

# ADVOCACY NEWS

Keeping you informed from Washington, D.C.

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September 2, 2026

## Congress Approves Government Funding

After their customary August recess, the US House of Representatives returned to the Capitol this week with a short agenda. Yesterday, by a 370-48 vote, they approved the [Continuing Appropriations and Extensions Act, 2027 \(H.R. 6500\)](#), which averts an October 1 government shutdown, funds federal agencies through December 11 at current levels, and temporarily blocks implementation of the **Office of Management and Budget's proposed rule** to significantly overhaul the administration of federal grant programs. President Trump is expected to sign this bill into law.

We will monitor congressional developments and provide updates as they become available. Please [contact us](#) if you have any questions!



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## Pending Legislation of Interest

### Artificial Intelligence

The [AI Advertising Disclosure Act \(H.R.10146\)](#), introduced by **Rep. Seth Magaziner (D-RI)**, would require operators of AI chatbots and other generative-AI interactive services to disclose when responses are influenced by commercial arrangements. Covered disclosures would apply to paid product or entity mentions or recommendations; commercially influenced general advice, rankings, or omissions; third-party-funded system prompts, retrieval sources, or fine-tuning data; and embedded affiliate links or referral codes. Disclosures must be prominent, plain-language, visible without scrolling, delivered with or before the relevant content, identify the relationship, and remain with content that is saved, exported, or shared; voice disclosures must also be delivered without effects that reduce their prominence. The bill would prohibit operators from obscuring disclosures, falsely presenting sponsored material as organic, allowing tools to deny their AI or commercial status when directly asked, and require a real-time internal registry of commercial arrangements affecting AI content and give users a way to ask whether a particular response was commercially influenced.

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## Regulatory News

### International Medical Graduates

On August 25, the **Dept. of Homeland Security (DHS)** released a [proposed rule](#) that would establish a \$103,265 fee for all new cap-subject H-1B visa petitions, including those eligible for the advanced degree exemption ("master's cap"), to "serve as a dedicated revenue mechanism to help

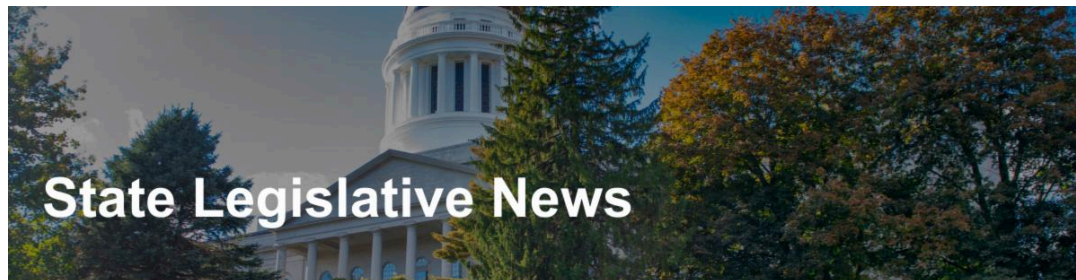
recover a portion of the federal government's costs of administering the lawful immigration system." A previous attempt to impose a \$100,000 H-1B visa fee imposed by Presidential Proclamation titled "Restriction on Entry of Certain Nonimmigrant Worker" was vacated on June 8, 2026 as an unlawful tax requiring congressional approval. The proclamation prompted a [joint letter](#) from medical societies and [legislation](#) that would have carved out exceptions for IMGs, which make up about **25 percent** of the physician population, including 11,000 in [H-1B holders](#) in 2024, which disproportionately serve rural and high-poverty counties. [Comments](#) on this new proposed rule are due by **September 24, 2026**.

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## Requests for Information

### Vaccines

On August 24, the **HHS** announced a [request for information](#) in which they seek public comment "on whether the categories currently used in Federal vaccine recommendations - routine (universal), risk-based, and shared clinical decision-making - are adequate" or if additional or different categories should be adopted. Considerations include the availability and strength of available scientific evidence, the appropriate approach with limited randomized controlled trial data, a presumption in favor of individual autonomy and religious freedom, the downstream legal and programmatic consequences of category assignment, and the communication practices necessary to earn and maintain public trust." [Comments](#) are due by **September 20, 2026**.



## Legislation Signed into Law

### Medical Marijuana

[Iowa HF 990](#) - Enacted June 2 and effective July 1, removes the requirement that individuals must reside in Iowa to participate in the state's medical cannabidiol program, so long as they have a certification from a healthcare provider licensed in the state registered with the Medical Cannabidiol Board.

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## Pending Legislation of Interest

### Board Structure and Function

[Puerto Rico PC 1406](#) – Authorizes the Board of Medical Licensure and Discipline to establish a medical acupuncture specialty certification and validate state residency programs established by a health center, hospital, or medical school in Puerto Rico for medical acupuncture practice.

### Healthcare Professionals' Scope of Practice

[Michigan HB 6319](#) – Expands the definition of "mental health professional" to include PAs, certified NPs, and clinical nurse specialists and authorizes these providers to perform mental health examinations.

### Opioids

[Pennsylvania HB 2749](#) – "Good Samaritan" legislation that provides legal immunity for licensed health care providers, law enforcement officers, or firefighters who, acting in good faith, prescribe, dispense, or administer opioid antagonists (including expired products like naloxone) during an overdose.

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## Regulatory News

### Continuing Medical Education

At its August 14 meeting, the **Texas Medical Board** [adopted](#) two rule changes pertaining to CME:

- [Rule §161.35](#): Requiring physicians to complete two credit hours on forensic evidence collection and one credit hour nutrition/metabolic health (implementing HB 47 and SB 25) for license renewal;
- [Rule §183.16](#): Requiring PAs to complete two hours on forensic evidence collection and one hour on nutrition and metabolic health as part of their biennial CME requirements.

### Medical Marijuana

On August 25, the **Illinois Dept. of Public Health** [announced](#) that sickle cell disease and polyendocrine metabolic ovarian syndrome (PMOS) with chronic pain have been added to list of qualifying conditions for medical marijuana following advisory board review, bringing the list of approved, debilitating conditions to 58.

Starting September 1, the **Washington Medical Commission** is requiring healthcare practitioners (HCPs) who authorize the medical use of cannabis to fill out a [new authorization form](#).

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## Judicial News

### Gender-affirming Care

On August 21, a state judge [allowed](#) the **Florida Attorney General's** suit to proceed which accuses major medical groups – the World Professional Association for Transgender Health, the Endocrine Society and American Academy of Pediatrics - of improperly coordinating to establish clinical guidelines that recommend sex interventions for pediatric gender dysphoria. The groups contend that the suit targets constitutionally protected speech.

### Medical Aid-in-Dying

Updating a previous story, on August 21, a federal judge [partially blocked](#) the enforcement of **Illinois' End-of-Life Options Act**, a medical aid-in-dying law that becomes effective in September, prohibiting the state from enforcing the law against the plaintiffs specifically, who argued that they cannot comply on religious and moral grounds.

### Reproductive Care

On August 18, a federal appeals court [ruled](#) that **Indiana's** Planned Parenthood affiliate can give teenagers factual information on abortions and refer them to doctors in states where the procedure is legal. The court held the [state law](#) violated the First Amendment as a content-based restriction on protected speech. The rest of the law and Indiana's parental consent requirements remain intact.

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## FSMB Legislative Trackers

FSMB maintains free, public legislative trackers for a myriad of legislative topics impacting the regulation and practice of medicine: [artificial intelligence](#), [board authority](#), [board structure and function](#), [continuing medical education](#), [gender-affirming care](#), [licensure compacts](#), [IMGs](#), [license portability](#), [licensure pathways for internationally trained physicians](#), [occupational licensing reform](#), [pain management](#), [physician sexual misconduct](#), [reproductive care](#), and [telemedicine](#).

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### Contact

If you have questions regarding specific legislation, please contact **John Bremer**, Managing Director, Advocacy and Policy, at [jbremmer@fsmb.org](mailto:jbremmer@fsmb.org), or by phone at (202) 463-4021; or **Andrew Smith**, Manager, Legislation and Policy, at [asmith@fsmb.org](mailto:asmith@fsmb.org) or by phone at (202) 463-2002.

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*This email is not intended as an exhaustive or comprehensive statement of the law on this topic. It does not constitute legal advice. Non-cited laws, regulation, and/or policy could impact analysis on a case-by-case or state-by-state basis. All information should be verified independently, as these areas of law change rapidly and there is no guarantee that the information presented reflects the current state of law and policy. If you have any questions about the contents of this document, please contact FSMB staff.*

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## Resources for Regulators

- [Resources for FSMB Members](#)
- [Pathway to Medical Licensure in the U.S.](#)
- [Journal of Medical Regulation](#)



## Meetings & Events

**April 15-17, 2027:** FSMB Annual Meeting, Oklahoma City, Oklahoma

[more meetings & events](#)

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