ACS State Affairs Legislative Update – May 30, 2026

STATE AFFAIRS WORKGROUP

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ACS STATE AFFAIRS PRIORITY ISSUES

- Prior Authorization/Downcoding
- Restrictive Covenants
- Private Equity/Corporate Practice of Medicine
- Scope of Practice
- Cancer
- Rural Surgery
- Professional Liability
- Continuing Medical Education/Maintenance of Certification
- Trauma

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: Alabama (4/9); Arkansas (4/29); Colorado (5/13); Connecticut (2/4); Georgia (4/2); Hawaii (5/8); Idaho (4/2); Indiana (2/27); Iowa (5/3); Kansas (4/11); Kentucky (4/15); Maine (4/29); Maryland (4/13); Minnesota (5/13); Mississippi (4/15); Missouri (5/15); Nebraska (4/17) New Mexico (2/19); Oklahoma (5/14); Oregon (3/6); South Dakota (3/30); Tennessee (4/23); Utah (3/6); Washington (3/12); West Virginia (3/14); Wisconsin (3/17); and Wyoming (3/11). Alaska, Florida, South Carolina, and Virginia are in Special Session. State legislative session information for 2026 can be found here.

IN THE NEWS

Ban on some insurance prior authorizations expected to cut red tape

Iowa enacted HF 2635, a new law eliminating prior authorization requirements for cancer screenings and emergency care, aiming to reduce delays in treatment and administrative burdens on health care providers. Supporters say the law will improve patient access to timely care, reduce physician burnout, and help recruit and retain medical professionals in Iowa.

The law also requires insurance prior authorization reviews be conducted by health care professionals in the same or similar specialty as the treating provider, rather than by reviewers without relevant expertise. Additionally, insurers may not rely solely on artificial intelligence to deny or approve care—human review is required. Physicians supporting the bill emphasized these changes will make the process more transparent, clinically informed, and patient centered. Read more here.

LEGISLATIVE TRACKING

DELAWARE

HB 435 – Scope of Practice
Introduced by Representative Melissa Minor-Brown (D), HB 435 requires health insurers to reimburse certified registered nurse anesthetists at the same rate as physicians for equivalent services. The bill was introduced in the House and referred to the Economic Development, Banking, Insurance, and Commerce Committee.

SB 334 – Credentialing
Introduced by Senator Marie Pinkney (D), SB 334 creates a standardized, statewide credentialing process for health care professionals seeking reimbursement from health insurers; insurers must acknowledge credentialing applications within 15 days, complete the process within 45 days, and notify applicants of the outcome within 10 days; insurers must pay for services rendered during the credentialing process; health care professionals can review and correct information used in credentialing, and are entitled to explanations and a hearing before denial, suspension, or termination. The bill was introduced in the Seante and referred to the Health and Social Services Committee.

FLORIDA

HB 1175 – Ambulatory Surgery Centers **ENACTED**
Introduced by Representative Mike Redondo (R), HB 1175 requires the Florida Building Commission and the State Fire Marshal to create specific safety design standards for office surgery suites by January 1, 2027; the rules will allow office surgery suites to treat up to six patients at a time who cannot evacuate themselves in an emergency due to anesthesia, treatment, or their condition. Governor Ron DeSantis (R) signed the bill into law May 21.

LOUISIANA

HCR 114 – Licensure **ADOPTED**
Introduced by Representative Jason Dewitt (R), HCR directs the board of medicine to conduct a two-year study on the feasibility of a physician review panel for certain complaints against physicians before the complaints escalate to formal disciplinary proceedings; focus on complaints related to clinical decision making, diagnosis, treatment, prescribing, supervision of clinical care, documentation, and standard of care. The resolution was Adopted on May 28.

SR 160 – Professional Liability **ADOPTED**
Introduced by Senator Patrick Connick (R), SR 160 creates a medical malpractice task force to study and recommend improvements to the state's medical review panel process; explore ways to make the process more efficient, such as using expert certification, pre-suit affidavits, or

expedited scheduling to reduce frivolous claims and resolve legitimate cases faster. The bill was introduced in the Senate and Adopted May 27.

MARYLAND

HB 1087 – Surgical Smoke **ENACTED**

Introduced by Delegate Steve Johnson (D), HB 1087 requires all health care facilities performing surgical procedures to adopt and implement policies mandating the use of smoke evacuation systems during any surgical procedure that may generate surgical smoke. Governor Wes Moore (D) signed the bill into law May 26.

HB 1093 – Insurance **ENACTED**

Introduced by Delegate Bonnie Cullison (D), HB 1093 shortens the timeframes for health insurers to notify providers about the status of their applications, from 30 to five days for initial notice, and from 120 to 30 days for final acceptance or rejection; imposes a civil penalty of $500 per day for each day a required notice is not sent, with penalties paid directly to the affected provider; repeals the authority for insurers to charge application fees and mandates insurers allow providers to use a uniform online credentialing form, with dedicated and responsive communication channels for credentialing inquiries; insurers must pay group practices at the participating provider rate for services rendered providers who have applied for credentialing and meet certain criteria, such as holding a valid license, being credentialed by an accredited hospital, having professional liability insurance, or possessing immunity under federal or state tort claims acts. Governor Wes Moore (D) signed the bill into law May 26.

SB 808 – Insurance **ENACTED**

Introduced by Senator Nancy King (D), SB 808 shortens the timelines for health insurers to notify health care professionals about the status of their applications, requiring initial notice within 5 days of receiving a completed application and final acceptance or rejection within 30 days; health insurers who fail to provide timely notice face civil penalties of $500 per day, payable to the provider; repeals the authority for insurers to charge application fees; mandates insurers allow health care professionals to submit credentialing forms online, with dedicated and responsive communication channels for credentialing inquiries; insurers must respond to health care professional inquiries within two business days. Governor Wes Moore (D) signed the bill into law May 26.

MICHIGAN

HR 323 – Stop the Bleed **ADOPTED**

Introduced by Representative Dave Prestin (R), HR 323 declares May 21, 2026, as Stop the Bleed Day to promote public awareness, education, and preparedness for bleeding emergencies. The bill was introduced in the House and Adopted May 21.

RHODE ISLAND

SR 3063 – Professional Liability **ADOPTED**

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 Adopted May 21.

TENNESSEE

HB 1034 – Restrictive Covenants **ENACTED**
Introduced by Representative Rebecca Alexander (R), HB 1034 allows noncompete agreements for former employees and independent contractors of up to two years; courts are allowed to modify noncompete agreements to ensure they are reasonable and enforceable. Governor Bill Lee (R) signed the bill into law May 7.

SB 2366 – Licensure **ENACTED**
Introduced by Senator Joey Hensley (R), SB 2366 creates a two-year provisional license (extendable by one year) to internationally trained physicians who meet specific requirements, such as holding a recognized medical degree, ECFMG certificate, postgraduate training, good standing with their home country's medical authority, U.S. citizenship or legal status, good moral character; applicants must have an employment offer from an approved employer; after two years of satisfactory practice under the provisional license and successful completion of all steps of the USMLE, physicians may receive a full and unrestricted license. Governor Bill Lee (R) signed the bill into law May 5.

SB 995 – Restrictive Covenants **ENACTED**
Introduced by Senator Paul Bailey (R), SB 995 allows noncompete agreements for former employees and independent contractors up to two years; courts are allowed to modify noncompete agreements to ensure they are reasonable and enforceable. Governor Bill Lee (R) signed the bill into law May 7.

SB 2366 – Licensure **ENACTED**
Introduced by Senator Joey Hensley (R), SB 2366 creates a two-year provisional license (extendable by one year) to internationally trained physicians who meet specific requirements, such as holding a recognized medical degree, ECFMG certificate, postgraduate training, good standing with their home country's medical authority, U.S. citizenship or legal status, good moral character; applicants must have an employment offer from an approved employer; after two years of satisfactory practice under the provisional license and successful completion of all steps of the USMLE, physicians may receive a full and unrestricted license. Governor Bill Lee (R) signed the bill into law May 5.

VIRGINIA
HB 484 – Insurance **ENACTED**
Introduced by Delegate Irene Shin (D), HB 484 requires clinical review and detailed notification for downcoded health insurance claims; requires that any downcoding decision be reviewed by a licensed clinician; mandates electronic communication for claims and contracts; requires claims to be paid within 40 days (unless delayed for a valid reason), with interest due if not paid within 60 days; prohibits retaliation against providers for exercising their rights and clarifies the process for resolving payment disputes, including the right to recover damages and attorney fees in cases of gross negligence or willful conduct by carriers. Governor Abigail Spanberger (D) signed the bill into law April 26.

HB 627 – Restrictive Covenants **ENACTED**
Introduced by Delegate Charniele Herring (D), HB 627 prohibits the enforcement of restrictive covenants for physicians. Governor Abigail Spanberger (D) signed the bill into law May 14.

SB 128 – Restrictive Covenants **ENACTED**
Introduced by Senator Schuyler VanValkenburg (D), SB 128 prohibits non-compete agreements for health care professionals; employers are barred from entering into, enforcing, or threatening to enforce non-compete agreements with health care professionals; allows affected health care professionals to bring civil actions against employers who violate these provisions, with a two-year statute of limitations; nondisclosure agreements protecting confidential information remain permissible, and that non-compete agreements may still be used in the context of the sale of a health care professional's business, provided such agreements are reasonable in scope, duration, and geographic area; permits employers to include provisions in employment contracts requiring repayment of recruitment-related costs or restricting solicitation of customers. Governor Abigail Spanberger (D) signed the bill into law May 14.

SB 164 – Downcoding **ENACTED**
Introduced by Senator Jeremy McPike (D), SB 164 defines 'downcoding'; prohibits health insurers from downcoding a claim unless the decision is reviewed by a licensed physician, nurse practitioner, or physician assistant; the insurer must explain why the claim was downcoded, the reason for the decision to downcode, and the process to appeal; every health insurer must establish a process for appealing a downcoded claim, including how to initiate an appeal, contact information for the individual managing the appeal, reasonable timelines for the submission of an appeal no less than 180 days after receipt of notice of the downcoded claim, and reasonable timelines for adjudication of the appeal. Governor Abigail Spanberger (D) signed the bill into law April 13.