

	NPP Independent Practice	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	Local Flavor	Data Integrity	Contact
Alabama	Collaborative practice required	Longstanding, updated in 2021 for COVID (and not sunseting)	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 to "clear and convincing" (https://www.azleg.gov/ars/12/00572.htm)	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-2635-health-care-workers-assault-prevention/2209829/)	none active	none active	2018 Arizona Opioid Epidemic Act (https://tinyurl.com/2d6r5d5)	none active	none	Ongoing work on boarding		Nicholas Vasquez (nicholas.vasquez@me.com)
California	NP indep prac passed by AB 890 in 2020. Two possible pathways. https://rn.ca.gov/practice/ab890.shtml PA No legislative attempt since 2019 (SB 697)	general tort: Atter 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 level emergency	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.	in 2022 CA expanded Medicaid access to all income-eligible (138% poverty) Californians regardless of immigration status, including undocumented	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 standby 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 2018 related to homeless patients	CalACEP sponsoring legislation 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. PAs 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.	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 plaintiff's attorney from 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 intriduced each year for the past several years. Contact CO ACEP with specific questions.	2016 legislation made it a felony to assault an emergency medical worker. The Colorado Hospital Association is currently seeking an expansion of those penalties 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)	Democrats control both chambers of the legislature and the Governor's office leading to a highly progressive social agenda.	2/6/2023	Suzanne.acep@comcas.net
Georgia	Yearly battles, but no independent practice yet	Supported legislation regarding phantom damages, candor	Passed legislation regarding mental health parity, adding community service boards. GCEP and Georgia's Psych Assoc created workgroup regarding boarding, and working to create oversight board (similar to Trauma)	No active legislation	none active	Supporting legislation on arbitration and timing. Supporting legislation on equalizing payors for violating.	none active	none active	none active	Prudent layperson protection, Legislation fighting prior authorization		
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 physician coverage for all EDs	4/12/2023	Daniel Elliott dan.elliott1889@gmail.com
Iowa	NP's can practice independently. PAs 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.	nothing active	2014 Iowa code IA Code § 708.3A - making assault of a healthcare worker a crime	2015 Iowa privatized medicare now run by multiple MCO companies. Significant claims denials and delays and reimbursement rate issues since. Constant fixes pursued; a third MCO company is coming online in 2023	none active	state licensure in "Chronic Pain Management an	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	none	Aligned with Kansas Medical Society	2/1/2022	Ashley Clark KSACEP Execc	
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	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	
Michigan	No NP indep practice. Senate Bill 680 introduced in Oct 2021. In MI Senate Health Policy, "PAs 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."	none active	Legislation in 2018 to establish a state-wide psychiatric bed registry system. Being implemented this year.	HB 5530 Introduced. Requires hospitals and public health departments to establish a workplace violence prevention program; provide training and reporting procedures; and track and disclose violent incidents. In Health Policy Committee. HB 5084 & HB 5682 expand penalties for assaulting ED employees. In Committee on Government Operations. SB 357	Grassroots efforts planned this year to renegotiate Medicaid reimbursement (already a two-tiered system).	none active	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	Public Act 246-248 passed in 2017 requires mandatory checking MAAPS 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.	Advocacy efforts currently focused on scope of practice and ED violence prevention	1/25/22	Larisa Traill larisa.trail@gmail.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@icep.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	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 3/1/23 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	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@kochanektagroup.com	

Ohio	No independent practice for APRNs. OH ACEP fights bills each year which propose it, including HB 221 and SB 321 this year.	COVID specific liability protections have expired, but Ohio has some permanent "as a result of or in response to a disaster or emergency" liability protections.	Ohio is implementing 988, the statewide mental health call line. They are also considering a sizeable appropriation of APRN dollars for behavioral health workforce training and retention.	Democrat sponsored HB 681 is pending but not expected to move. Ohio hopes to work on a bipartisan proposal in 2023.	Medicaid is rolling out a host of changes based on their new managed care contracts. This includes streamlined credentialing and other reforms to make the program more provider friendly.	Ohio passed a state specific bill (HB 388) within hours of the federal law. It is in effect but it hasn't been for long enough to get good data.	HB 456 and SB 296 decriminalize fentanyl testing strips. HB 652 would among other things remove a mandated OARRS check exemptions for small supplies of schedule II drugs.	none active	none	Ohio ACEP is supporting legislation to prohibit non-compete clauses for physicians. We have also proactively worked to introduce HB 270 that would prohibit insurers from denying coverage for an ED visit without doing a medical review of the claim first. It would also prohibit automatic down coding of claims by insurers.	12/5/2022	Holly Dorr (OH Exec)	
Oregon		Fought and defeated HB 2014 in 2019, which would have lifted damage cap for pain/suffering		Bills to elevated HCW violence to felony have failed in 2015, 2017, 2021, 2022; working with OR-ENA in 2023. Also, OR-ACEP supporting community violence prevention programs		Successfully defeated HB 2042 in 2021, leaving federal NSA operant	Working to fund ED-distributed naloxone kits			Convening task force for EMS modernization to combat ED boarding		Katy King OR ACEP Legislative Affairs	
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 stigmatizing 7s on licensing applications; Working with various legislators to find novel mental health initiatives	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 an 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	3/13/2023	exec@paccp.net / paccp.net	
South Dakota	NP have full indep prac 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)	
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 \$250,000 for physician. (\$750,000 stacked including hospitals and unrelated entities) Proposition 12 adopted this to the state constitution. Legal standard is "Willful and Wanton" conduct to prove negligence vs emergency 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 Department of Insurance and the teachers retirement system. Established an IDR process.	Prescribers must query the Prescription drug monitoring program database when prescribing schedule 2 drugs. Standing order available to third parties (such as pharmacies) for Naloxone since SB 1462 passed in 2015	none	none	Tort reform challenged every legislative session to index the cap to inflation	2/1/2023	djeffrevmd@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 misdemeanor 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.								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 reimbursement	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.	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	Lisa Maurer	