by state or federal law; mandates advance notice for changes at renewal. The bill was introduced in the Senate and referred to the Health and Human Services Committee.

[SR 3063](#) – Professional Liability

Introduced by Senator Mark McKenney (D), SR 3063 creates a special commission to study the effects of medical malpractice on health care professionals. The resolution was introduced in the Senate and referred to the Health and Human Services Committee.

SOUTH CAROLINA

[HB 1019](#) – Cancer

Introduced by Senator Tom Young (R), SB 1019 requires health insurers to provide no cost sharing prostate cancer screenings and diagnostic lab work. The bill was introduced in the House and referred to the Banking and Insurance Committee.

WISCONSIN

[AB 1217](#) – Prior Authorization

Introduced by Assemblymember Priscilla Prado (D), AB 1217 requires health insurers to publicly post a comprehensive list of services requiring prior authorization (PA); insurers must post PA requirements, restrictions, and associated clinical review criteria on their websites, including effective dates and standardized electronic request processes; any changes to PA requirements must be communicated to contracted providers at least 60 days in advance; gives insurance commissioner rule making authority to create a gold carding system. The bill was introduced in the Assembly and referred to the Insurance Committee.

[AB 1224](#) – Insurance

Introduced by Assemblymember Ryan Clancy (D), AB 1224 creates a universal, publicly financed health care plan for residents and nonresident workers; replaces most private insurance with a comprehensive state-administered health plan. The bill was introduced in the Assembly and referred to the Health, Aging and Long-Term Care Committee.