**ACS State Affairs Legislative Update – February 28, 2025**

**STATE AFFAIRS WORKGROUP**

Arnold Baskies, MD, FACS (NJ); 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) or Cory Bloom, State Affairs Associate, at [cbloom@facs.org](mailto:cbloom@facs.org). To view a complete list of bills ACS State Affairs is tracking, visit our online [State Legislative Tracker.](https://www.quorum.us/spreadsheet/external/QGjJBFIfORzJNAtlNvfp/)

**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](https://www.facs.org/advocacy/state-legislation/chapter-state-advocacy-grant-program/).

**STATE ADVOCACY DAYS**

Tennessee: March 4, Nashville, Tennessee

California: April 9, Sacramento, California

**STATUS OF LEGISLATIVE SESSIONS**

State legislative session dates can be found [here](https://www.multistate.us/resources/2025-legislative-session-dates).

**LEGISLATIVE TRACKING**

**ALABAMA**

[HB 334](https://alison.legislature.state.al.us/files/pdf/SearchableInstruments/2025RS/HB334-int.pdf) – Cancer

Introduced by Representative Jeremy Gray (D), HB 334 requires health insurers to provide no cost sharing prostate cancer screenings for men identified as high risk regardless of their age. The bill was introduced in the House and referred to the Insurance Committee.

**CALIFORNIA**

[AB 487](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB487) – Prior Authorization

Introduced by the Assembly Insurance Committee, AB 487 requires health insurers to notify both the health care professional and the insured if a claim is denied; interest accrues at a rate of ten percent per annum if an uncontested claim is not reimbursed within 30 days. The bill was introduced in the Assembly and referred to the Insurance Committee.

[AB 1431](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB1431) – Rural Health Workforce

Introduced by Assemblymember David Tangipa (R), AB 1431 provides a tax credit against personal income taxes for health care professionals; the credit is equal to the qualified income earned by the taxpayer for medical services performed in rural areas; credit is capped at $5,000 per taxable year. The bill was introduced in the Assembly and read.

[SCR 29](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260SCR29) – Cancer

Introduced by Senator Jerry McNerney (D), SCR 29 designates March 2025 as colorectal cancer awareness month. The bill was introduced in the Senate and referred to the Rules Committee.

**FLORIDA**

[SB 172](https://flsenate.gov/Session/Bill/2025/172/BillText/Filed/PDF) – Scope of Practice

Introduced by Senator Colleen Burton (R), SB 172 prohibits health care providers who are not licensed as a medical physician may not hold themselves out as a specialist unless they are authorized to do so; violations are considered the unauthorized practice of medicine. The bill was introduced in the Senate and referred to the Health Policy and Rules Committee.

[SB 718](https://flsenate.gov/Session/Bill/2025/718/BillText/Filed/PDF) – Scope of Practice

Introduced by Senator Ana Rodriguez (R), SB 718 allows autonomous certified registered nurse anesthetists (CRNA) to practice without an established protocol, unless the facility they are working in requires a protocol. The bill was introduced in the Senate and referred to the Health Policy Committee.

[SB 1210](https://flsenate.gov/Session/Bill/2025/1210/BillText/Filed/PDF) – Trauma Funding

Introduced by Senator Jonathan Martin (R), SB 1210 creates new civil fines from traffic infractions resulting in a crash with another vehicle to be allocated to the state trauma fund. The bill was filed in the Senate.

**GEORGIA**

[HB 598](https://www.legis.ga.gov/api/legislation/document/20252026/233589) – Criminalization

Introduced by Representative Shea Roberts (D), HB 598 removes provisions in state law related to criminal abortion; introduces protections against civil or criminal penalties for health care professionals involved in abortion services. The bill was introduced in the House and is awaiting referral to a committee.

**IOWA**

[HF 556](https://www.legis.iowa.gov/docs/publications/LGi/91/HF556.pdf) – Insurance

Introduced by Representative Ann Meyer (R), HF 556 requires health insurers to respond to credentialing requests within 56 calendar days; insurer must provide a written explanation if the request is denied; health care professional can appeal a denial; allows for retrospective payment of clean claims for services rendered during credentialing process once approved. The bill was introduced in the House and referred to the Commerce Committee.

[SF 417](https://www.legis.iowa.gov/docs/publications/LGi/91/SF417.pdf) – Cancer

Introduced by Senator Molly Donahue (D), SF 417 requires Medicaid to provide no cost sharing lung cancer screenings. The bill was introduced in the Senate and referred to the Commerce Committee.

**MAINE**

[LD 742](https://legislature.maine.gov/billtracker/#Paper/742?legislature=132) – Telemedicine

Introduced by Representative Kenneth Fredette (R), LD 742 allows health care professionals in other states to provide telemedicine services in the state if they have a referral from a state licensed primary care provider; primary care provider must obtain and document the patient’s written informed consent for telemedicine services; out-of-state provider must hold an unrestricted license in their home state. The bill was introduced in the House and referred to the Health Coverage, Insurance and Financial Services Committee.

[LD 743](https://www.mainelegislature.org/legis/bills/getPDF.asp?paper=HP0485&item=1&snum=132) – Certificate of Need

Introduced by Representative Laurel Libby (R), LD 743 repeals the certificate of need requirement. The bill was introduced in the House and referred to the Health Coverage, Insurance and Financial Services Committee.

[LD 774](https://www.mainelegislature.org/legis/bills/getPDF.asp?paper=HP0497&item=1&snum=132) – STOP THE BLEED®

Introduced by Representative Chad Perkins (R), LD 774 requires state-owned buildings to have one or more bleeding control kits and make available bleeding control training; requires inspection of the kits on a regular basis; has a Good Samaritan protection clause; establishes a bleeding control kit fund. The bill was introduced in the House and referred to the State and Local Government Committee.

**MICHIGAN**

[HB 4107](https://www.legislature.mi.gov/documents/2025-2026/billintroduced/House/pdf/2025-HIB-4107.pdf) – STOP THE BLEED®

Introduced by Representative Mike Harris (R), HB 4107 recommends a model core academic curriculum for health education to include hands on STOP THE BLEED® instruction to pupils in grades seven through twelve; the first aid response kits must contain STB materials. The bill was introduced in the House and referred to the Government Relations Committee.

[HB 4108](https://www.legislature.mi.gov/documents/2025-2026/billintroduced/House/pdf/2025-HIB-4108.pdf) – STOP THE BLEED®

Introduced by Representative Dave Prestin (R), HB 4108 provides Good Samaritan protection for individuals who voluntarily offer bleeding control emergency medical assistance. The bill was introduced in the House and referred to the Health Policy Committee.

**MINNESOTA**

[SF 1856](https://www.revisor.mn.gov/bills/text.php?number=SF1856&version=0&session=ls94&session_year=2025&session_number=0&format=pdf) – Artificial Intelligence

Introduced by Senator Erin Maye Quade (D), SF 1856 prohibits health insurers from using artificial intelligence (AI) in the utilization review process; prohibits AI use in evaluation, determination, and appeals process. The bill was introduced in the Senate and referred to the Commerce and Consumer Protection Committee.

**MONTANA**

[HB 682](https://docs.legmt.gov/download-ticket?ticketId=e6f76187-5404-4860-859d-c6d6c2d52293) – Professional Liability

Introduced by Representative Lee Deming (R), HB 682 establishes a statute of limitations for civil actions related to injuries from gender transition treatments received as minors to within 25 years after reaching adulthood or within four years of discovering the injury and its cause, whichever is later. The bill was introduced in the House and referred to the Judiciary Committee.

[SB 438](https://docs.legmt.gov/download-ticket?ticketId=adaf8a0a-1d43-432b-88f8-ece107498653) – Telemedicine

Introduced by Senator Daniel Zolnikov (R), SB 438 requires out-of-state health care professionals to register with the state, complete an application, and pay a fee; service location is where the patient is located. The bill was introduced in the Senate and referred to the Business, Labor, and Economic Affairs Committee.

[LC 3197](https://bills.legmt.gov/#/lc/bill/2/LC3197) - Insurance

Introduced by Senator Vince Ricci (R), LC 3197 requires health insurers to pay clean electronic claims within 14 days and other claims within 30 days; if a claim is not paid in a timely manner the insurer must pay interest; the state department of insurance and department of justice have enforcement powers; penalties for non-compliance include $25,000 per violation and $10,000 for each week the violation persists. The draft bill is awaiting introduction in the Senate.

[LC 3324](https://docs.legmt.gov/download-ticket?ticketId=e9d9d6af-0527-457e-8229-e12a13a92109) – Step-Therapy

Introduced by Senator Ellie Boldman (D), LC 3324 requires health insurers to ensure step-therapy protocols are based on clinical practice guidelines developed by a multidisciplinary panel of experts; must provide a clear process for exceptions; exception determinations must be made within 72 hours for non-urgent requests, 24 hours for urgent requests; health insurers must report number and outcomes of step-therapy exception requests annually. The draft bill is awaiting introduction in the Senate.

**NEVADA**

[AB 290](https://www.leg.state.nv.us/Session/83rd2025/Bills/AB/AB290.pdf) – Prior Authorization

Introduced by Assemblymember Duy Nguyen (D), AB 290 requires health insurers to publish their prior authorization (PA) procedures, including all services requiring PA on their website; insurers must compile and annually publish outcomes of PA requests; prohibits PA for emergency services; PA remails valid for twelve months; insurers must respond to PA requests within five days for non-urgent request, 24 hours for urgent care. The bill was introduced in the Assembly and referred to the Commerce and Labor Committee.

[AB 296](https://www.leg.state.nv.us/Session/83rd2025/Bills/AB/AB295.pdf) – Prior Authorization/Step-Therapy

Introduced by Assemblymember Thaddeus Yurek (R), AB 296 requires health insurers, including Medicaid, to approve, request additional information, or make a prior authorization (PA) adverse decision within five days for non-urgent requests, 48 hours for urgent requests; an approved PA remains in effect for twelve months; allows the use of artificial intelligence (AI) to process requests but AI may not make adverse determinations; the insurer must notify it’s use to enrollees; insurers must submit an annual report to the department regarding the total number of PA requests; number of requests that were initially approved, number of adverse determinations, number of appeals reversing an adverse determination; department will publish the results. The bill was introduced in the Assembly and referred to the Commerce and Labor Committee.

**NEW MEXICO**

[SB 46](https://www.nmlegis.gov/Sessions/25%20Regular/Amendments_In_Context/SB0046.pdf) – Licensure

Introduced by Senator Linda Trujillo (D), SB 46 enters the state into the interstate medical licensure compact. The bill was introduced in the Senate and referred to the Judiciary Committee.

**OHIO**

[HB 128](https://search-prod.lis.state.oh.us/api/v2/general_assembly_136/legislation/hb128/00_IN/pdf/) – Criminalization

Introduced by Representative Desiree Tims (D), HB 128 provides protection from abusive litigation for health care professionals providing abortions. The bill was introduced in the House and is pending referral to a committee.

**OKLAHOMA**

[SB 1064](https://www.oklegislature.gov/cf_pdf/2025-26%20FLR/SFLR/SB1064%20SFLR.PDF) – Step-Therapy

Introduced by Senator Paul Rosino (R), SB 1064 requires health insurers to use recognized, evidence-based, and peer-reviewed clinical practice guidelines; must provide a clear process for health care professionals to request exceptions to step-therapy protocols; exceptions must be granted in the health care professional’s justification is supported by clinical documentation or the patient experienced an adverse reaction or ineffectiveness to the required drug; non-urgent exception requests must be responded to within 72 hours, or 24 hours for urgent requests. The bill was introduced in the Senate and referred to the Health and Human Services Committee.

**OREGON**

[HB 3727](https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB3727/Introduced) – Telemedicine

Introduced by Representative Ken Helm (D), HB 3727 allows medical professionals to provide medical care via telemedicine to patients temporarily out-of-state; medical care must be temporary, urgent, or necessary for continuity of care; requires and established patient-physician relationship; physicians must notify the state medical board and the licensing authority in the patient’s current location about the telemedicine services. The bill was introduced in the House and referred to the Speaker’s desk.

**PENNSYLVANIA**

[HB 739](https://www.palegis.us/legislation/bills/text/PDF/2025/0/HB0739/PN0763) – Scope of Practice

Introduced by Representative Nancy Guenst (D), HB 739 requires an advanced practice registered nurse (APRN) to work in collaboration with a physician if they have less than three years and 3,600 hours of practice; allows independent practice once requirements are met; mandates professional liability insurance; allows APRNs to form professional corporations with other health care professionals. The bill was introduced in the House and referred to the Professional Licensure Committee.

**RHODE ISLAND**

[S 346](https://webserver.rilegislature.gov/BillText/BillText25/SenateText25/S0346.pdf) – Insurance

Introduced by Senator Samuel Bell (D), S 346 establishes a single payer health care system in the state. The bill was introduced in the Senate and referred to the Health and Human Services Committee.

[S 347](https://webserver.rilegislature.gov/BillText/BillText25/SenateText25/S0347.pdf) – Licensure

Introduced by Senator Lori Urso (D), S 347 provides a limited license pathway for internationally trained physicians who have practiced for at least a year; to apply for limited one-year license, physician must have Educational Commission for Foreign Medical Graduates certificate, passing score on both Steps 1 and 2 of the United States Medical Licensing Examination (USMLE) and participate in an assessment program at a designated health care facility; eligibility for a renewable two year restricted license to practice medicine in a physician shortage area designated by the Board, applicant must complete participating facility’s assessment and evaluation program, receive a passing score on Step 3 of USMLE, and practice in specialty approved by the Board; after a minimum two years of restricted practice, the physician may apply for a full, unrestricted license. The bill was introduced in the Senate and referred to the Health and Human Services Committee.

**TEXAS**

[SB 1525](https://www.capitol.state.tx.us/tlodocs/89R/billtext/pdf/SB01525I.pdf) – Prior Authorization

Introduced by Senator Jose Menendez (D), SB 1525 prohibits health insurers from requiring more than one prior authorization (PA) for prescriptions for chronic conditions; prescription PAs are good for one year. The bill was introduced in the Senate.

[SB 1545](https://www.capitol.state.tx.us/tlodocs/89R/billtext/pdf/SB01545I.pdf) – Cancer

Introduced by Senator Adam Hinojosa (R), SB 1545 requires state fire departments to provide annual medical exams to firefighters, including cancer screenings; exemptions for fire departments with an annual medical exam plan. The bill was introduced and filed in the Senate.

**UTAH**

[SB 335](https://le.utah.gov/Session/2025/bills/introduced/SB0335.pdf) – Professional Liability

Introduced by Senator Scott Sandall (R), SB 335 eliminates the need for claimants to submit an affidavit of merit; revises noneconomic damages with a maximum limit of $1 million; plaintiffs may be required to pay defendant’s court costs; requires participation in a prelitigation review panel. The bill was introduced in the Senate and referred to a standing committee.

**VERMONT**

[H 320](https://legislature.vermont.gov/Documents/2026/Docs/BILLS/H-0320/H-0320%20As%20Introduced.pdf) – Rural Workforce

Introduced by Representative Larry Labor (R), H 320 encourages simplifying the certificate of need process; develop a plan to place medical students in rural hospitals; seeks to expand the state health insurance exchange. The bill was introduced in the House and referred to the Health Care Committee.

**WEST VIRGINIA**

[HB 2809](https://www.wvlegislature.gov/Bill_Text_HTML/2025_SESSIONS/RS/bills/hb2809%20intr.pdf) – Professional Liability

Introduced by Delegate David Pritt (R), HB 2809 extends the timeframe for a minor to bring a civil action to within five years after reaching the age of 18; the timeframe can be extended if there is fraud or collusion by the health care professional in concealing or misrepresenting material facts about the injury. The bill was introduced in the House and referred to the Judiciary Committee.