State	NPP Independent	Tort Reform	Mental Health	Healthcare staff safety	Medicaid Issues	Out of Network Payment	Opioid Policies and Mandates	Payment for EP Standby Time/Uninsured Patients	Mandates on EP/ED Practice	Other Leg	Local Flavor	Data Integrity	Contact
Alabama	Collaborative practice required	Longstanding, updated in 2021 for COVID (and not sunsetting)	Support for establishment of mental health crisis centers, mobile mental health crisis teams	Assault vs. HCW is felony (since 2006)	Worked with AL state medical assoc to extend Medicaid in postpartum period to 12 months	None	Requirement to check database	None	None		None		Meghan Martin, ALACEP exec
Arizona	NP's have full practice authority	Arizona passed a Burden of proof law raising the needed evidence standard in malpractice https://www.azleg.gov/ars/12/00572.html	AZ does not have a state wide program but local EMS agencies are using community paramedicine to refer and transport	Dr Shah's law passed in 2022 (https://trackbill.com/bill/arizona-house-bill-2835-health-care-workers-assault-prevention/2208829/)	None active	In 2017, "Surprise Billing" legislation was ultimately approved by the Legislature and signed by the Governor ended up having only a nominal effect on our Emergency Department Physicians as it covered only those cases where the billing in question was for over $1,000.	2018 Arizona Opioid Epidemic Act (https://tinyurl.com/2d6j5d5)	None active	None	In the 2023 legislative session, we championed a bill that one of our rural members brought forward, who had issues prescribing schedule II-controlled substances which was signed into law. In 2022, we were actively involved with other physician associations in supporting and implementing legislation that: allows physicians to confidentially participate in wellness programs; requires hospitals to adopt and implement policies to prevent exposure to surgical smoke; and directs health care employers to develop, implement and post a written workplace violence prevention program	Currently, signed in, with other medical associations, to oppose proposed legislation that enables psychologists to prescribe psychotropic medications.	12/8/2023	Stephanie Butler, Chapter Executive stephanie@azcep.org
California	NP indep prac passed by AB 890 in 2020. Two possible pathways. https://m.ca.gov/practice/ab890.shtml PA No legislative attempt since 2019 (SB 697)	General Tort: After 40 years of capped non-economic damages, AB 35 passed in 2022 to provide incremental increases COVID: Business & Professions Code Section 2395 grants liability protection during declared medical disasters, including state or local emergencies.	There are aprox 25 bills introduced each year impacting MH care for ED patients	AB 1102 of 2017 provides whistleblower protections for unsafe conditions to hospital medical staff. AB 172 of 2015 would have increased battery punishment from 6 months to 12 but was vetoed.	2022 CA expanded Medicaid access to all income-eligible (138% poverty) Californians regardless of immigration status, including undocumentd	None active	CalACEP sponsoring legislation in 2023 to exempt buprenorphine from PDMP lookup requirement	CalACEP has approved funding for outside researcher to study what the standy cost would be	Unfunded mandate bills are introduced anually including universal HIV testing. CalACEP opposes. Dramatically changed but was unable to stop SB 1152 from becoming law in 2016 related to homeless patients		CalACEP sponsoring legisalion in 2023 requiring insurers and health plans collect co-pays and deductibles from patients	1/18/2023	Elena Lopez-Gusman elopez-gusman@californiaacep.org
Colorado	**NP**'s practice independently after 750 hours of documented experience with a physician or another NP. **PA**'s have annually attempted to remove physician supervision and move to independent practice. CO ACEP has successfully opposed such efforts in 2021 and 2022. They introduced SB23-083. Update 1/16/23: The PAs were able to pass legislation last year (after I completed the form you distributed) which moves them to "collaborative agreements" versus supervision in most cases. We were able to keep supervisory agreements in Level I & II designated trauma centers as well as for new PAs and PAs changing practice specialty. We are currently working this issue through implementation rules.	HCAA places a "soft cap" on economic damages at $1 million per patient and a "hard cap" on non-economic damages at $300,000 per patient. Nick Rowley (the plaintiffs attorney rom CA who forced the MICRA increases has moved to CO and is attempting the same here. We expect 2024 cap increases.	A key focus of our current administration and legislature. Dozens of bills have been introduced each year for the past several years. Contact CO ACEP with specific questions.	2016 legislation made it a felony to assualt an emergency medical worker. The Colorado Hospital Association is currently seeking an expansion of those penalities throughout the hospital. There may be concessions to the mental health advocates that need monitoring. Expect 2023 legislation.	None active	C.R.S. 10-16-704 passed in 2019 capped OON reimbursement at the greater of 110% of the carriers median in-network rate or the 60th percentile of the APCD.	Seven-day supply prescribing limit for a patient who has not had a prescription in the prior 12 months. Physician discretion on second fill. Exceptions made by condition. Mandatory PDMP checks.	None active	(seeking additional information)	Colorado has confirmed that we will be facing a challenge to out non-economic damage caps. The trial attorney from CA has moved to Colorado and the Colorado Trial Lawyers Association has pulled a ballot title to place the issue on the 2024 November ballot to remove all caps. In an attempt to undermine their attempt we are also pulling ballot titles (capping attorney fees, etc) as well as voluntarily increasing caps so they cannot campaign on the fact that our caps have not been increased in 20 years, etc.	Democrats control both chambers of the legislature and the Governor's office leading to a highly progressive social agenda.	11/16/2023	Suzanne.acep@comcast.net
Florida					HB 309: Rural Emergency Hospitals								tom@largeestrategies.com
Georgia	Yearly battles, but no independent practice yet	Supported legislation regarding phantom damages, candor in 2023 session. Larger tort effort underway in 2024 via Governo's Office (potential inclusion of 3rd party litigation and phantom damages), but Governor's focus is on commercial arena.	Passed legislation regarding mental health parity, adding community service boards. GCEP and Georgia Psych Assoc created workgroup regarding boarding, and working to create oversight board (similar to Trauma)	Passed Violence Against Healthcare Workers legislation in 2023 session, HB 383 (aggravated assault vs HC worker on HC campus =3-20 years imprisonment).	None active. Potential inclusion of Medicaid expansion in larger certificate of need legislation.	State regulated Surprise Mecial Billing legislation (HB886) passed and in effect 1/1/2021. Network Adequacy legislation (SB20) passed and in effect 1/1/2024.	None active	None active	None active	PLP updated to include "any physical or mental condition" and "regardless of the initial, interim, final or other diagnoses that are given." Also, "failure to comply with any insurer requirement to emergency services" is a violation of the state's unfair practices act.		12/4/2023	GCEP lobbyists: Travis Lindley travis@capitolstrategy.us and/or Devin Kriel - devin@capitolstrategy.us
Illinois	**NP** indep prac requires 4000h experience, 250h training; no recent expansion bills. **PA** annual expansion attempt, in 2022 with HB 1826 (opposed by ICEP)	**Expired** COVID liability protection from EO 2020-37 expired in March 2021. HB 3033 attempted to extend this in 3/2021, referred to rules committee, was not pursued in 2022.	**2022**: 988 Program implementation **2021**: ICEP legislation (Act 102-0623) approving transport of MH patients to non-ED alternative locations	IL Healthcare Violence Prevention Act 2018 (Act 100-1051)	None active	None active	None active	None active	2022: ICEP sponsored legislation to protect victims of sexual assault seeking evidence collection, and to improve compensation for performing exams		2022: ICEP sponsored legislation to protect victims of sexual assault seeking evidence collection, and to improve compensation for performing exams	2/1/2022	Bailey McMurray (ICEP Exec)
Indiana	No NP or PA independent practice within the state. 5% minimum sign off on all charts (mainly applies to outpatient care). Bills filed yearly trying to gain independent practice without any recent movement. INACEP always opposes. SB 400 this year championed by INACEP which will require onsite physician coverage at all times in all EDs with likely passage later this month.	1975 Comprehensive Medical Tort Reform enacted. Medical review panel for all cases. Initial caps at $100k individual and $400k from Patient Compensation Fund without much increase until the last 15 years. Recent limits increased in 2019 to $500k individual and $1.3M from patient compensation fund. No active legislation changes	2023- SB1 Medicaid waiver for funding of services, expansion of community mental health programs, and increasing access to care	No recent state legislation	No EM specific legislation	None active	2019- INSPECT implementation. Required to review filled controlled substances prior to prescribing any opioids of any duration	None active	None active		2023 On-site physcian coverage for all EDs	4/20/2023	Daniel Elliott dan.elliott1889@gmail.com
Iowa	**NP's** can practice indepedently. **PA's** have a bill before the 2023 legislature to strike physician supervision requirement, allowing them to practice independently; **Midwives** have a similarly bill broadening independence this year	historic legislation passed in 2023, hard cap on noneconomic damages for physicians ($1M) and organizations.	none active	2014 Iowa code IA Code § 708.3A - making assault of a healthcare worker a crime	2015 Iowa privitized medicade now run by multiple MCO companies. Significant claims denials and delays and reimbursement rate issues since. Constant fees pursued; a third MCO company is coming online in 2023	None active	Required CME for state licensure in "Chronic Pain Management and end-of-life care"	None active	None active			4/12/2023	Nick Kluesner nick.kluesner@gmail.com
Kansas	NP's practice independently. PA's have supervision, but not required to be on site	None active	None active	None active	None active	None active	None active	None active	None active		Aligned with Kansas Medical Society	2/1/2022	Ashley Clark KSACEP Exeec
Louisiana	**NP**: requires collaboration with physician/CPA not independent. Annual expansion attempt, For 2022 HB 543 did not pass, SB 175 did not pass. **PA:** requires supervision by physician, physical presence not required. For 2022 SB 158 attempt to decrease from supervision to collaborative practice- did not pass	COVID liability protection enacted 2020, HB 826/Act 336	None active	HB 312 effective 8/1/22 Workplace violence relative to licensed HC facilities (felony to assault HCW, facilities must have plan in place)	None active	None active	None active	None active	None active		SB 439 8/1/22 Provides for bridge year graduate physicians for unmatched LA graduate physicians to work with rural mentor physician while awaiting next match		Debbie Fletcher
Massachusetts	Chapter 260 of the Acts of 2020 expanded the scope of practice for nurse practitioners, nurse anesthetists, and psychiatric nurse mental health clinical specialists, allowing them to practice independently and prescribe medications; In this session, the following new bill was introduced: H.2135/S.1354, An Act Relative to Removing Barriers to Care for Physician Assistants (Barber/Cyr). Would allow Independent practice for Physician Assistants	The Medical Society initiated legislation: H.1501, An Act Relative to Patient Care Access (Galvin). This bill would increase reporting requirements for liability insurers; allow future sources to be included as evidence of collateral sources; require expert witnesses in actions against physicians to be board certified in the same specialty as the defendant physician; grant the Board of Registration in Medicine authority to review the testimony of expert witnesses from a clinical perspective as to the standard of medical care; allow for periodic payments of awards over $50,000; and expand the existing peer review statutes and corresponding confidentiality protections to include ACOs and related entities. However, tort reform is not on the House or Senate agenda in this session, nor in the last session. That bill went into a study last year and will likely do so again in this session.	Comprehensive legislation was passed in the last session: Chapter 177 of the Acts of 2022 Summary: Substantially overhauls the delivery of mental health care in the Commonwealth --- the conference report mandates insurance coverage of an annual mental health wellness examination from either a mental health professional or primary care provider; establishes online portals to provide real-time information on the availability of psychiatric and substance use disorder inpatient beds to facilitate placement for adults and children in need of care; establishes a complex case interagency review team to collaborate on cases involving youth who are disabled or have complex behavioral health needs and may qualify for services from multiple agencies; requires emergency departments to have qualified behavioral health clinicians available during operating hours to evaluate and stabilize a person admitted with a behavioral health presentation; requires insurance to cover medically necessary mental health acute treatment without pre-authorization; directs the health policy commission to develop a standard release form for exchanging confidential mental health and substance use disorder information; directs EOHHS to designate 988 crisis hotline centers to provide crisis intervention services; and establishes an Office of Behavioral Health Promotion	The following bill is supported by MACEP. It contains compromise language relative to the penalty provisions that was negotiated late in the last session. It is expected to be passed in this session. HB2281/S.1538, An Act requiring health care facilities to develop and implement programs to prevent workplace violence (M. Moran/Lewis). Directs the Department of Public Health to develop statewide standards for addressing security risks at healthcare facilities; lists requirements for standards; mandates that healthcare facilities implement programs to minimize risks of workplace violence, which include employee training, and provide an annual report of statistics on workplace violence; adds section 187½ to GL Chapter 149 to permit healthcare facility employees who are victims of workplace violence to take a confidential leave from work; provides penalties for individuals who knowingly and intentionally interfere with the conduct of a healthcare facility; and orders the Executive Office of Health and Human Services to issue a report within twelve months of passage on recommendations for healthcare facilities to improve collaboration and communication amongst themselves.	MassHealth's priority in this session is its eligibility redetermination process: Starting April 1, 2023, MassHealth will begin the eligibility redetermination process, renewing all 2.3M members over the following 12 months. This will generally be the first time members are at risk of losing their coverage since February 2020. In preparation for this effort, MassHealth has increased staffing significantly to handle a greater volume of calls and applications, improved our systems to automatically renew as many members' coverage as possible, and is working in close collaboration with health plans, providers, and other stakeholders.	**Out of network payment** – MACEP joins the Mass Medical Society and the Mass Hospital Association in support for the federal No Surprises Act and message to the legislature that no further action on the state level is necessary, either relative to an OON default rate or notice and disclosure/price transparency requirements. **The following two bills are refiles, and are opposed by MACEP:** • **HB997, An Act to protect health care consumers from surprise billing (Donato)** **Notice and disclosure/price transparency requirements.** **Would reimbursement emergency and non-emergency OON services at the carrier's median contracted rate.** • **SB645, An Act relative to out-of-network billing (Friedman)** **Refile - SB674. Died in Senate Ways and Means** **Summary: Directs the Center for Health Information and Analysis to calculate noncontracted commercial rates for emergency and nonemergency services; requires insurers to describe the out-of-network consumer protections in GL 176O; requires the division of insurance to implement the rates calculated by CHIA; requires the rates be revised every 5 years; prohibits balance billing (the practice of providers billing patients for services that have been payed for by the insurer) and declares it an unfair and deceptive business practice; exempts insurers from the requirement to pay when the insured had reasonable opportunity to select in-network providers; allows self-funded ERISA plans the option to be subject to provisions.** **S.645 is the most likely bill to move, or to be used as a vehicle, if any state action is to take place on this issue in this session.**	There are many bills filed in this session that aim to prevent overdose deaths and increase access to treatment, however, being so early in the session, and with the hearing season just getting underway, none have emerged as a lead or been prioritized by the House or Senate.	Although there a few bills filed by the Mass Hospital Association relative to reimbursement for boarding patients, MACEP has no position on the issue as we typically do not get involved in hospital reimbursement issues (other than OON). Also, as noted above, it is early and none have emerged as viable, or a priority of the House or Senate.	Although there are several bills, it is early in the process and none have emerged as viable, or a priority of the House or Senate.	The House has indicated its intent to pass legislation that seeks to protect community hospitals, and strengthen the Health Policy Commission's role in hospital mergers and acquisitions and the Determination of Need process. Lead bill before the House is H.1219, sponsored by Rep John Lawn, House Chair of the Health Care Financing Committee. Identical to legislation passed by the House in the last session but did not pass the Senate. Priority of House Speaker Ron Mariano.		Tanya Pearson, tpearson@maceop.org	
Michigan	No **NP** indep practice. Senate Bill 680 introduced in Oct 2021. In MI Senate Health Policy. "**PA**s no longer required to work under supervision or delegation of a physician". Required to work with a "participating physician" according to terms in a "practice agreement." December 2023 Update: only bills are on mental health.	None active	Legislation in 2018 to establish a state-wide psychiatric bed registry system. Being implimented this year. December 2023 Update: bunch of bills and budget items.	HB 4520&21 passed in 2023 signed on 12/6/23 by Governor. Increases criminal monetary penalties, requires signage warning patients to be posted in ED.	Grassroots efforts planned this year to renegotiatie Medicaid reimbursement (already a two-tered system). December 2023 Update: only in budget proposal in February 2024.	HB 4922 expands to EMS HB 4459 & 4460 passed in 2020 both prohibit balance billing beyond a patient's in-network cost-sharing obligations. Rate setting provisions benchmark payments at the greater of 150% of Medicare or the median in-network rate negotiated by the carrier. Arbitration provision in H 4459 is narrow and requires physicians to meet several burdensome requirements to prove the occurrence of a "complicating factor" in order to receive increases in payment for emergency services.	None active Public Act 246-248 passed in 2017 requires mandatory checking MAPS before prescribing more than 3days of meds. Also requires completion of "Start Talking" form (opiate use precautions, etc.)	None active	01/02/2023 Mandatory e-prescribing went into effect. No written, no phone, no fax. Several exceptions, but none EM specific. 150hrs CME every 4 years with 1hr ethics and 3hrs pain and symptom management, and one training on human trafficking.	None active	large fight on nurse staffing ratios; CPOM Letter signed onto with State Medical Society and other organizations. Member involvement in county medical society Leg Committees	12/8/2023	Christy Snitgen - Executive Director (csnitgen@mcep.org), Michael Fill, DO, FACEP - President (mfill58@hotmail.com); Diana Nordlund, DO, JD, FACEP - Immediate Past President (diana.nordlund@gmail.com); Bret Marr - Lobbyist (bmarr@mhsa.com)
Mississippi	Independent practice is not permitted. NPs are required to have a collaboration agreement with a Physician. During the 2023 session, SB 2796 sought to grant NPs independent practice, but the bill failed in committee. Anticipate a similar bill to be introduced in the upcoming 2024 session.Momentum for independent practice is building, and NP gains on this issue are more likely than they have been in a long time.	None active	During the 2023 session, HB 231 was passed require Dept. of Mental Health to create a statewide fentanyl/drug abuse program that emphasis on prevention, education, and cessation. We expect continued dissusion on mental health issues in the upcoming session.	None active	The upcoming 2024 session will mark the introduction of the Medicaid "Technical Amendments" Bill, with ongoing deliberations among leadership regarding potential creative expansions to the Medicaid program. Mississippi's Medicaid program is heavily codified and lawmakers are likely to consider several changes - from tweaks fo major reforms - in 2024 as they extend the statute's "sunset" provision.	None active	We expect discussion during the upcoming 2024 session.	None active	SB 2906 would have required the Rural Physicians Scholarship to include Emergency Physicians. The bill died in committee.	2024 is the first year of a four year term (coming off the 2023 election state election cycle) for the governor and entire legislature. We will see new House Speaker and leadership team and may see new Medicaid and Health committees make up in both chambers. The session could easily run through late April, a month longer than is typical the other three years of the term.	11/27/2023	Harper Coleman hcoleman@capitolresourcesllc.com
Missouri	Requires collaborative agreement with physician within 75 miles. Constant battles to increase distance or eliminate the collaborative requirement, none thus far successful	Multiple recent tort reforms, including caps, expert witness reform, collateral source (ensuring presentation of accurate costs), and "empty chair" defense	None	Penalties equal with LEO since 2013. Recently passed further protections	Considering in '23 the extension of postpartum care to 12 months	None	requirement to check database				Passed legislation to specifically stop ED denials by payors.	2/1/2023	Henry Pitzele hpitzele@cep.org
Nebraska	NP IPA since 2015 PA IPA since 2020	Longstanding caps, with state-run excess liability fund now expanding	Recent reimbursement increases and telehealth parity for MH	Longstanding equivalence to LEO (felony II)	Expanding postpartum to 12m	None active	None active	None active				2/1/2022	
Nevada	NP's already IPA, PA's fighting for it now.	Longstanding caps in place, although constant battles to decrease				AB 469, which modifies the federal NSA. Regulatory rules still in process; NV ACEP lobbying to alter	None	None	None		None	Pitzele 22/7/23	Bret Frey, NV ACEP legislative lead
New Jersey	NJACEP actively opposing current legislation, which would offer APNs independent practice in EM. PA's already have functional IPA	No caps, none coming; Affidavit of Merit required since 1995		HCW violence is now a 3rd degree crime (aggravated assault with bodily harm)-matches LEO	No changes since ACA expansion	NJ arbitration will likely continue as state-level dispute resolution process	Must check database, 5-day limit for acute Rx NJACEP (Dr. Rosenberg) created ALTO in 2016 to reduce opioid prescribing						Claudine Leone, Esq New Jersey Govt Affairs Counsel
North Carolina	**PA Bill** Filed 5/27/H75 that allows PA's to practice in a team based practice - many changes made for scope concerns. **NP** bill not filed yet, but awful version filled the last 3-4 sessions that allows independent practice - this issue is involved in negotiations over Medicaid Expansion	NC has had tort reform for over 10 years with caps on damages and a special provision for emergency medicine that the standard to prove negligence must be "clear and convincing" and not "the preponderance of the evidence"	No Bills filed yet this session; however, mental health will be a big factor in the budget as forecast by House and Senate leadership	No Bills filed yet this session however we are working on some provisions with the Hospital Assn. to impact violence in the ED	NC is one of the few States that has not expanded Medicaid. Although Leadership in both the House and Senate agree we should - they are in a battle over what other issues to add to the bill. House Bill 76 has been filed and we expect a Senate bill with other Health Care issues attached.	Senate Bill 46 was filed that would require an estimated cost be provided for emergency care "as soon as reasonably possible"	NC Physicians are required to check the NC registry before prescribing an opioid - this became effective only after they improved the user interface and allowed other support staff to check the system	We were able to get this in the budget last session and our Department of Health and Human Services has asked for a State Plan Amendment to implement it	Nothing filed yet this session but we usually work on opioid bills that require physicians to take any action outside their medical opinions		We usually fight several public health bills like repealing motorcycle helmet laws and restrictions on what physicians can say to patients	2/1/2023	Colleen Kochanek, colleen@kochaneklawgroup.com
Ohio	No independent practice for APRNs. SB 81 passed the Ohio Senate. The bill makes changes to the APRN/ and physician assistants' scope of practice, but only applies to psych-related care. The bill retains the requirement that APRNs have a standard care arrangement and PAs have a supervisory agreement with a physician. Also, Senator Roegner has introduced SB 196 - An APRN - SCOPE Bill. Ohio ACEP is still in the process of reviewing it.	We are monitoring HB 179 regarding vicarious liability. The Ohio State Medical Association and Ohio Hospital Association have weighed in with concerns on the current version of the legislation.	SB 60 and HB 97 have been introduced to create a new certified mental health assistant profession. Ohio ACEP has created an ED Psych Boarding Workgroup to try to identify and remove barriers to psychiatric consultation and mgmt of patients with psychiatric emergencies in the ED.	In Oct Ohio ACEP participated in Interested Parties mtg to discuss workplace violence. Reps Andrea White and Rachel Baker have drafted a bill to potentially introduce to the 135th GA. The bill shall establish a security plan (to cover the entire healthcare system (not just ED), require one off-duty law enforcement office or trained security personnel be present at all times (unless a waiver is granted). The bill will also include a requirement for each healthcare system to have an incident reporting system that is documented, tracked, analyzed and used to make changes to improve workplace safety.	Ohio ACEP met with Medicaid and submitted comments on the Medicaid Fee Schedule. Due to these efforts Medicaid is increasing reimbursement of CPT codes 99281 - 99285 by roughly 6%. Critical care fees will increase roughly 24-57%. Additionally Medicaid made significant increases in reimbursement for transportation services.	HB 99 regarding patients' coverage for emergency services continues to have hearings before the House Insurance Committee. Ohio ACEP continues to advocate for this Prudent Layperson Bill that would prohibit insurers from denying coverage for an ED visit without doing a medical review of the claim first.	HB 275 has been reintroduced to eliminate the exemption for a required OARRS check for prescriptions written for under 7-day supplies of opiods. Ohio ACEP has assisted The Naloxone Project with their efforts to introduce a bill next year to distribute naloxone to at-risk patients before departure from the hospital.	None active	None	SB 126 - legislation to prohibit non-compete clauses for p	Ohio ACEP is in the early stages of planning a law similar to IN's, to require a physician always be present in every ED.	12/7/2023	Holly Dorr, Executive Director, hdorr@ohacep.org
Oregon	NPs are able to practice independently. https://oregon.public.law/rules/oar_851-050-0005	Fought and defeated HB 2014 in 2019, which would have lifted damage cap for pain/suffering	Oregon has passed pay parity for Telehealth, new investments over $1 b in the BH workforce, reimbursement increases and community mental health services since 2021. This is a priority for Oregon's governor. Or	Bills to elevate HCW violence to a felony failed in 2015, 2017, 2021, 2022; 2023 because of concerns the law could be misapplied. OR-ACEP is working with OR-ENA and a coalition on policy bills for 2024 and 2025. OR-ACEP supported funding for community violence prevention programs	Oregon's current OHP 1115 Medicaid Demonstration runs from Oct. 1, 2022, through Sept. 30, 2027. It advances OHA's goal of eliminating health inequities by 2030, exploring different ways to affect health outcomes for communities and groups that have been disproportionately affected by health inequities in our state..	Successfully defeated HB 2042 in 2021, leaving federal NSA operant	OR-ACEP successfully advocated for HB 2395, opioid harm reductions package and SB 1043, Opioid poisoning medication distribution in 2023.	None active	SB 1043, supported by OR-ACEP, requires hospitals to distribute naloxone kits to SUD/opioid poisoning patients at discharge.	Worked with legislative champion to convene a 60-member workgroup for EMS modernization. This will help to combat ED boarding. Bills will be introduced in 2024 and 2025.	EMS Modernization IT	12/8/2023	Katy King OR ACEP Legislative Affairs, katyking01@gmail.com
Pennsylvania	SB25: Bill to independent practice of NPs	Administrative venue change by Judicial branch allows for suits in any part of the state to be brought to a different venue. Problematic given the high rate of jury awards and amounts in Phila County	PACEP has engaged both Osteopathic and Allopathic licensing boards to ensure no stigmitizing 1's on licensing applications; Working with various legislators to find novel mental health iniatives	None active	PA is an expansion state: PACEP leads Medicaid support as part of a broad coalition of provider and delivery organizations; educational sessions to PA Assembly and PA US Congressional delegations	None active	None active; PACEP has a opioid expert task force at the ready	None active	2022: PACEP defended PLP during major re-write of PA Prior Auth Law. 2022: PACEP supported Ex Partner Therapy for STIs; State legislation possible on non-competes; PACEP commented on legislation to more clearly define scope of practice for athletic trainers		Outpatient emergency departments (OEDs): Recent PA DoH guidelines released (Jan 2023) for OEDs. Several rural sites have transitioned from acute care hospitals to OEDs. This is likely to have an impact on access as well as possible SoP issues with potential for move to indy NP/PA staffing	3/13/2023	exec@pacep.net / president@pacep.net
Sourth Carolina	We continue to fight a Full Practice Authority bill that has been introduced in the subcommittee of the Senate Medical Affairs committee by State Senator Tom Davis. We do not expect this to get much traction this session. We will be starting the second of our two year session and the head of the committee, Senator Verdin (daughter is Family Medicine Physician) is strongly against the bill and does not plan to give it a hearing. But, we are keeping an eye out for any movement. We met with Senator Davis during our state legislative day with a group of other physicians for approximately one hour to discuss our concerns about unsupervised practice. He did agree that EDs should always have a physician present however we were unfortunately unable to dissuade him to withdraw the bill. He unfortunately seems to be making this a big campaign issue.			This has been a long and frustrating battle for us. We are one of only three states that have no enhanced penalties for assaulting a healthcare worker. We have been trying, for years, to address this. We have one legislator that is staunchly opposed to any "carve outs" for special groups. WE have met with him many many times in the past and he won't budge. We are trying to find creative ways to get around him. At the recommendation of Congressman Joe Wilson's legislative aide (from our discussion about SAVE during LAC this year), we are trying to address this with the state's Attorney General Alan Wilson (Joe's son) and keep pushing forward.										
South Dakota	**NP** have full independent practice **PA** multiple attempts, but have thus-far failed	Existing 500k cap on non-economic damages			Just passed medicaid expansion as a ballot measure, but has yet to take effect	None active	None active	None active				1/1/2023	Kristen Busse (SD chapter president)

State	NPP Independent	Tort Reform	Mental Health	Healthcare staff safety	Medicaid Issues	Out of Network Payment	Opioid Policies and Mandates	Payment for EP Standby Time/Uninsured Patients	Mandates on EP/ED Practice	Other Leg	Local Flavor	Data Integrity	Contact
Texas	Practice under delegation agreements--there are annual attempts to get rid of this requirement	Major medical liability reforms passed in 2003. Non-economic damages capped at $250,00 for physician ($750,000 stacked including hospitals and unrelated entity) Proposition 12 adopted this to the state constitution. Legal standard is "Willful and Wanton" conduct to prove negligence vs emegency care physician.		Third degree felony to assault emergency services personnel while providing emergency services	Have not adopted Medicaid expansion	As of January 1, 2020, SB1264 banned out of network balance billing for plans regulated by the Texas Departent of Insurance and the teachers retirement system. Established an IDR process.	Prescribers must querry the Prescription drug monitoring program database when prescribing schedule 2 drugs. Standing order available to trd parties(such as pharmacies) for Naloxne since SB 1462 passed in 2015	None	None		Tort reform challenged every legislative session to index the cap to inflation	2/1/2023	dieffreymd@gmail.com
Utah	**NP** longstanding independent practice. **PA** annual expansion attempt, currently needs supervision within hospitals	Longstanding, with prelitigation panels, affidavit of merit. 2022 saw the Utah Medical Candor act, governing discussion with families about poor outcomes	UMA supporting legislation to expand care. Last year multiple new psych residency slots opened, and telehealth expanded.	Class A misdimeanor to assault or threaten, Class 3 felony if causes serious bodily harm. Since 2016 for ED staff, 2022 for any healthcare worker. Equivalent to LEO.	None	None	None	None	None		None	12/7/22	Jim Antinori
West Virginia	Legal independent practice (after 2y of collaboration). In practice, IPA is being fought at the hospital association and payor level.	Caps in place since early 2000's. Legislation to require a screening Certificate of Merit was supported by WVACEP	Supporting development of pediatric mental health centers. Also, working with hospital association to improve Medicaid reiumbursement	Supported legislation passed in 2020 to make violence against HCW's and EMS a felony	None	None	mandated to check database	None	None		Legislation working on EMS wait times, palliative care, and a treatment in place program (community paramedicine)	1/1/2023	Darby Copeland (WV Exec) and Christopher Goode (WV state medical association legislative chair)
Wisconsin	NP increased scope of practice bill vetoed by Gov last session, expected to try again this year	Nothing active	We expect there to be legislation and provisions in the Governor's budget related to existing mental health programming, potentially creating more beds and more access to crisis stabilization	Nothing active	Gov repeatedly supports expansion, doesn't get legislative traction; Also, we achieved an increase in Medicaid reimbursement for emergency services in 2021, implemented in 2022; we are working now for another increase in the budget coming up to be implemented in 2024.	Nothing active	Clinicians have to check PDMP for Rx >3d and need 2h/y in opioid CME, but this was implemented several years ago, nothing active. Potential for new legislation but not sure what that would be right now.	None	None		None	None	Lisa Maurer