



# 2025 State Legislation End of Session Report

AMERICAN NURSES ASSOCIATION STATE GOVERNMENT AFFAIRS  
ROBYN PEACHER AND BOB BROWN  
AUGUST 2025

The Power  
of Nurses™



## Executive Summary

The 2025 state legislative sessions brought a wide range of nursing-related issues across all 50 states. The American Nurses Association (ANA) tracked close to 1,000 bills covering artificial intelligence (AI), advanced practice nursing, workplace violence prevention, faculty development, and other key policy areas. Of these, more than 150 bills were signed into law across 30 states. This report provides a snapshot of those efforts.

A few themes stood out this year. AI was one of the most dominant, with states across the country passing guardrails, disclosure requirements, or even prohibitions on AI in healthcare decision-making. Nursing leaders should expect this trend to keep growing as lawmakers try to balance innovation with patient safety.

Advanced Practiced Registered Nurses (APRN) authority also continued to move forward. States advanced bills on prescriptive authority, independent practice, delegation, and end-of-life care. These changes, seen in both red and blue states, reflect ongoing workforce pressures and bipartisan recognition of the value APRNs bring to patient care.

Workplace violence prevention was another area where states made progress. States increased penalties for assaults, put new reporting systems in place, and required stronger hospital security protocols. While the approaches vary, these actions show a shift from simply raising awareness to putting real solutions on the books.

Overall, the 2025 sessions show both opportunities and challenges for the nursing profession. Legislatures are responding to workforce issues and emerging technologies, but their approaches differ from state to state. For state nurses associations, the takeaway is clear: ongoing advocacy, coalition building, and proactive engagement will continue to be critical to advancing nursing priorities.

This report breaks down legislation enacted during the 2025 sessions. While every effort was made to capture all relevant bills, it is possible a few were missed. State budget bills are not



included, since they typically address funding rather than statutory changes. The focus here is legislation that directly changes or establishes laws affecting nursing and related issues.

**Table 1**

*Bills Tracked by Category During the 2025 State Legislative Session*

Category	Bills Introduced	States with Bills Introduced	Bills Enacted	States with Bills Enacted
Artificial Intelligence	217	40	31	20
APRN Scope of Practice	202	41	35	23
Licensure	38	21	7	4
Limit Criminal Liability	47	24	4	3
Mandatory Overtime	50	21	1	1
Miscellaneous	33	22	8	8
Nurse Faculty	94	30	12	8
Nurse Mental Health	9	7	2	2
Payment Strategies	7	5	1	1
Related Professions	56	22	15	9
Staffing	93	30	7	5
Surgical Smoke	24	12	3	2
Workplace Violence	73	25	12	11

*Note:* Data compiled by ANA State Government Affairs using FOCUS, an internal legislative tracking service, for the 2025 legislative sessions.

## Trends of the 2025 Legislative Session

### Artificial Intelligence: Disclosure and Transparency

Artificial intelligence (AI) emerged as one of the top health policy issues, prompting states to enact laws aimed at safeguarding transparency, trust, and professional integrity. Three themes captured the wave of action: regulation of AI-enabled chatbots, oversight of AI use by payors, and boundaries around AI in clinical care.



Utah led the first effort, with [HB 452](#) requiring clear labeling and data protections for mental health chatbots and [SB 226](#) expanding that disclosure mandate across other high-risk interactions.

When it comes to health insurers, lawmakers focused on the growing use of AI to make coverage determinations, especially in utilization review, prior authorization, and claims denials. The concern is that automated systems may limit access to care without sufficient transparency or accountability. A 2025 National Association of Insurance Commissioners (NAIC) [report](#) found that 84% of health insurers are now using AI in some capacity. In response, Maryland [HB 820](#) requires insurers to disclose when AI is involved in adverse determinations; Nebraska [LB 77](#) gives regulators explicit authority to audit payer algorithms; and Wisconsin [SB 45](#) tightens standards for explanations of denials tied to AI-driven processes.

In clinical care, states took bold steps to ensure professionals remain centered on patient trust. Texas [HB 149/SB 1188](#) requires provider disclosure of AI use and practitioner oversight. Oregon [HB 2748](#) prohibits AI from using nursing titles. Other states protect patients when using AI in mental health settings. In Nevada, [AB 406](#) prohibiting AI from performing the roles of licensed mental health professionals in schools—reinforcing that credentialed care cannot be replaced by technology. And in Illinois, [HB 1806](#) prohibits anyone from using AI to provide mental health and therapeutic decision-making.

These laws send a clear signal: AI can assist—but must not replace—the critical human element in healthcare. As 2026 legislation looms, nursing stakeholders must stay engaged to ensure these guardrails remain strong and appropriate for the evolving landscape.

## APRN Scope of Practice

Advanced Practice Registered Nurses gained significant ground in 2025, with states lowering barriers to independent practice, prescribing, and clinical recognition. Notably, Oklahoma and Wisconsin overcame 2024 gubernatorial vetoes to pass transformational legislation.



In Oklahoma, [HB 2298](#) initially died at the desk of Governor Kevin Stitt (R), who argued it went too far by granting full prescriptive authority across specialties. The legislature pushed back and overrode his veto, making the bill law. This marks a landmark victory: APRNs—including nurse practitioners, clinical nurse specialists, and nurse midwives—now gain independent prescriptive authority under certain supervision thresholds.

In Wisconsin, a long-sought modernization finally arrived with [AB 257](#) (the APRN Modernization Act), which Governor Tony Evers (D) signed into law—breaking a pattern of vetoes in 2022 and 2024. The bill creates a new license category, allowing APRNs (including CRNAs, nurse midwives, and clinical nurse specialists) to practice independently after meeting carefully negotiated education and practice thresholds, addressing physician concerns in pain-related practices and provider titles.

In Virginia, [HB 971](#) reduced the transition-to-practice requirement from five years to three years (5,400+ clinical hours), enabling experienced NPs to apply for autonomous licensure.

## Workplace Violence Protection

States continue to explore new ways to combat workplace violence. While an increase in penalties for offenders may help, ANA supports policies that focus on prevention and safety system design.

In Colorado, Governor Jared Polis signed [SB 166](#) into law, establishing a performance-based incentive program to reduce workplace violence in hospitals. The law requires hospitals to implement formal violence prevention policies and reporting systems in order to qualify for additional Medicaid reimbursement payments, up to 7% of the previous year's total reimbursements.

Oregon made a leap forward this year. [SB 537](#) mandates workplace violence prevention training, restricts display of last names on ID badges, requires flagging systems in health records, and adds physical security upgrades such as bullet-resistant barriers in emergency departments.



## Staffing

Only one state tackled staffing ratios this year: Nevada. Nevada's [SB 182](#) would have established nurse staffing committees and set maximum nurse-to-patient ratios in large hospitals. While the Nevada Nurses Association (NNA) supports staffing ratios, NNA did not support the bill in its current format because if ratios were specified by statute, then amendments to ratios could only be enacted biennially, as the legislature meets in odd years. The bill passed both chambers, but was ultimately [vetoed](#) by Governor Joe Lombardo (R), who expressed concerns that rigid ratios would limit operational flexibility and hamper patient care during shortages.

## Enacted Bills by Category

### Artificial Intelligence

**Arizona** [HB 2175](#) | Rep. Julie Willoughby (R-AZ-013)

This law stipulates that a medical director, during each individual review of a claim or prior authorization denial, must exercise independent medical judgment and is prohibited from relying solely on recommendations derived from any other source.

**Illinois** [HB 1806](#) | Rep. Bob Morgan (D-IL-058)

Creates the Wellness and Oversight for Psychological Resources Act. Provides that a licensed professional may use an artificial intelligence system only to the extent the use of the artificial intelligence system meets the definition of permitted use of artificial intelligence systems.



**Kentucky [SB 4](#)** | Sen. Amanda Mays Bledsoe (R-KY-012)

Requires the Commonwealth Office of Technology to establish policy standards for AI use and creates the Artificial Intelligence Governance Committee to set responsible, ethical, and transparent procedures for allowable AI use. Prioritizes personal privacy and data protection and requires public disclosure of AI use in certain cases.

**Louisiana [HR 313](#)** | Rep. Jeremy LaCombe (R-LA-018)

Memorializes the United States Congress to take action relative to the use of artificial intelligence in healthcare

**Maryland [HB 820](#)** | Del. Terri Hill (D-MD-012A)

Effective October 1, the law requires all insurance carriers to disclose the use of AI in making adverse decisions and use certain standards when using AI in utilization reviews.

**Montana [SB 212](#)** | Sen. Daniel Zolnikov (R-MT-022)

Enacts the Right to Compute Act. Requires a risk management policy for critical infrastructure facilities controlled by an artificial intelligence system.

**Nebraska [LB 77](#)** | Sen. Eliot Bostar (NE-029)

Places restrictions on how artificial intelligence-based algorithms may be used in the prior authorization process, and provides for how, when, and to whom the use of such algorithms must be disclosed. Also gives the Department of Insurance authority to audit automated utilization management systems.

**Nevada [AB 406](#)** | Assemb. Jovan Jackson (D-NV-006)

Effective July 1, the law regulates the use of AI in mental health treatment. It prohibits an AI provider from offering users a service that would constitute the practice of professional mental or behavioral healthcare if provided by a person and it prevents a provider of mental or behavioral



health from using AI when providing care directly to a patient. It also prohibits an AI provider or person who is not licensed to practice mental or behavioral healthcare from making representations that lead a person to believe the AI or person is a qualified mental health provider. The law also requires the Department of Education to develop a policy regarding employees using AI while providing behavioral health services to students.

**Oregon** [HB 2748](#) | Rep. Travis Nelson (D-OR-044)

Effective January 1, 2026, the law prohibits any nonhuman entity, including anything generated using artificial intelligence, from using titles related to nursing. Banned titles include APRN, nurse, nurse practitioner and nursing aide.

**Texas** [HB 149](#) | Rep. Greg Bonnen (R-TX-024)

Effective January 1, 2026, the law regulates AI use in healthcare settings, including requiring healthcare providers who use AI while treating a patient to disclose its use to the patient upon treatment.

**Texas** [SB 815](#) | Sen. Charles Schwertner (R-TX-005)

Prohibits the use of artificial intelligence algorithms as the sole basis to deny, delay, or modify healthcare services, in whole or in part, for medical necessity reasons. Gives the Texas Department of Insurance the ability to audit and inspect a health benefit plan's use of AI for utilization review in order to ensure compliance with the prohibition.

**Texas** [SB 1188](#) | Sen. Lois Kolkhorst (R-TX-018)

Effective September 1, the law allows healthcare practitioners to use AI for diagnostic purposes if the practitioner reviews the records created from the AI and discloses its use to the patient.





**Utah** [HB 452](#) | Rep. Jefferson Moss (R-UT-051)

Effective May 7, the law regulates the use of AI in mental health chatbots. It prohibits such chatbots from selling the personal health information of its users and requires the chatbot to provide disclosures related to its use of AI.

**Utah** [SB 226](#) | Sen. Kirk Cullimore (R-UT-019)

Effective May 7, the law requires a service using AI to disclose it to consumers when the AI is being used during high-risk interactions, which include the collection of health data, medical advice or mental health services.

**Virginia** [SB 1152](#) | Sen. Mark Obenshain (R-VA-002)

Specifies that the required minimum amount of professional liability coverage and general liability coverage for nursing homes and certified nursing facilities is the amount per occurrence. Requires each nursing home and certified nursing facility to maintain minimum combined general and professional liability aggregate policy limits of \$3 million for each facility. The law also caps the amount by which insurance policy limits may be reduced due to the cost of litigation.

**Wisconsin** [SB 45](#) | Joint Committee on Finance

Imposes upon insurers certain requirements for health insurance claims processing and denials, including a requirement to process claims within a reasonable time frame that prevents an undue delay in care, to provide a detailed explanation of a claim denial, and to disclose whether the insurer uses artificial intelligence or algorithmic decision-making in processing claims.



## APRN Scope of Practice

**Arizona** [HB 2133](#) (See Licensure)

**Arkansas** [HB 1131](#) | Sen. Clint Penzo (R-AR-031)

Effective July 15, the law authorizes APRNs to delegate certain tasks to other healthcare workers who are not licensed to perform nursing tasks. The tasks the APRN can delegate include certain medication and immunization administration and phlebotomy activities.

**Arkansas** [HB 1167](#) | Rep. Lee Johnson (R-AR-047)

Effective July 16, the law modifies the signature authority of APRNs and allows them to certify a patient's need for durable medical equipment, including orthotics, prosthetics and diabetic shoe inserts.

**Arkansas** [HB 1734](#) | Rep. Paul Childress (R-AR-083)

Effective July 15, the law clarifies that APRNs have the authority to pronounce death and sign a death certificate of a patient in a hospital setting if given the authority by the medical staff in the hospital and a physician is not immediately available.

**Arkansas** [HB 1963](#) | Rep. Justin Gonzales (R-AR-089)

Effective July 15, the law allows APRNs to prescribe a therapeutically equivalent medication of a stimulant drug prescribed by a physician to a patient.

**Connecticut** [SB 1312](#) | Joint Committee on Labor and Public Employees

Effective immediately, the law requires APRNs to report any suspected illness from lead, anthrax, arsenic, mercury, phosphorous or other disease contracted through the patient's occupation within 48 hours to the Department of Labor. Any nurse who fails to do so could face a fine.



**Delaware** [HB 140](#) | Rep. Eric Morrison (D-DE-027)

Effective January 1, 2026, the law allows a terminally ill person to self-administer medication to end their life if both the individual's attending physician or APRN, and consulting physician or APRN, agree on the person's prognosis.

**Florida** [HB 647](#) | Rep. Dana Trabulsy (R-FL-084)

Effective July 1, the law authorizes APRNs who are providing hospice care to file death certificates.

**Hawaii** [HB 1194](#) | Rep. Linda Ichiyama (D-HI-031)

Democratic Gov. Josh Green did not act on the bill by the deadline of April 29, meaning the bill became law without his action. Effective immediately, the law makes regulatory laws for midwifery permanent and clarifies the scope of practice for midwives.

**Idaho** [HB 89](#) | House Committee on Health and Welfare

Effective July 1, the law amends the definition of a licensed practical nurse to someone who performs appropriate delegated assessments rather than someone who contributes to assessments as the law currently reads.

**Indiana** [SB 473](#) | Sen. Tyler Johnson (R-IN-014)

Effective July 1, the law establishes a process for people without social security numbers who are seeking licensure by examination as an advanced practice nurse to obtain a provisional license. The law also creates the Certified Health Care Professions Commission to create requirements for the certification of nurse aides and qualified medication aides.

**Kansas** [SB 67](#) | Senate Committee on Public Health and Welfare

Effective July 1, the law authorizes registered nurse anesthetists practice authority and allows them to prescribe and administer any drugs consistent with their qualifications. It also prohibits registered nurse anesthetists from performing or prescribing drugs that would cause an abortion.



**Maryland** [SB 407](#) (See Licensure)

**Minnesota** [HF 2x](#) | Rep. Robert Bierman (D-MN-056A)

Creates a certified midwife license under the Board of Nursing.

**Montana** [HB 198](#) | Rep. Jodee Etchart (R-MT-051)

Effective immediately, the law prohibits contracts that create terms of employment or partnership between healthcare providers to restrict an APRN or other healthcare provider from practicing or treating patients after the termination of the partnership.

**Nebraska** [LB 346](#) | Speaker John Arch (NE-014)

Terminates the Board of Advanced Practice Registered Nurses and transfers duties to the Board of Nursing.

**Nevada** [AB 319](#) | Assemb. David Orentlicher (D-NV-020)

Effective January 1, 2026, the law requires an advanced practice registered nurse to ask specific questions while performing an examination of a patient who is at least 12 but not more than 18 years old. It also allows a medical assistant to perform clinical tasks under the supervision of an advanced practice registered nurse and authorizes the state Board of Nursing to discipline a registered nurse who does not properly supervise a medical assistant. The law allows certified registered nurse anesthetists in hospitals located in cities with populations fewer than 25,000 to order and prescribe controlled substances under the supervision of a physician.

**New Hampshire** [SB 172](#) | Sen. Suzanne "Sue" Prentiss (D-NH-005)

Effective August 23, this law prohibits any contract restrictions on an APRN that would limit their ability to practice in another location within the state after the termination of the contract.



**New Hampshire** [SB 252](#) | Sen. Suzanne "Sue" Prentiss (D-NH-005)

Effective August 23, this law allows APRNs to prescribe non-opioid and opioid controlled drugs classified as Schedule II through IV through telemedicine.

**New Mexico** [HB 178](#) | Rep. Doreen Gallegos (D-NM-052)

Effective June 20, the law clarifies the scope of practice of different categories of registered nurses with regards to the administration of general anesthesia and sedatives. It clarifies that a nurse anesthetist can administer general anesthesia while a registered nurse can administer anesthetics or moderate sedation to patients after completing the required training programs.

**Oklahoma** [HB 1658](#) | Rep. Eric "Coach" Roberts (R-OK-083)

Allows an unlicensed laser practitioner to perform laser hair removal under the supervision of a licensed physician, certified physician assistant (PA), or certified advanced practice registered nurse (APRN). The physician, PA, or APRN must meet with patients for an initial evaluation and create a patient chart that includes informed consent and a treatment plan.

**Oklahoma** [HB 2298](#) | Speaker Kyle Hilbert (R-OK-029)

Authorizes a Certified Nurse Practitioner, Clinical Nurse Specialist, or Certified Nurse-Midwife who has completed a minimum of 6,240 hours of clinical practice hours with prescriptive authority supervised by a physician to apply to the Oklahoma Board of Nursing for authority to prescribe and order independent of supervision. Such an application shall contain proof of the completed hours as well as proof of licensure. Authority to prescribe shall be valid until the expiration of the current license to practice and may be renewed upon application to the Board at the same time and for the same period as the renewal of the license to practice. The Board may suspend or revoke independent prescriptive authority. Such persons shall be required to carry malpractice insurance or demonstrate proof of financial responsibility in a minimum amount of \$1 million per occurrence and \$3 million in the aggregate per year. The Board shall also promulgate rules relating to advertising services by such persons. The measure also requires supervising physicians to be trained and fully qualified in the field of the Advanced Practice Registered Nurse's



specialty and to enter into a written agreement with such persons. Supervising physicians are authorized to charge a reasonable fee for their supervision services. The supervising physician shall report to their respective Board. The State Board of Medical Licensure and Supervision and the State Board of Osteopathic Examiners shall not charge any fees to supervising physicians or Advanced Practice Registered Nurses.

**Oregon** [HB 3044](#) | Sponsor was not provided

Effective September 28, the law clarifies the ways to obtain a nursing license and allows the Oregon State Board of Nursing to require an applicant for re-licensure to demonstrate their ability to practice nursing.

**Rhode Island** [HB 5351](#) | Rep. Stephen "Steve" Casey (D-RI-050)

Provides that a cosmetic medical service must be performed by a qualified licensed or certified non-physician only if the services have been delegated by a medical director, supervising physician, supervising physician assistant in collaboration with a physician, or supervising APRN who is responsible for on-site supervision of the services performed.

**Texas** [HB 3749](#) | Rep. Tom Oliverson (R-TX-130)

Allows a physician to delegate cosmetic medical procedures and the provision of elective intravenous therapy to certain medical professionals acting under adequate physician supervision.

**Virginia** [HB 971](#) | Del. Kathy Tran (D-VA-018)

Lowers from five years to three years the amount of full-time clinical experience required before an advanced practice registered nurse may practice without a practice agreement and permits qualified nurse practitioners to attest that a nurse practitioner may be qualified to practice without a practice agreement. Permits advanced practice registered nurses to practice without a practice agreement when a patient care team physician is no longer able to serve if such advanced practice registered nurse provides evidence that they meet the requirements to practice without a



practice agreement. Requires the Department of Health Professions to collect data on the implementation of the law and make it publicly available on its website.

**Virginia** [HB 1635](#) | Del. Joshua "Josh" Cole (D-VA-065)

Effective July 1, the law allows licensed certified nurse midwives with 1,000 hours of practice under a practice agreement to practice without a practice agreement after receiving an attestation from the licensed physician or midwife whom they practiced under.

**Virginia** [HB 1637](#) | Del. Patrick Hope (D-VA-001)

Effective July 1, the law allows people acting on behalf of organizations that provide services to people at risk of opioid overdose to dispense other opioid antagonists along with naloxone.

**West Virginia** [SB 810](#) | Sen. Patricia Rucker (R-WV-016)

Effective July 7, the law clarifies the requirements for a certified registered nurse anesthetist to administer anesthesia.

**Wisconsin** [AB 257](#) | Rep. Tony Kurtz (R-WI-041)

The law creates a new formal nursing credential within the state, the advanced practice registered nurse. The state's nursing board will oversee the credentialing of APRNs, which includes nurse-midwives, certified registered nurse anesthetists, clinical nurse specialists, and nurse practitioners. The law also allows APRNs to practice independently after completing clinical training under physician supervision.



## Licensure

**Arizona** [HB 2133](#) | Rep. Selina Bliss (R-AZ-001)

Requires the Arizona State Board of Nursing (AZBN) to issue a provisional license or certificate to an out-of-state advanced practice registered nurse (APRN), registered nurse (RN) or licensed practical nurse (LPN) within five business days after receiving an application and any associated fees if certain criteria are met.

**Indiana** [SB 176](#) | Sen. Shelli Yoder (D-IN-040)

Provides that an applicant for a state accredited program of practical nursing is not required to have a high school diploma or its equivalent. Requires a student of the program to obtain a high school diploma or its equivalent before completing the program.

**Maryland** [HB 367](#) | Del. Ashanti Martinez (D-MD-022)

Prohibits a health occupations board from requiring additional evidence of English proficiency as a condition for licensure, certification, or registration if an applicant holds a valid, unrestricted license, certification, or registration from another state that requires evidence of English proficiency.

**Maryland** [HB 602](#) | Del. Thomas "Tom" Hutchinson (R-MD-037B)

Effective July 1, the law requires the state Board of Nursing to hold discussions about the possibility of reciprocity agreements for advanced licensure certifications with Delaware, Pennsylvania, Virginia, West Virginia and the District of Columbia. The companion bill was SB 407, Sen. Pamela "Pam" Beidle (D-MD-032).





## Limit Criminal Liability

**Idaho** [HB 59](#) | Rep. Bruce Skaug (R-ID-010)

Effective immediately, the law gives healthcare providers the right to refuse to participate in medical procedures that violate their right of conscience. The law protects healthcare providers who exercise their right of conscience from criminal or civil liability.

**Virginia** [HB 1636](#) | Del. Patrick Hope (D-VA-001)

Expands civil immunity for persons who participate in professional programs related to career fatigue and wellness for healthcare professionals to include those who participate in programs for (i) any healthcare professionals licensed, registered, or certified by the Department of Health Professions or (ii) students enrolled in programs that are prerequisites to licensure, registration, or certification by the Department of Health Professions.

## Mandatory Overtime

**Texas** [HB 2187](#) | Rep. Donna Howard (D-TX-048)

Effective September 1, the law prohibits a hospital from engaging in any retaliation towards a nurse who reports a violation of overtime laws and requires the Health and Human Services Commission to develop a process to promptly review and resolve each complaint relating to nurse staffing or mandatory overtime prohibitions.



## Miscellaneous

**Arizona** [SB 1741](#) | Sen. John Kavanagh (R-AZ-003)

Effective September 25, the law establishes the student registered nurse anesthetist clinical rotation program for 2025-2026 to expand the capacity of preceptor training programs for nurse anesthetist students.

**Kentucky** [HB 219](#) | Rep. Rebecca Raymer (R-KY-015)

Effective June 26, the law mandates that hospitals provide all emergency service healthcare workers with training on sexual assault emergency response requirements, protocols and resources.

**Louisiana** [HB 541](#) | Rep. Stephanie Hilferty (R-LA-094)

Establishes a registry for individuals and entities that provide caregiving services.

**Maine** [LD 1769](#) | Sen. Joe Baldacci (D-ME-009)

Ensures data reporting for temporary nurse agencies. Requires temporary nurse agencies to use the Department of Health and Human Services, Background Check Center for direct access workers. Provides that the department may enter into a consent agreement with an applicant or registrant.

**Maryland** [HB 783](#) | Del. Joseline Pena-Melnyk (D-MD-021)

Requires applicants for renewal of certain licenses and certain certificates issued by certain health occupation boards to attest that the applicant completed an implicit bias and structural racism training program, rather than an implicit bias training program, approved by the Cultural and Linguistic Health Care Professional Competency Program. Authorizes certain health occupations boards to adopt regulations allowing applicants renewing licenses to receive continuing education credits for completing certain training.



**Nevada** [SB 300](#) | Sen. Marilyn Dondero Loop (D-NV-008)

Codifies into law existing requirements that Medicaid cover services provided by a psychiatrist, psychologist, advanced practice registered nurse, marriage and family therapist, or licensed clinical social worker at a federally-qualified health center.

**Ohio** [SCR 5](#) | Sen. Kyle "Kyle" Koehler (R-OH-010)

To urge the President of the United States to support the Ohio Department of Medicaid's request to implement work requirements for certain Medicaid recipients.

## Nurse Faculty

**Georgia** [HB 144](#) | Rep. Mark Newton (R-GA-127)

Effective July 1 and applicable to taxable years beginning on January 1, 2026, the law amends the preceptorship tax credit to be \$750 for each preceptorship rotation completed in a calendar year by a community-based faculty preceptor who is an advanced practice registered nurse.

**Idaho** [HB 242](#) | Sen. Camille Blaylock (R-ID-011)

Effective July 1, the law allows a healthcare preceptor in a rural area to receive continuing education credit for time spent working as a preceptor and apply it towards the renewal of the preceptor's license.

**Maryland** [HB 19](#) | House Committee on Health and Government Operations

Expands the purpose of the Maryland Loan Assistance Repayment Program for Nurses and Nursing Support Staff. Requires the Department to prioritize funding for nurses or nursing support staff who practice in an area with a shortage of nurses or nursing support staff or who practice in a specialty where a shortage has been identified. Alters certain education requirements for



licensure. Repeals a certain requirement that the State Board of Nursing approve certain nursing assistant training program sites within a certain time period.

**Virginia** [HB 1860](#) | Del. Marcia "Cia" Price (D-VA-085)

Effective July 1, the law allows nursing education programs to apply for a waiver that would increase the ratio of student-to-faculty ratio from 10 students per faculty member to no greater than 15 students per faculty member.

**Virginia** [SB 155](#) | Sen. Christopher "Chris" Head (R-VA-003)

The law directs the Board of Nursing to add or remove certain educational requirements for members of the nursing faculty in specified nursing education programs and establishes a licensing procedure by the Board of Psychology for a psychological practitioner.

## Nurse Mental Health

**Arizona** [HB 2173](#) | Rep. Julie Willoughby (R-AZ-013)

Effective July 25, the law prohibits any health regulatory board from asking on an application for a license or endorsement if an applicant has previously sought treatment for or been diagnosed with a mental illness. The law allows a health regulatory board to ask if an applicant is currently under a regulatory entity's order in another state for monitoring of a health condition, including substance abuse, but the applicant does not have to respond if it is part of a confidential program.

**Montana** [SB 497](#) | Sen. Mike Yakawich (R-MT-024)

Provides civil immunity for healthcare professional consultants to certain entities addressing career fatigue and wellness in healthcare providers. Revises mandatory and permissive reporting laws related to certain healthcare providers.



**Virginia** [SB 629](#) | Sen. Todd Pillion (R-VA-006)

Extends civil immunity to certain providers for any act done or made in performance of duties while serving as a member of or consultant to an entity that functions primarily to arrange for or provide outpatient healthcare for healthcare professionals. If a healthcare professional is voluntarily admitted to a healthcare institution for treatment of a substance abuse or psychiatric illness and is no longer believed to be a danger within 30 days, then no report will be made to the Board of Medicine.

## Payment Strategies

**Arkansas** [SB 264](#) | Sen. Missy Irvin (R-AR-024)

Establishes the Arkansas Primary Care Payment Improvement Working Group.

**Oregon** [HB 2789](#) | Sen. Deb Patterson (D-OR-010)

Effective September 28, the law allows registered nurses to bill for care coordination without requiring an order from a primary care provider.

## Related Professions

**Hawaii** [SB 532](#) | Sen. Michelle Kidani (D-HI-018)

Authorizes school staff and agents trained by a healthcare professional to volunteer to administer medication to students at Department of Education public schools under certain conditions. Clarifies who may prescribe medication to be administered to students in schools.



**Virginia** [HB 349](#) | Del. Rozia "J.R." Henson (D-VA-019)

Requires advanced registered medication aides who administer drugs that would otherwise be self-administered to residents in a certified nursing facility licensed by the Department of Health to register with the Board of Nursing.

**Virginia** [HB 2468](#) | Del. Rozia "J.R." Henson (D-VA-019)

Effective July 1, the law allows advanced registered medication aides to administer drugs to patients in long-term care facilities if the patient does not have a condition that requires evaluation by a registered nurse. It also allows advanced practice medication aides to administer drugs determined permissible by the Board of Nursing.

**Washington** [SB 5051](#) | Sen. Jessica Bateman (D-WA-022)

The disciplining authority for nursing assistants is changed from the Department of Health (DOH) to the Washington State Board of Nursing (WSBN). Most of the regulatory responsibilities of the DOH pertaining to nursing assistants are transferred to the WSBN. In addition, the WSBN is authorized to delegate certain disciplinary functions to staff where no clinical expertise or standard of care issues are involved.

## Staffing

**Louisiana** [SR 144](#) | Sen. Beth Mizell (R-LA-012)

Requests the Louisiana Department of Health to propose solutions to the Sexual Assault Nurse Examiners (SANE) nurse shortage.

**Oregon** [HB 2015](#) | Rep. Rob Nosse (D-OR-042)

Directs the Oregon Health Authority (OHA) to investigate and consider certain flexibilities for administering residential treatment services, including: potential alternatives to nurse staffing



requirements, alternative methodologies for reimbursing facilities, alternatives to the Home and Community-Based Services waiver, supporting direct discharge of a resident to other types of housing, options for providing capacity payment to facilities, and appropriate actions to fill the capacity of newly licensed facilities. Requires OHA to study the following and report their findings and recommendations to the Legislature by September 15, 2026.

**Texas** [HB 2187](#) (See Mandatory Overtime)

**Texas** [HB 3560](#) | Rep. Katrina Pierson (R-TX-033)

Requires freestanding psychiatric hospitals to conduct criminal background checks and verify the Employee Misconduct Registry status for unlicensed staff.

## Surgical Smoke

**North Carolina** [HB 67](#) | Rep. Timothy "Tim" Reeder (R-NC-009)

Effective January 1, 2026, the law requires hospitals and ambulatory surgical facilities to adopt policies to ensure the evacuation of surgical smoke.

**Virginia** [HB 763](#) | Del. Karrie Delaney (D-VA-009)

Requires the Board of Health to amend its regulations to require that every hospital where surgical procedures are performed adopt a policy requiring the use of a smoke evacuation system for all planned surgical procedures.



## Workplace Violence

**Arkansas** [SB 435](#) | Sen. Missy Irvin (R-AR-024)

Effective July 15, the law establishes aggravated assault against a healthcare worker as a class D felony. Aggravated assault includes engaging in conduct that creates potential danger of infection to a healthcare worker, such as causing a healthcare worker to come into contact with saliva, blood or other bodily fluids by tossing or throwing them.

**Colorado** [SB 166](#) | Sen. Kyle Mullica (D-CO-024)

Effective August 6, the law requires a stakeholder group to develop metrics and legislative recommendations related to healthcare violence and determine if there are funds available to assist hospitals in lowering incidences of workplace violence. Beginning in 2026, it also requires the State Department to assess whether each hospital has adopted a policy related to workplace violence, though hospitals with fewer than 100 beds are exempt.

**Delaware** [SCR 38](#) | Sen. Marie Pinkney (D-DE-013)

This resolution addresses the issue of workplace violence in healthcare, encourages preventive measures, promotes collaboration and support for healthcare workers, and proclaimed the month of April 2025 as "Healthcare Workplace Violence Prevention & Awareness Month" in the State of Delaware.

**Montana** [HB 543](#) | Sen. Pat Flowers (D-MT-031)

Effective immediately, the law repeals the termination date on reporting and disclosing violence against healthcare employees.

**North Dakota** [HB 1341](#) | Rep. Pat D. Heinert

Increases the penalty for simple assault of a hospital worker engaged in essential patient care from a class B misdemeanor to a class C felony.





**Oregon** [SB 537](#) | Sen. Mark Meek (D-OR-020)

The law requires healthcare employers to collaborate with their workplace safety committees to develop a comprehensive safety program. It also requires the Department of Consumer and Business Services to establish how workplace violence is investigated, documented, and reported, and report annually to the legislature regarding workplace assaults and recommendations. Hospitals that undergo future renovations or are constructed after the effective date of this law are also required to install a bullet-resistant intake window in emergency rooms.

**Texas** [SB 463](#) | Sen. Donna Campbell (R-TX-025)

Effective September 1, the law adds intermediate care facilities for patients with intellectual disabilities and state supported living centers to the definition of a “facility” that must comply with workplace violence prevention requirements.

**Vermont** [HB 259](#) | Rep. Mari Cordes (D-VT-004)

Effective July 1, the law requires hospitals in the state to establish and implement a security plan to prevent workplace violence and manage aggressive behaviors. It also requires hospitals to establish and implement a workplace violence reporting system and use its data to improve safety and train staff in targeted areas of risk identification and de-escalation.

**Virginia** [HB 2269](#) | Del. Kathy Tran (D-VA-018)

Effective July 1, the law requires hospitals in the state to establish a workplace violence incident reporting system. Requires hospitals in the Commonwealth to report any threat or battery perpetrated against a healthcare provider while on the premises and engaged in the performance of his duties to the Department of Health. The bill requires hospitals to report relevant data quarterly and directs the Department to publish aggregate numbers on its website.



**Washington** [HB 1162](#) | Rep. Mari Leavitt (D-WA-028)

Effective January 1, 2026, the law requires every healthcare setting to develop a violence prevention plan and to conduct a timely investigation for every incident of workplace violence.