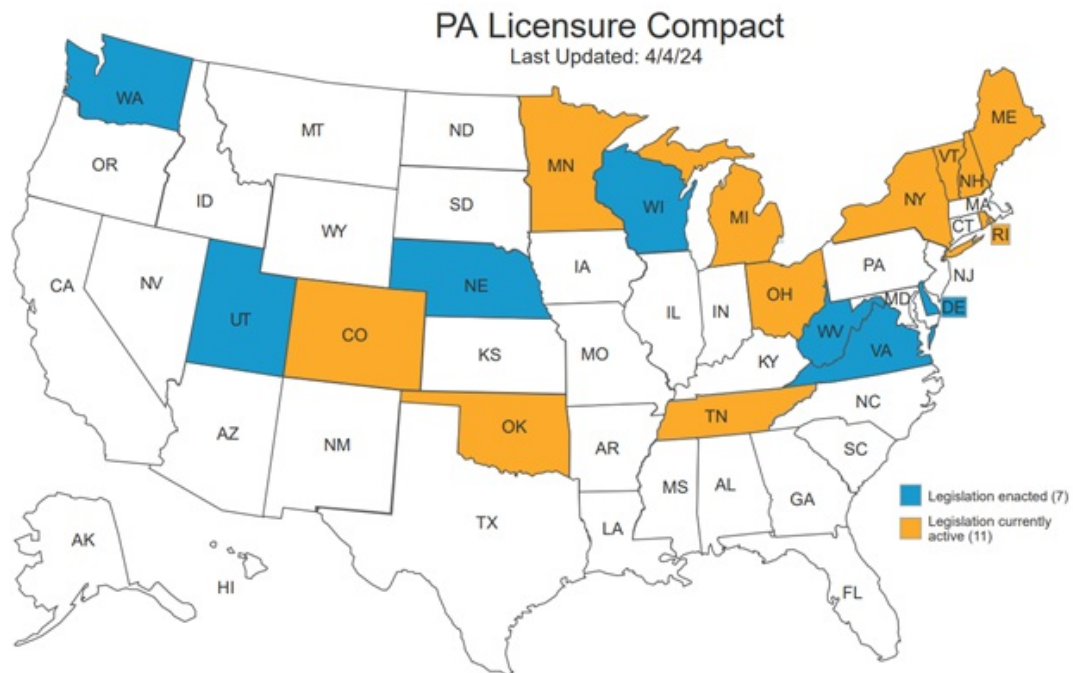


Keeping you informed from Washington, D.C.

April 11, 2024

PA Licensure Compact Enacted in 7 States

On April 4, Virginia Governor **Glenn Youngkin** signed **HB 324** into law, entering the state into the PA Licensure Compact, becoming the 7th state to do so, and thus activating the Compact. The Council of State Governments National Center for Interstate Compacts will be providing legal and technical assistance to establish and support the PA Compact Commission as it progresses toward operationalization. Historically, the process for a licensure compact to become fully operational can take up to 24 months after its activation.



Please [reach out to us](#) if we can assist you on policy or legislative issues or questions!



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Congressional Hearings

The **House Energy & Commerce Committee's Subcommittee on Health** held a hearing on April 10th "Legislative Proposals to Support Patient Access to Telehealth Services." During the hearing, the subcommittee considered 15 pieces of legislation as the deadline for numerous pandemic-era flexibilities that made it easier to receive care via telemedicine are scheduled to expire at the end of the year, including:

- A bill to remove geographic requirements and expand originating sites for telehealth services ([H.R. 134](#)),
- the Knowing the Efficiency and Efficacy of Permanent (KEEP) Telehealth Options Act of 2023 ([H.R. 1110](#)),
- the Telemental Health Care Access Act ([H.R. 3432](#)),
- the Expanded Telehealth Access Act ([H.R. 3875](#)),
- the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2023 ([H.R. 4189](#)),
- the Temporary Reciprocity to Ensure Access to Treatment (TREAT) Act ([H.R. 5541](#)),
- the Helping Ensure Access to Local TeleHealth (HEALTH) Act of 2023 ([H.R. 5611](#)),
- the Equal Access to Specialty Care Everywhere (EASE) Act of 2024 ([H.R. 7149](#)), and
- the Telehealth Modernization Act of 2024 ([H.R. 7623](#)).

Witnesses included:

- Jeanette Ashlock, Patient Advocate, National Multiple Sclerosis Society
- Fred Riccardi, President, Medicare Rights Center
- Dr. Lee Schwamm, Associate Dean for Digital Strategy and Transformation, Yale School of Medicine and Senior Vice President and Chief Digital Health Officer, Yale New Haven Health System
- Dr. Eve Cunningham, Group Vice President and Chief of Virtual Care and Digital Health, Providence
- Dr. Ateev Mehrotra, Professor of Health Care Policy and Medicine, Harvard Medical School and Hospitalist, Beth Israel Deaconess Medical Center.

Committee members asked several questions regarding the use of telehealth and AI to mitigate workforce issues, state licensure requirements for telehealth, and the role of interstate compacts. The full hearing can be viewed [here](#).

Pending Legislation of Interest

Telemedicine

The **Primary and Virtual Care Affordability Act (H.R. 7681)**, introduced by **Reps. Brad Wenstrup (R-OH)** and **Brad Schneider (D-IL)**, would extend the exemption for telehealth services payments for individuals with **high deductible health plans (HDHPs)**, insurance plans with low premiums but high costs when accessing care, from January 1, 2025, to January 1, 2027 (Sec. 2). Primary care services rendered by general practitioners, obstetricians, gynecologists, pediatricians, APRNs, and PAs via telemedicine are eligible for the exemption (Sec. 3). Lastly, the bill requires a report from the Comptroller to Congress on the effects of the statute, including whether insurers changed their plan designs, the effect on premiums, enrollment in HDHPs, and care utilization, among other factors (Sec. 4).

Mental Health

The **Pride in Mental Health Act of 2024 (S. 3949/H.R. 3850)**, introduced by **Sens. Laphonza Butler (D-CA)** and **Ed Markey (D-MA)** and **Rep. Sharice Davids (D-KS)**, would award grants to eligible entities to assess and improve LGBTQ+ youth mental health and substance use outcomes, particularly by providing behavioral health and crisis intervention resources, cultural competency training for caregivers, developing and disseminating behavioral health and crisis intervention resources, collecting behavioral health data on this population, issuing school bullying prevention guidelines, and creating and disseminating family acceptance and support models, among other components. Conversion therapy is defined and explicitly prohibited to be provided, promoted, or advertised.

Substance Use Disorder Treatment

The [Expand the Behavioral Health Workforce Now Act \(S. 3158/H.R. 7619\)](#), introduced by **Sen. Debbie Stabenow (D-MI)** and **Rep. Joe Neguse (D-CO)**, would require the Secretary of Health and Human Services (HHS) to issue guidance on strategies to increase mental health and substance use disorder care provider education, training, recruitment, and retention for care providers participating in Medicaid and CHIP, with a specific focus on the workforce in rural and underserved areas.

Regulatory News

On April 4, **HRSA announced** that it would provide a 50% increase on the initial loan repayment amount the agency provides to primary care providers - physicians, including OB-GYNs and pediatricians, NPs, certified nurse midwives, and PAs - who commit to practicing in areas with significant shortages of primary care providers, for a total of up to \$75,000 forgiven for a two-year commitment.

Federal Contact

The FSMB's federal legislative staff will continue to track and monitor legislation and regulations of interest to state medical boards. If there is specific legislation you would like us to assist with, please contact **Kandis McClure**, Director, Federal Advocacy and Policy, at kmccclure@fsmb.org, or by phone at (202) 463-4003.



Legislation Signed into Law

Board Structure and Function

Kentucky HB 361 – Enacted on April 4, changes Board of Medical Licensure composition to add the chair of the PA Advisory Committee as an ex officio nonvoting member, adding a member to the existing 15. The PAs chosen for the advisory committee must come from a list curated by the Kentucky Academy of PAs and members may only serve for two consecutive terms (four years per term). Lastly, the bill changes the CME requirements for PAs by repealing the need for one CME hour on HIV and acquired immunodeficiency syndrome and adds the exception that that graduating PA students may apply pediatric abusive head trauma curriculum taught in their graduate education to count towards the required 1.5 hours.

Washington SB 5184 – Enacted on March 29, establishes a new class of practitioner, anesthesiologist assistants (AAs) regulated by the Washington Medical Commission. The bill sets licensure requirements, scope of practice, and defines key terms. AAs must practice under the supervision of an anesthesiologist, who maintains ultimate responsibility for the AA's actions.

Oregon HB 4010 – Enacted April 4, changes the “physician assistant” title to “physician associate.”

Occupational Licensing Reform

Arizona SB 1367 – Enacted April 3, lowers the threshold for licensing boards to consider convictions from seven years prior to an applicant’s petition for license determination to three years, prohibits Boards from factoring in whether or not the applicant would qualify for a [fingerprint clearance card](#), and requires state agencies to advise applicants on actions they may take to remedy a disqualification.

Telemedicine

Washington SB 5821 - Enacted March 19, makes the requirements to provide audio-only telemedicine uniform between behavioral health care and all other types of care, requiring at least one in-person meeting within the last three years prior to receiving an audio-only modality.

Legislation Vetoed

License Portability

Wisconsin SB 158 – Vetoed March 29, the bill would have required the Department of Safety and Professional Services to grant a preliminary credential to eligible health care providers who attest to "having completed all education, training, and supervised experience, passed all examinations, and similar requirements" to a corresponding credential in the state, and also attests that they do not have a disqualifying arrest record or conviction, defined as a felony or a misdemeanor that caused bodily harm or was of a sexual nature and the potential health care employer must likewise attest that a background test did not reveal such a conviction. The applicant for the credential must also have "been engaged by a health care employer to provide services" and applied for a permanent credential. The preliminary credential would have expired on the date that the application for permanent credential is granted or denied, and is subject to all responsibilities and limitations of the corresponding permanent credential. In his [veto message](#), **Gov. Tony Evers** stated, in part, that he objected to potentially reducing patient protections, and relying on applicants' attestations and employers' background checks.

Occupational Licensing Reform

Arizona SB 1343 – Vetoed on April 3, the bill would have required "any rule regarding occupational licensing adopted by an agency... automatically expire" after five years unless the rule is readopted, the agency justifies any "greater burden" required in comparison to neighboring states, and publishes a public report with its analysis – using actual impacts and costs rather than expected ones - and responses to public comments. Rules required by Federal law or to receive Federal funds are exempted.

Reproductive Care

Virginia HB 519 and SB 716 – Vetoed on April 8, the bills would have prohibited the Board of Medicine from disciplining a doctor for providing or receiving abortion care that is legal in the Commonwealth, regardless of where it occurs, clarified that certification or licensing issues related to abortion apply only when it is against the laws of the Commonwealth, and updated existing law, which includes grounds for license refusal or disciplinary action for "criminal" abortions.

Virginia HB 1539 and SB 15 - Vetoed April 5, the bills would have prohibited the extradition of health professionals from the Commonwealth for providing abortion care deemed illegal in another jurisdiction.

Pending Legislation of Interest

Continuing Medical Education

Louisiana HB 869 – Requires physicians and PAs practicing emergency medicine to undergo a three-hour CE course focused on the treatment of sickle cell disease.

Pennsylvania HB 2174 – Requires licensees to undergo training on implicit bias and cultural competence. The Department of State of the Commonwealth must promulgate guidelines regarding the skills, knowledge, and minimum number of CE hours required.

License Portability

Connecticut HB 5198 - Amends the definition of a 'telehealth provider' to include additional professions, such as a PA, genetic counselor, and nurse-midwife; allows telehealth providers to utilize audio-only modalities; prohibits providers from charging uninsured patients more than the Medicare reimbursement rate for telehealth services; and allows providers licensed in another jurisdiction to provide telehealth services to Connecticut residents, so long as they have professional liability insurance and provide care within their scope of practice. The bill also repeals the pandemic-era ability for the Commissioner of the Dept. of Public Health to issue an order that would allow for interstate telemedicine during emergencies, but it retains their ability to suspend or revoke the out-of-state practitioner if they violate relevant statute.

Legislation Affecting Board Authority

The FSMB continues to closely monitor legislative areas that could have significant implications on the practice and regulation of medicine: off-label treatment, reproductive health, and gender-affirming care. In addition to legislation highlighted in FSMB Advocacy Network News, all tracked off-label treatment legislation can be found [here](#), all tracked reproductive health legislation can be found [here](#), and all tracked gender-affirming care legislation can be found [here](#).

State Contact

The FSMB's state legislative staff will continue to track and monitor legislation and regulations of interest to state medical boards. If there is specific legislation you would like us to assist with, please contact John Bremer, Director, State Legislation and Policy, at jbremer@fsmb.org, or by phone at (202) 463-4021.



Resources for Regulators

[FCVS provides lifetime repository of verified core credentials for physicians and PAs](#)

[Pathway to Medical Licensure in the U.S.](#)



Meetings & Events

[April 17, 2024: Administrators in Medicine Annual Meeting, Nashville, Tennessee](#)

[Apr 18-20, 2024: FSMB 112th Annual Meeting, Nashville, Tennessee](#)

[More Meetings & Events](#)

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To help medical boards keep up with current legislation around the country, FSMB tracks relevant legislation and regulations in state houses across the United States, as well as the U.S. Congress.

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