

## **State Legislative Update – April 5, 2024**

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](#).

### **STATE AFFAIRS WORKGROUP**

Arnold Baskies, MD, FACS (NJ); Ali Kasraeian, MD, FACS (FL); Kevin Koo, MD, FACS (MN); and Kelly Swords, MD, FACS (CA). The Workgroup will play 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 & Development
- Cancer Screening, Testing, and Treatment
- Insurance & Administrative Burden
- Professional Liability
- Criminalization of Physician Care
- Access to Surgical Care
- Health Equity

### **ACS GRANT PROGRAM**

State Chapters are eligible to apply for ACS State Advocacy Grants and may use funds towards their annual state advocacy day. Funds provided through the grant can be applied towards expenses such as travel costs for members, catering, venue rentals, printing, and more. To learn more information regarding the ACS State Advocacy Grants, apply [here](#).

### **UPCOMING EVENTS**

California Advocacy Day, Sacramento, April 10; register [here](#).

New York Amplifying Surgery's Voice 2024 Advocacy Day, Albany, May 7; register [here](#).

### **IN THE NEWS**

#### **Governor Jay Inslee Signs STOP THE BLEED® Bill Into Law**

[Senate Bill 5790](#), requiring schools in the state of Washington to maintain and provide bleeding control equipment on campus, was signed into law by Governor Jay Inslee (D) March 29.

Introduced by Senator Dhingra, SB 5790 mandates schools in the state of Washington, beginning in the 2026-27 school year, maintain easily accessible bleeding control equipment on each school campus for use in case of traumatic injuries involving blood loss. Schools must also ensure that a minimum of two employees are trained in bleeding control, with larger schools requiring additional trained employees based on student population (one for every additional 500). Additional provisions of the bill require annual inspections of the inventory of bleeding control equipment and storing specific items such as tourniquets, compression bandages, gloves, markers, scissors, and instructional documents on blood loss prevention methods. Read more [here](#).

## **FSMB, Intealth, ACGME Establish IMG Advisory Commission**

There is increasing interest among state policy makers to improve patient access and reduce workforce shortages by changing licensure requirements for international medical graduates (IMGs) who completed training and/or practiced abroad. Some state proposals bypass certain requirements, including U.S. postgraduate training, designed to ensure physicians have acquired the necessary knowledge, skills, abilities, and attitudes to provide safe and competent patient care.

The Federation of State Medical Boards (FSMB), Intealth, and the Accreditation Council for Graduate Medical Education (ACGME) established a new advisory commission to provide guidance on alternative pathways for the state licensure of physicians who completed their training and/or practice outside of the United States. Read more [here](#).

## **STATE MEDICAL BOARDS**

### **Provider Bridge Emergency Preparedness and Response**

Provider Bridge is a free-to-use technology platform that maintains a comprehensive registry of health professionals who can be accessed expeditiously to prepare for and respond to local, regional, or national emergencies. Registration takes a few minutes and can be completed at the following link: <https://www.providerbridge.org/>.

For more information, please contact: Anne K. Lawler, JD, RN, Provider Bridge Program Officer at (208) 331-2341; email [alawler@fsmb.org](mailto:alawler@fsmb.org) or visit the website [here](#).

### **Make a Wish®**

Refer a child to [Make-A-Wish®](#). Make-A-Wish® creates life changing wishes for children ages 2 ½ to 18 years old who have a critical illness that puts their life in jeopardy. Medical professionals are one of the main referral sources to connect children with their wish come true. If you know a child with a critical illness, refer them by visiting [wish.org](http://wish.org). In addition to the referral form, you will also find medical guidance sheets regarding eligibility within sub-specialty departments.

## **STATUS OF LEGISLATIVE SESSIONS**

The following state legislatures have adjourned: Florida, Indiana, New Mexico, Oregon, South Dakota, Utah, Virginia, Washington, West Virginia, Wisconsin, and Wyoming. Montana, Nevada, North Dakota, and Texas have no regular session in even-numbered years. Legislative session information can be found [here](#).

## **LEGISLATIVE TRACKING**

### **ALABAMA**

#### **HB 391** – Insurance

Introduced by Representative Ben Robbins (R), HB 391 provides if an employee injured on the job, a health care provider, when authorized by the employer may bill the employee's health insurance. The bill was introduced in the House and referred to the Insurance Committee.

## **CALIFORNIA**

### [SCR 69](#) – Cancer **ADOPTED**

Introduced by Senator Brian Dahle (R), SCR 69 proclaims the month of September 2024 as Prostate Cancer Awareness Month. The resolution was adopted March 21.

## **DELAWARE**

### [HB 346](#) – Criminalization

Introduced by Representative DeShanna Neal (D), HB 346 protects medical professionals from disciplinary action for providing gender-affirming care if it is legal in the state; bars disclosing patient communications and records related to gender-affirming care without authorization; shields providers from out-of-state civil actions concerning lawful gender-affirming treatment, preventing summons issuance or subpoena enforcement; prohibits insurance companies from penalizing health care professionals who offer gender-affirming care. The bill was introduced in the House and referred to the Health and Human Development Committee.

## **DISTRICT OF COLUMBIA**

### [B25-73](#) – Ambulatory Surgery Centers **ENACTED**

Introduced by Council Member Phil Mendelson (D) B25-73 defines the types of medical procedures that may be performed in an ambulatory surgical facility and repeals the requirement that the regulations list all outpatient surgical procedures that may be performed in a facility licensed as an ambulatory surgical facility. The bill was signed into law by Mayor Muriel Bowser (D) November 15.

## **GEORGIA**

### [SB 307](#) – Prior Authorization

Introduced by Senator Kay Kirkpatrick (R), SB 307 mandates insurers establish a program that allows for the selective reduction of prior authorization requirements based on the performance and adherence to evidence-based medicine to healthcare providers. The bill was introduced in the Senate and referred to the Insurance and Labor Committee.

## **HAWAII**

### [SB 1038](#) – Telehealth

Introduced by Senator Maile Shimabukuro (D), SB 1038 temporarily allows for the reimbursement of services provided through telehealth via an interactive telecommunications system and two-way, real-time audio-only communications. The bill was introduced in the Senate and referred to the Health and Human Services Committee.

## **IDAHO**

### [H 542](#) – Licensure **ENACTED**

Introduced by the House Health and Welfare Committee, H 542 creates a pathway for licensure for international physicians practicing outside the U.S. Eligibility criteria includes not being a legal resident of the U.S. or Canada during attendance at an international medical program; completion of a residency or post graduate training (PGT); a minimum of three years post-PGT practice, in good standing, and practiced within the last five years; at least 500 hours of clinical experience under direct physician supervision in the U.S.; basic English fluency; and an offer of employment from a sponsoring entity; defines "international medical program" as "any medical

school, residency program, medical internship program...that provides physicians with a medical education or training outside of the U.S. or Canada that is substantially similar" to the training required for physicians in the state and is certified by Educational Commission for Foreign Medical Graduates; qualifying international physicians are granted three-year, provisional licenses so long as they obtain federal immigration status and pass USMLE Steps 1 and 2. Governor Brad Little (R) signed the bill into law March 28.

## **ILLINOIS**

### [HB 5313](#) – Out of Network Billing

Introduced by Representative Margaret Croke (D), HB 5313 mandates health plans audit at least 25% of its provider directories for accuracy annually; a health plan provide a detailed description of the process to dispute charges for out-of-network providers incorrectly listed as in-network prior to the provision of care; provides a consumer who incurs a cost for inappropriate out-of-network charges for a provider, facility, or hospital listed as in-network prior to the provision of services may file a verified complaint. The bill was introduced in the House and referred to the Rules Committee.

### [SB 2641](#) – Network Adequacy

Introduced by Senator Linda Holmes (D), SB 2641 directs the Department of Insurance to determine whether the network plan at each in-network hospital and facility has a sufficient number of hospital-based medical specialists. The bill was introduced in the Senate and referred to the Insurance Committee.

## **IOWA**

### [SF 477](#) – Licensure

Introduced by the State Government Committee, SF 477 allows the board of medicine to grant a provisional license to practice medicine and surgery to an international physician with an offer for employment as a physician at a health care facility. The bill was introduced in the Senate and referred to the State Government Committee.

## **KANSAS**

### [HB 2263](#) – Criminalization

Introduced by the House Health and Human Services Committee, HB 2263 authorizes a civil cause of action against a physician and requires a revocation of a physician's license who performs a childhood gender reassignment service. The bill was introduced in the House and referred to the Health and Human Services Committee.

### [HB 2745](#) – Licensure **ENACTED**

Introduced by the House Commerce, Labor, and Economic Development Committee, HB 2745 exempts active-duty military service members and their spouses from occupational licensing, registration, and certification fees, including fees for a criminal background report and renewal of a credential, limited to individuals residing in or planning to live in the state due to military assignments. Governor Laura Kelly signed the bill into law March 29.

## **KENTUCKY**

### [HB 52](#) – Cancer **ENACTED**

Introduced by Representative Deanna Gordon (R), HB 52 requires coverage for screenings, tests, and procedures performed for the purpose of detecting cancer; coverage of such services are not subject to prior authorization or cost sharing requirements; must be consistent with nationally recognized clinical practice guidelines. Governor Andy Beshear (D) signed the bill into law April 5.

### [HB 115](#) – Cancer

Introduced by Representative Kimberly Moser (R), HB 115 prohibits cost-sharing requirements for any covered diagnostic breast examination or supplemental breast examinations. The bill was introduced in the House and referred to the Committee on Committees.

## **LOUISIANA**

### [HB 839](#) – Step Therapy

Introduced by Representative Troy Herbert (R), HB 839 requires a health plan cover treatment following a step therapy under certain circumstances including: treatments otherwise required under the protocol have not been as effective; delay of proven effective treatment would lead to severe or irreversible consequences; the treatment initially required is less effective and treatments otherwise required are contraindicated for the patient or caused or are likely to cause adverse harm to the patient. The bill was introduced in the House and is pending referral to a committee.

## **MAINE**

### [LD 1498](#) – Insurance

Introduced by Representative Anne Perry (D), LD 1498 establishes the Health Care Provider Assistance Division to assist health care providers with concerns specific to coverage for individual patients; provides a system for health care providers to submit complaints about violations of statutes or rules.. The bill was introduced in the House and referred to the Insurance and Financial Services Committee.

## **MARYLAND**

### [HB 184](#) – Single Payer

Introduced by Delegate Gabriel Acevero (D), HB 184 establishes a universal single-payer health care service for residents; establishes provisions regarding eligibility, participation and payments to health care providers; collective negotiations with health care providers. The bill was introduced in the House and referred to the Health and Government Operations Committee.

### [HB 932](#) – Prior Authorization

Introduced by Delegate Bonnie Cullison (D), HB 932 establishes requirements and prohibitions related to health insurance utilization review, including: altering requirements related to internal grievance procedures and adverse decision procedures; altering certain reporting requirements on health insurance carriers relating to adverse decisions; establishing requirements on health insurance carriers and health care providers relating to the provision of patient benefit information. The bill was introduced in the House and referred to the Health and Government Operations Committee.

## **MASSACHUSETTS**

### [H 1239](#) – Single Payer

Introduced by Representative Lindsay Sabadosa (D), H 1239 declares the state Health Care Trust will provide access to health care services; coverage under the plan will exclude co-insurance, co-payments, deductibles, or any other form of patient cost sharing. The bill was introduced in the House and referred to the Health Care Financing Committee.

### [S 744](#) – Single Payer

Introduced by Senator James Eldridge (D), S 744 declares the state Health Care Trust will provide access to health care services; coverage under the plan will exclude co-insurance, co-payments, deductibles, or any other form of patient cost sharing. The bill was introduced in the House and referred to the Health Care Financing Committee.

## **MICHIGAN**

### [HB 4472](#) – Scope of Practice

Introduced by Representative Alabas Farhat (D), HB 4472 requires physician assistants and advanced practice registered nurses to practice within a physician-led healthcare team and maintain collaboration and consultation with a physician member of the care team through a written practice agreement. The bill was introduced in the House and referred to the Health Policy Committee.

## **MINNESOTA**

### [SF 1074](#) – Network Adequacy

Introduced by Senator Matt Klien (D), SF 1074 requires the health commissioner to establish a standardized health plan that must meet established network adequacy requirements and be no more narrow than the most restrictive network the health carrier is offering in the individual market. The bill was introduced in the Senate and referred to the Health and Human Services Committee.

## **MISSOURI**

### [HB 1773](#) – Scope of Practice

Introduced by Representative Chad Perkins (R), HB 1773 removes the geographic proximity requirement in collaborative practice arrangements between advanced practice registered nurse (APRN) and collaborating physicians; removes the collaborative agreement requirement for APRNs holding a license in good standing and accumulating 2,000 documented practice hours; allows APRNs to prescribe both pharmacologic and nonpharmacologic therapies. The bill was introduced in the House and referred to the Emerging Issues Committee.

## **NEW HAMPSHIRE**

### [HB 1296](#) – Cancer

Introduced by Representative Catherine Rombeau (D), HB 1296 provides for no cost sharing diagnostic and supplemental breast examinations. The bill was introduced in the House and referred to the Commerce and Consumer Affairs Committee.

## **NEW JERSEY**

### [A 1450](#) – Network Adequacy

Introduced by Assemblymember Robert Karabinchak (D), A 1450 provides the commissioner of the Banking and Insurance Department will approve the network adequacy of a managed care plan if the carrier has demonstrated the provider network meets all network adequacy requirements. The bill was introduced in the Assembly and referred to the Financial Institutions and Insurance Committee.

### [A 1873](#) – Network Adequacy

Introduced by Assemblymember Herb Conaway (D), A 1873 requires all health care networks have a sufficient number of physicians to ensure that 100% of covered persons reside no more than a 20-minute drive or 10 miles, from at least three primary care physicians and within the state, and a 30-minute drive or 15 miles from at least three office-based medical specialties. The bill was introduced in the Assembly and referred to the Financial Institutions and Insurance Committee.

### [S 3604](#) – Telehealth **ENACTED**

Introduced by Senator Fred Madden (D), S 3604 authorizes use of healthcare platforms providing discounted prices for telehealth and telemedicine services. Governor Phil Murphy (D) signed the bill into law January 8.

## **NEW YORK**

### [S 2124](#) – Telehealth

Introduced by Senator Gustavo Rivera (D), S 2124 allows physician assistants to serve as primary care practitioners for purposes of Medicaid managed care plans. The bill was introduced in the Senate and referred to the Health Committee.

### [S 2167](#) – Step-Therapy

Introduced by Senator Neil Breslin (D), S 2167 establishes specific rules utilization review agents must follow when establishing step-therapy protocols. It also mandates that health plans must authorize immediate coverage of prescribed drugs if a step-therapy protocol is overridden. Failure to comply with step-therapy protocols is grounds for overriding, which then must be honored for a twelve-month period. The bill was introduced in the Senate and referred to the Insurance Committee.

### [S 2776](#) – Telehealth

Introduced by Senator Gustavo Rivera (D), S 2776 establishes reimbursement parity for telehealth services and removes the sunset date of such an expansion previously established as April 1, 2024. The bill was introduced in the Senate and referred to the Health Committee.

### [S 7590](#) – Single Payer

Introduced by Senator Gustavo Rivera (D), S 7590 establishes a comprehensive system of health insurance for residents; provides for the administrative structure of the plan; the scope of benefits, payment methodologies and care coordination; establishes the New York Health Trust Fund to manage the funds to be used solely to finance the plan. The bill was introduced in the Senate and referred to the Health Committee.

## **NORTH CAROLINA**

### [H 576](#) – Truth in Advertising

Introduced by Representative Kristin Baker (R), H 576 requires healthcare practitioners to wear identification badges displaying their name, license, certification, or registration held; mandates advertisements for healthcare services name the practitioners' license; restricts individuals not licensed to practicing medicine from using certain titles implying medical practice. The bill was introduced in the House and referred to the Health Committee.

### [H 681](#) – Licensure

Introduced by Representative Kristin Baker (R), H 681 establishes the process for the state to join the Interstate Medical Licensure Compact. The bill was introduced in the House and referred to the Health Committee.

### [H 809](#) – Workplace Violence

Introduced by Representative Timothy Reeder (R), H 809 mandates the presence of at least one law enforcement officer in the emergency department and establishes reporting requirements for identified state agencies to track incidents of violence in hospitals and assaults on hospital personnel. The bill was introduced in the House and referred to the Health Committee.

## **OHIO**

### [SB 177](#) – Single Payer

Introduced by Senator William DeMora (D), SB 177 establishes the Ohio Health Care Plan to provide universal health care coverage to all residents. The bill was introduced in the Senate and referred to the Insurance Committee.

## **OKLAHOMA**

### [HB 1963](#) – Telehealth/Licensure

Introduced by Representative Carl Newton (R), HB 1963 provides telehealth insurance coverage to residents being treated via telehealth by a provider outside of state lines; a state licensed physician referred the patient to the out of state provider; if a state licensed physician refers a patient to an out of state provider the out of state physician is authorized to treat the patient regardless of whether the out of state provider is licensed in the state . The bill was introduced in the House and referred to the Public Health Committee.

### [HB 3573](#) – Cancer

Introduced by Representative Daniel Pae (R), HB 3573 provides insurance coverage for firefighters in Oklahoma for cancer screenings. The bill was introduced in the House and referred to the Appropriations and Budget Committee.

### [HB 3682](#) – Prior Authorization

Introduced by Representative Ross Ford (R), HB 3682 requires utilization review entities to make all current prior authorization (PA) requirements available online; ensure all adverse determinations are made by a physician who is licensed and is of the same specialty as the physician who typically manages the medical condition; the enrollee's physician must have the opportunity to discuss the medical necessity of the PA request with the physician who is



responsible for authorizing the PA; establishes PA changes regarding exemptions, appeals, and timelines. The bill was introduced in the House and referred to the Insurance Committee.

#### [HB 4152](#) – Cancer

Introduced by Representative Suzanne Schreiber (D), HB 4152 changes the text of summaries for mammography reports by identifying the patient's individual breast density classification as "dense or not dense" and recommending potential further steps for patients with dense tissue. The bill was introduced in the House and referred to the Public Health Committee.

#### [SB 931](#) – Scope of Practice

Introduced by Senator Jessica Garvin (R), SB 931 allows pharmacists to test or screen for and initiate drug therapy for minor, nonchronic health conditions and dispense self-administered hormonal contraceptives, regardless of whether the patient has obtained a prescription. The bill was introduced in the Senate and referred to the Health and Human Services Committee.

### **PENNSYLVANIA**

#### [HB 1633](#) – Restrictive Covenants

Introduced by Representative Dan Frankel (D), HB 1633 prohibits the enforcement of noncompete covenants after the effective date of the act; noncompete covenants entered into or amended before the effective date of the act become void and unenforceable upon the renewal of a health care practitioner's license, registration, or certification. The bill was introduced in the House and referred to the Health Committee.

### **RHODE ISLAND**

#### [S 173](#) – Surprise Billing

Introduced by Senator Valarie Lawson (D), S 173 would enact the same requirements and prohibitions that exist under the federal No Surprises Act (NSA) regarding payments to, and billing by, out-of-network providers of emergency medical services and out-of-network providers of any healthcare service rendered at an in-network facility. The bill was introduced in the Senate and referred to the Commerce Committee.

### **SOUTH CAROLINA**

#### [HB 1459](#) – Telehealth **ENACTED**

Introduced by Representative William Herbkersman (R), HB 1459 mandates telehealth practitioners must adhere to the same standards of care as for in-person care; be licensed in the state where the patient is located. Governor Henry McMaster (R) signed the bill into law March 14.

### **TENNESSEE**

#### [HB 1146](#) – Scope of Practice

Introduced by Representative Greg Vital (R), HB 1146 mandates an anesthesiologist assistant may assist in the practice of medicine only under the supervision of an anesthesiologist and must only perform duties delegated by the anesthesiologist; the supervising anesthesiologist must be immediately available to the anesthesiologist assistant who assists in the delivery of medical care. The bill was introduced in the House and referred to the Health Committee.

### [SB 453](#) – Scope of Practice

Introduced by Senator Bo Watson (R), SB 453 mandates an anesthesiologist assistant may assist in the practice of medicine only under the supervision of an anesthesiologist and must only perform duties delegated by the anesthesiologist; the supervising anesthesiologist must be immediately available to the anesthesiologist assistant who assists in the delivery of medical care. The bill was introduced in the Senate and referred to the Health and Welfare Committee.

## **VERMONT**

### [H 741](#) – Cancer

Introduced by Representative Kate McCann (D), H 741 amends existing law to mandate insurers provide coverage for colorectal cancer screening average risk individuals in accordance with the most recently published recommendations established by the U.S. Preventive Services Task Force. The bill was introduced in the House and referred to the Health Care Committee.

## **VIRGINIA**

### [SB 425](#) – Insurance **ENACTED**

Introduced by Senator Barbara Favola (D), SB 425 prohibits a carrier from imposing any retroactive denial or seeking to recover a previously paid claim unless the carrier specifies in writing the claim the retroactive refund is sought, and the carrier provides a written explanation of why the claim is being retroactively adjusted; provides the time limit for a retroactive denial is 12 months; a provider and a carrier may agree in writing that recoupment of overpayments by offsetting against future payments may occur after a 12-month limit. Governor Glen Youngkin (R) signed the bill into law March 28.

## **WASHINGTON**

### [SB 537](#) – Surgical Smoke **ENACTED**

Introduced by Senator Lamont Bagby (D), SB 537 requires the Board of Health to amend its regulations to require every hospital where surgical procedures are performed adopt a policy requiring the use of a smoke evacuation system for all planned surgical procedures. Governor Glen Youngkin (R) signed the bill into law March 28.

### [SB 5184](#) – Scope of Practice **ENACTED**

Introduced by Senator Ann Rivers (D), SB 5184 establishes the scope of practice for anesthesiologist assistants, detailing their authorized responsibilities, tasks, and limitations including: supervision, responsibilities, documentation, certifications; establishes a regulatory framework and disciplinary measures. Governor Jay Inslee (D) signed the bill into law March 29.

### [SB 5790](#) – STOP THE BLEED® **ENACTED**

Introduced by Senator Manka Dhingra (D), SB 5790 mandates schools in Washington state to maintain and provide bleeding control equipment on campus, store accessible bleeding control equipment, and ensure at least two employees per school are trained in STOP THE BLEED®. Governor Jay Inslee (D) signed the bill into law March 29.

[SB 5821](#) – Telehealth

Introduced by Senator Ron Muzzall (R), SB 5821 establishes a uniform standard for creating an patient-physician relationship to cover audio-only telemedicine services. Governor Jay Inslee (D) signed the bill into law on March 19.

**WYOMING**

[HB 25](#) – Prior Authorization **ENACTED**

Introduced by the Joint Labor, Health and Social Services Committee, HB 25 requires all Medicaid health insurers to respond within sixty days to any inquiry by the state regarding a claim for payment submitted not later than three years after the date of the provision of the health care service and agree not to deny a claim submitted for failing to obtain required prior authorization if the state meets specified conditions regarding the claim. Governor Mark Gordon (R) signed the bill into law March 5.