

SOPP Legislative Watch – February 7, 2025

Thank you to the members of the SOPP that contributed to this edition of the SOPP Legislative Watch.

Arizona Medical Association

[**SB1125**](#) (Psychologists; prescribing authority) sponsored by Sen. TJ Shope, would allow psychologists to prescribe medications, ArMA is opposed.

[**SB1214**](#) (Pharmacists; independent testing; treatment) sponsored by Sen. TJ Shope, would allow pharmacists to test and treat for flu, strep, COVID, HIV prep, and any other respiratory illness that can be diagnosed with a CLIA waived test that does require additional diagnostics, ArMA is opposed

[**HB2583**](#) (Physical therapists; imaging; laboratory tests) sponsored by Rep. Selina Bliss, would allow PTs to order lab tests and imaging, ArMA is opposed.

[**HB2181**](#) (Physical therapy; durable medical equipment) sponsored by Rep. Selina Bliss, would allow PTs to prescribe DME. ArMA is opposed.

[**HB2134**](#) (Physician assistants; qualifications) sponsored by Rep. Selina Bliss, would remove physician supervision from the PA's collaborative practice statute, ArMA is opposed.

ArMA initiated HB2025 (Medical assistants; scope of practice) which will allow MA's to place and remove urinary catheters under supervision.

Please contact Amanda Sheinson (asheinson@azmed.org) from Arizona Medical Association if you have any questions.

Arkansas Medical Society

Arkansas Medical Society opposes the following bills as written:

[**HB 1132**](#), sponsored by Representative Pilkington, was introduced on January 15. This bill aims to increase access to healthcare services provided by advanced practice registered nurses and amend the prescriptive authority of an advanced practice registered nurse.

[**HB 1134**](#), introduced on January 15, was sponsored by Representative Unger. This bill would adopt the advanced practice registered nurse compact in Arkansas.

[**HB 1244**](#), sponsored by Representative Brown, would amend the requirements to obtain a certificate of full independent practice authority by a certified nurse practitioner or clinical nurse specialist.

[SB 117](#), sponsored by Senator Penzo, would create the naturopathic physician practice act, provide for licensure of naturopathic physicians in Arkansas, and create a naturopathic physician advisory committee to the Arkansas state medical board.

[SB 118](#), sponsored by Senator Penzo and Representative Bentley, would amend the definition of "audiology" relating to the practice of audiologists.

Arkansas Medical Society supports the following bill as written:

[HB1251](#) would establish the Arkansas anesthesiologist assistant act and provide for licensure of anesthesiologist assistants.

Please contact Scott Smith (ssmith@arkmed.org) from the Arkansas Medical Society if you have any questions.

Colorado Medical Society

SB25-032

The bill would dramatically expand naturopaths' scope of practice by changing their current formulary to allow for Rx of devices and scheduled drugs (exc. Sched 1-2 and some 3). It would empower the DORA director (who lacks medical background) authority to expand the formulary in the future.

This bill was assigned to Senate Health & Human Services. The hearing is scheduled for 2/6.

Please contact Chet Seward (chet_seward@cms.org) from Colorado Medical Society from more information.

Connecticut State Medical Society

State Senator Heather Somers introduced Senate Bill 246, and it was referred to the Public Health Committee. The bill requires a study to explore the viability of allowing naturopathic physicians to serve as primary care providers. Please contact Layne Gakos at lgakos@csms.org for more information.

State Senator Cathy Osten introduced Senate Bill 1069 and it was referred to the Public Health Committee. The bill allows naturopathic physicians to prescribe all medications. Please contact Layne Gakos at lgakos@csms.org for more information.

Hawaii Medical Association

[SB708](#)

- Introduced by San Buenaventura, Fevella, Fukunaga, Kim, Kanuha, 1/17/25; referred to HHS/CPN, WAM/JDC

- Description: Authorizes and appropriates moneys for the Board of Psychology to grant prescriptive authority to clinical psychologists who meet specific education, training, and registration requirements.
- Status: no hearing scheduled yet
- HMA contact: Marc Alexander m.alexander@hawaiimedicalassociation.org

SB847

- Introduced by Kanuha, Kidani, San Buenaventura, Richards, 1/17/25; referred to HHS, CPN
- Description: Allows qualified psychologists limited authority to prescribe psychotropic medications to patients under the care of the psychologist in certain circumstances.
- Status: no hearing scheduled yet
- HMA contact: Marc Alexander m.alexander@hawaiimedicalassociation.org

Kentucky Medical Association

Representative Amy Neighbors introduced House Bill 117 on January 8, 2005, and it has yet to be referred to committee. The bill seeks to modernize Kentucky's Physical Therapist Practice Act, but the legislation also includes a provision that would allow physical therapists to order imaging and other "tests" with no limitations. Please contact Cody Hunt, Kentucky Medical Association's Health Policy Director, at hunt@kyma.org for more information.

Medical Society of the State of New York

A2308/S263 would allow prescriptive authority for psychologists and is in the Senate and Assembly Higher Education Committee.

S2302 would allow for independent practice for CRNAs and is in the Senate Higher Education Committee.

A1220/S2360 would make permanent existing law due to sunset in 2026 that grants independent practice for NPs.

Please contact Morris Auster (mauster@mssny.org) from Medical Society of the State of New York for more information.

Maine Medical Association

Senator Brenner has submitted LR 1434, An Act to Amend the Laws Governing Optometric Practice, which will allow optometrists to do certain surgeries. It has not yet been printed or referred to a committee but will likely be sent to the Committee on Health Coverage, Insurance, and Financial Services. Please get in touch with Anne Sedlack, Director of Advocacy at the Maine Medical Association, at asedlack@mainephysicians.org for more information.

Medical Society of South Carolina

[**S.45 Advanced Practice Registered Nurse Practice Authority \(Davis T\)**](#) and [**H.3579 Physician Assistants \(Smith M\)**](#); [**S.45 advanced Practice Registered Nurse Practice Authority \(Davis T\)**](#) And [**H. 3580 APRN Practice Authority \(Smith, Mark\)**](#): These bills expand the practice authority of Advanced Practice Registered Nurses (APRNs) and Physician Assistants (PAs) in South Carolina. APRNs can gain full practice authority after 2,000 clinical hours, eliminating practice agreements and allowing independent performance of medical and nonmedical acts, including prescribing medications and managing care. PAs with 2,000 clinical hours can practice under an attestation statement, transition specialties with 1,000 hours of specialty-specific practice, and perform medical and surgical tasks. Both roles gain expanded privileges, including admitting patients to healthcare facilities. The bills shift regulatory authority for APRNs to the Board of Nursing, removes the Board of Medical Examiners' involvement in telemedicine prescribing, and allow PAs to adopt the title "physician associates." **Hearings expected in the Senate in March**

[**S. 236 Anesthesiologist's Assistant**](#): This bill increases the number of anesthesiologist's assistants that an anesthesiologist may supervise, maintaining physician-led care. Hearing was scheduled for January 30, but is postponed.

Questions reach out to Holly Pisarik hollyp@scmedical.org

South Dakota State Medical Association

Representative Brian Mulder introduced [**House Bill 1071**](#) on January 17, and the bill will be referred to the House Health & Human Services Committee. The bill would remove the requirement for physician supervision for PAs that complete 2,080 practice hours. Please contact Justin Ohleen, Director of Advocacy and Policy, at johleen@sdsma.org for more information.

Senator Reed introduced [**SB 102**](#) in support of physician-led team-based care.

Texas Medical Association

[**HB 514**](#), introduced by Representative Lalani, relates to a maternal health care workforce campaign. This bill would direct the development of a public outreach campaign intended to increase maternal health care professionals, including doulas, practicing in rural areas of the state.

[**HB 845**](#), introduced by Representative Howard, relates to the authority of pharmacists to furnish certain medications.

[**HB 1731**](#), introduced by Representative Campos, relates to the physician assistant licensure compact.

[HB 1756](#), introduced by Representative Manuel, relates to the licensing and authority of advanced practice registered nurses.

[HB 1942](#), introduced by Representative Smithee, relates to the participation of an advanced practice registered nurse as a participating or preferred provider for health maintenance organizations and preferred provider benefit plans.

[HB 1948](#), introduced by Representative Howard relates to the prescribing and ordering of Schedule II controlled substances by certain advanced practice registered nurses and physician assistants.

[SB 254](#), introduced by Senator Flores, relates to the administration of a medication and the ordering and administration of an immunization or vaccination by a pharmacist.

[SB 611](#), introduced by Senator Schwertner, relates to the authority of a pharmacist to determine whether to administer a vaccine, including a COVID-19 vaccine.

[SB 904](#), introduced by Senator Zaffirini, relates to the licensing and regulation of hearing instrument fitters and dispensers.

[SB 905](#), introduced by Senator Zaffirini, relates to the licensing and regulation of speech-language pathologists and audiologists.

[SB 911](#), introduced by Senator Blanco, relates to the licensing and regulation of certain advanced practice registered nurses.

[SB 918](#), introduced by Senator Zaffirini, relates to the licensing and regulation of orthotists and prosthetists.

Please contact Clayton Stewart (clayton.stewart@texmed.org) from the Texas Medical Association for more information.

Washington State Medical Association

Senator Jessica Bateman introduced [Senate Bill 5112](#) on December 23 and Rep. Tarra Simmons introduced companion [House Bill 1124](#) on December 23. These bills have been referred to each chamber's respective health care committees and are not currently scheduled for public hearing. These bills would allow, under certain conditions, psychologists to be granted prescriptive authority for psychotropic medications used in the diagnosis and treatment of individuals with certain mental and behavioral disorders.

Please contact Alex Wehinger at alex@wsma.org for more information.

Rep. My-Linh Thai introduced [House Bill 1520](#) on January 22, and it was referred to the House Health Care and Wellness Committee. The bill is not currently scheduled for a public hearing. This bill would amend the definition of the practice of pharmacy to include "the diagnosing of conditions and diseases as authorized by this chapter and commission

rules; the prescribing or ordering of drugs and devices as authorized by this chapter and commission rules” and direct the Pharmacy Commission to promulgate rules for independent diagnostic and prescriptive authority for pharmacists, among other provisions. Please contact Alex Wehinger at alex@wsma.org for more information.

Rep. Tarra Simmons introduced [House Bill 1430](#) on January 20, it is currently scheduled for a public hearing in the House Health Care and Wellness Committee on January 29. The bill would mandate insurers reimburse physician assistants and ARNPs at the same rate as physicians for the “same services.” Please contact Alex Wehinger at alex@wsma.org for more information.

Senator Marcus Riccelli introduced [Senate Bill 5299](#) on January 16, and it is scheduled for a public hearing in the Senate Health and Long Term Care Committee on January 30. This bill would allow for intravenous contrast procedures performed by a diagnostic radiologic technologist, a therapeutic radiologic technologist, or a magnetic resonance imaging technologist to be performed under general supervision, rather than direct supervision. Please contact Alex Wehinger at alex@wsma.org for more information.

Senator Marcus Riccelli introduced [Senate Bill 5244](#) on January 14, and there was a public hearing in the Senate Health and Long Term Care Committee on January 23. This bill would exempt persons working at a special supplemental nutrition program for women, infants, and children clinic administering tests and evaluations from the requirements associated with medical assistants for the purpose of administering hematological tests via heel-stick, toe-stick, or finger-stick sampling. Please contact Alex Wehinger at alex@wsma.org for more information.

Senator Vandana Slatter introduced [Senate Bill 5452](#) on January 23 and it was referred to the Senate Health and Long Term Care Committee. It is not currently scheduled for a public hearing. The bill would permit individuals with an advanced degree in health care from an accredited school and at least two years of experience in behavioral health care, including board certified psychiatric pharmacists, to be licensed as agency affiliated counselors. Please contact Alex Wehinger at alex@wsma.org for more information.

American Academy of Ophthalmology

New Hampshire [House Bill 349](#) (PDF) would expand optometry’s scope to include laser eye surgery (YAG, SLT, and LPI). The House Executive Departments and Administration Committee held a hearing on January 23rd. The bill was sent to a sub-committee for further study. No date has been set for the hearing. The Academy has a grassroots alert available here, <https://www.safesurgerycoalition.org/new-hampshire/>

New Mexico [House Bill 36](#) (PDF) would expand optometry’s scope to include laser eye surgery (YAG, SLT, and LPI) and intracameral injections. Optometrists are currently permitted to perform scalpel eye lid surgery in New Mexico. The House Health and Human

Services Committee voted to advance the bill out of committee. It now goes to the House Judiciary Committee. Grassroots alert, <https://www.safesurgerycoalition.org/new-mexico/>

The Montana [House Bill 218](#) would permit optometrists to perform undefined “in-office surgical procedures and laser procedures limited to the anterior segment of the eyes and adnexa, excluding penetrating intraocular surgery, intravitreal injection, and refractive surgery,” in addition to giving the state board of optometry wide latitude to license optometrists to perform surgery as well as define what constitutes as surgery for optometrists. The House passed the bill and it now heads to the senate. Grassroots alert, <https://www.safesurgerycoalition.org/montana/>

Missouri [Senate Bill 219](#) (PDF) would allow optometrists to perform scalpel eye lid and laser eye surgeries not explicitly excluded in by law. It is a reintroduction of a bill that failed in 2024. The bill has yet to be assigned to a committee.

Ohio [Senate Bill 36](#) would allow optometrist to perform scalpel eye lid and laser eye surgeries not explicitly excluded in by law. It is a reintroduction of a bill that failed in 2024. The bill has been assigned to the Senate Health Committee.

Minnesota [SF 850](#) that would expand the types of drugs optometrists could administer and prescribe to patients including botox, steroids and oral carbonic anhydrase inhibitors. It has been assigned to the Senate Health and Human Services Committee.

New Jersey [A.920/S.354](#), was carried over from the 2024 legislative session. The bills would permit optometrists to perform scalpel eyelid and laser eye surgeries including, YAG capsulotomy selective laser trabeculoplasty, and peripheral iridotomy. A.920 completed committee votes and is in the House waiting to be scheduled for a full vote. S.354 was passed by the Senate Commerce Committee and was second referenced to the Senate Finance and Appropriations Committee. To date, it has not been scheduled for a hearing.

The Academy is expecting an optometry scope bill to be introduced in Maine any day with bills to follow in Alabama, Florida, Idaho, Kansas, Vermont, West Virginia, Utah and possibly others.

For more information on these bills contact Brendan Marr at bmarr@ao.org or Christopher Johnson at cjohnson@ao.org.

American Academy of Otolaryngology – Head and Neck Surgery

Arkansas

Senator Clint Penzo introduced SB 118 on Jan. 27 and it was referred to the Senate Public Health, Welfare and Labor Committee. The bill expands the scope of practice for audiologists to include without limitations the conducting of health screenings and ordering cultures and bloodwork testing.

Please contact Aaron Castelo at AAO-HNS acastelo@entnet.org for more information.

Oregon

Senator Cedric Hayden introduced SB 943 on Jan. 28 and it was referred to the Senate Health Committee. The bill expands the scope of practice for audiologists to include without limitations the conducting of health screenings and ordering cultures and bloodwork testing.

Please contact Aaron Castelo at AAO-HNS acastelo@entnet.org for more information.

American College of Radiologists

Hawaii

SB 274/HB 407 would remove the repeal of Chapter 457J, which provides for the continued licensure of certified midwives (CM) and certified professional midwives (CNM). Currently, the licensure of CMs and CNMs will be repealed on Jun 30, 2025. Currently, in Hawaii, CMs and CNMs are allowed to order, interpret diagnostic tests, and perform ultrasounds. SB 274 has been referred to multiple Senate committees. HB 407 has been assigned to multiple House committees.

Massachusetts

SD 1880 would allow physical therapists (PT) to administer and interpret diagnostic imaging. This bill has not received any legislative action so far.

New York

S 352 would allow physician assistants to engage in the use of fluoroscopy for guidance of diagnostic and therapeutic procedures. This bill has been referred to the Senate Health Committee.

S 684 would create a limited scope radiographer licensure for individuals who meet certain requirements. This bill has been referred to the Senate Health Committee.

North Dakota

SB 2273 would allow PTs to order diagnostic imaging. This bill has passed the Senate and is awaiting action in the House.

Oklahoma

SB 442 would allow certified registered nurse anesthetists (CRNA), certified in nonsurgical pain management, to perform fluoroscopy. This bill has been referred to the Senate Committee on Health and Human Services.

South Carolina

S 45 would permit NPs to engage in ionized fluoroscopy. This bill has been referred to the Senate Committee on Medical Affairs.

Texas

HB 1756 would allow APRNs to order, perform, and interpret diagnostic tests. This bill has been filed but has not been assigned to a committee yet.

Please contact Dillon Harp (dharp@acr.org) at American College of Radiology for more information.

American College of Surgeons

FOR MORE INFORMATION:

Catherine Hendricks: Manager, State Affairs chendricks@facs.org

Cory Bloom: Associate, State Affairs cbloom@facs.org

BILLS BY THE NUMBERS

Number of Scope of Practice bills introduced: 21

Number of Scope of Practice enacted: 0

ARIZONA

[HB 2135](#) – Scope of Practice

Introduced by Representative Selina Bliss (R), HB 2134 changes physician assistant (PA) supervision to collaboration for PAs with over 8,000 hours of clinical practice; expands the powers of the PA regulatory board. The bill was introduced in the House and is awaiting referral to a committee.

INDIANA

[HB 1116](#) – Scope of Practice

Introduced by Representative Cindy Ledbetter (R), HB 1116 allows advanced practice registered nurses to practice without a collaborative agreement; prescribe Schedule II controlled substances for weight reduction or obesity. The bill was introduced in the House and referred to the Public Health Committee.

[SB 246](#) – Scope of Practice

Introduced by Senator Tyler Johnson (R), SB 246 limits physicians to collaborating with no more than four advanced practice registered nurses (APRN) simultaneously; requires the APRN to collaborate with a physician who specializes in the same practice area. The bill was introduced in the Senate and referred to the Health and Provider Services Committee.

[SB 383](#) – Scope of Practice

Introduced by Senator Gregory Goode (R), SB 383; repeals practice agreement requirements and allows physician assistants and APRNs to prescribe Schedule III or IV controlled substances for weight reduction or obesity. The bill was introduced in the Senate and referred to the Health and Provider Services.

MASSACHUSETTS

[HD 774](#) – Scope of Practice

Introduced by Representative Christine Barber (D), HD 774 allows a physician assistant to practice independently after working 2,000 hours in a collaborative setting with physicians. The draft bill was filed in the House and awaiting assignment to a committee.

[SD 258](#) – Scope of Practice

Introduced by Senator Julian Cyr (D), SD 258 removes supervisory requirements for physician assistants. The bill was pre-filed in the Senate for the 2025 legislative session.

MISSISSIPPI

[HB 98](#) – Scope of Practice

Introduced by Representative Donnie Scoggin (R), HB 98 exempts advanced practice registered nurses from the requirement to maintain a collaborative relationship with a physician after completing 3,600 practice hours; certified registered nurse anesthetists are exempt after 8,000 clinical practice hours. The bill was introduced in the House and referred to the Public Health and Human Services Committee.

[HB 252](#) – Scope of Practice

Introduced by Representative Lee Yancey (R), HB 252 allows pharmacists to test and treat minor health conditions; order, perform, and interpret certain tests. The bill was introduced in the House and referred to the Public Health and Human Services Committee.

MISSOURI

[HB 763](#) – Scope of Practice

Introduced by Representative Matthew Overcast (R), HB 763 allows advanced practice registered nurses (APRNs) to prescribe Schedule II controlled substances; APRNs who are not certified registered nurse anesthetists and have completed 6,000 hours of documented practice in a collaborative arrangement are allowed to practice independently. The bill was introduced in the House and is pending referral to a committee.

[HB 831](#) – Scope of Practice

Introduced by Representative Bennie Cook (R), HB 831 allows advanced practice registered nurses with controlled substance prescriptive authority to prescribe Schedule III through V medications without needing a prescriptive authority certificate; allows certified registered nurse anesthetists to administer controlled substances in Schedules II-V during anesthesia

care without prescriptive authority. The bill was introduced in the House and is pending referral to a committee.

[SB 522](#) – Scope of Practice

Introduced by Senator Ben Brown (R), SB 522 allows certified registered nurse anesthetists to administer controlled substances in Schedules II-V during anesthesia care without prescriptive authority. The bill was pre-filed in the Senate for the 2025 legislative session.

[SB 545](#) – Scope of Practice

Introduced by Senator Patty Lewis (D), SB 545 allows advanced practice registered nurses to administer controlled substances Schedule II through V; allows advanced practice registered nurses with prescriptive authority to prescribe Schedule II medications. The bill was pre-filed in the Senate for the 2025 Legislative Session.

NEW YORK

[A 1072](#) – Scope of Practice

Introduced by Assemblymember Marianne Buttenschon (D), A 1072 establishes licensure standards for anesthesiologist assistants and specifies supervision timelines. The bill was introduced in the Assembly and referred to the Higher Education Committee.

[S 357](#) – Scope of Practice

Introduced by Senator Jeremy Cooney (D), S 357 requires certified registered nurse anesthetists with under 3,600 hours of practice to work under the direction of a qualified physician; after 3,600 hours of practice a CRNA may function as an interdependent role in the patient's care team; CRNAs are not authorized to work independently. The bill was introduced in the Assembly and referred to the Higher Education Committee.

OREGON

[HB 2585](#) – Scope of Practice

Introduced by Representative Hai Pham (D), HB 2585 mandates a process be created for receiving and evaluating requests to establish or revise the scope of practice for physicians, physician assistants, podiatrists, naturopaths, optometrists, psychologists, chiropractors, direct entry midwives, and acupuncturists. The bill was introduced in the House and referred to the Speaker's desk.

TEXAS

[HB 1756](#) – Scope of Practice

Introduced by Representative Christian Manuel (D), HB 1756 allows Advanced Practice Registered Nurses (APRNs) to function as licensed independent practitioners; granting APRNs the authority to prescribe and order drugs, including controlled substances; removes references to physician delegation in existing statutes; empowers the Texas Board of Nursing to authorize APRNs to independently prescribe and order medications. The bill was pre-filed in the House for the 2025 Legislative Session.

VIRGINIA

[HB 1635](#) – Scope of Practice

Introduced by Delegate Joshua Cole (D), HB 1635 allows certified nurse midwives and licensed certified midwives to practice independently after completing 1,000 hours of practice and have an attestation from a licensed physician or an independent practice midwife; permits certified midwives to prescribe controlled substances from Schedule II through VI. The bill was pre-filed in the House for the 2025 legislative session.

[HB 1647](#) – Scope of Practice

Introduced by Delegate Cliff Hayes Jr (D), HB 1647 mandates anesthesiologist assistants (AA) be licensed by the board of medicine; outlines the criteria for licensure; mandates licensed AA work under the supervision of a licensed anesthesiologist and within the scope of their training and experience. The bill was pre-filed in the House for the 2025 legislative session.

[HB 1898](#) – Scope of Practice

Introduced by Delegate Rodney Willett (D), HB 1898 allows optometrists with a therapeutic pharmaceutical agent certification to prescribe and administer Schedule II-V controlled substances. The bill was pre-filed in the House for the 2025 legislative session.

[HB 2391](#) – Scope of Practice

Introduced by Delegate Mark Sickles (D), HB 2391 allows certified registered nurse anesthetists to practice in consultation with physicians rather than under supervision; allows nurse practitioners with three years of full-time clinical experience to practice independently upon attestation from a supervision physician or nurse practitioner. The bill was pre-filed in the House for the 2025 Legislative Session.

WYOMING

[SF 112](#) – Scope of Practice

Introduced by Senator Wendy Schuler (R), SF 112 provides for the licensure of anesthesiologist assistants under the board of medicine. The bill was received for introduction in the Senate.

American Psychiatric Association

Washington

Senators Bateman, Harris, Shewmake, Trudeau, Conway, Nobles, Riccelli, C. Wilson, and Robinson introduced **SB 5112**, regarding psychologists prescribing. Please contact Rachel Johnston (rjohnston@psych.org) at the American Psychiatric Association for more information.

Arizona

Legislators in Arizona introduced **SB 1125**, which aims to expand psychologist prescribing authority. Please contact Rachel Johnston (rjohnston@psych.org) at the American Psychiatric Association for more information.

Hawaii

Legislators in Hawaii introduced **SB 847** and **SB 708**, which aim to expand prescriptive authority for psychologists. Please contact Rachel Johnston (rjohnston@psych.org) at the American Psychiatric Association for more information.

American Society for Dermatologic Surgery Association (ASDSA)

Massachusetts Senator Pavel Payano and Representatives Frank Moran and Manny Cruz introduced MA SD 1959 and MA HD 855, both awaiting official bill numbers. The bills would allow dental hygienists to administer botulinum toxin and dermal fillers under dentist supervision, with no restrictions on location of injections. Please contact Kristin Hellquist at khellquist@asds.net for more information.

North Dakota HB 1126 was introduced on 1/6/2025, and it was referred to the House Industry, Business and Labor Committee. The bill defines ablative and non-ablative procedures and who can perform them as well as codifies advanced esthetics. The bill had a committee hearing 1/12/2025 and is awaiting further action. Please contact Kristin Hellquist at khellquist@asds.net for more information.