

Keeping you informed from Washington, D.C.

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December 13, 2024

## New committee leadership comes into focus for 119th Congress

With the 119<sup>th</sup> Congress set to convene next month, work is underway in both the House and Senate to select committee chairpersons. On Monday, **Rep. Brett Guthrie (R-KY)** was tapped to be Chairman of the **House Energy and Commerce Committee**, which has wide latitude over myriad health care issues, especially Medicare and Medicaid. It is expected that **Rep. Frank Pallone Jr. (D-NJ)** will continue to be the Ranking Member of the committee. The gavel for the **House Committee on Education and the Workforce**, which also shapes health care programs, will go to either **Rep. Burgess Owens (R-UT)** or **Rep. Tim Walberg (R-MI)**. It is expected that **Rep. Bobby Scott (D-VA)** will continue as Ranking Member of the committee. On the Senate side, **Sen. Bill Cassidy (R-LA)** will lead the **Health, Education, Labor, and Pensions (HELP) Committee**, which has jurisdiction over numerous healthcare, workforce, and public health issues. It is expected that **Sen. Bernie Sanders (I-VT)** will be the Ranking Member on the committee.

As a reminder, we hope you will take a moment and fill out a [short survey](#) to share your opinion about *Advocacy News* – and how we might improve for 2025! Responses are due by **Friday, December 20**.

Have question about the upcoming Congress? [Reach out](#) for assistance!



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## Legislation Moving through Congress

### Year-End Bills

The **Office of National Drug Control Policy Reauthorization Act of 2024 (H.R. 9598)** introduced by **Rep. James Comer (R-KY)**, would reauthorize the titular office, which coordinates and oversees the implementation of the U.S. Federal government's policies to reduce trafficking and use of illegal drugs as well as related health consequences and crime, through the 2031 fiscal year. The bill was passed by the House on December 5 by a vote of 399-1. It now will be considered by the Senate.

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## Regulatory News

### Administrative Appointments/Agency Staffing

On December 2, **President-elect Donald Trump** selected **Chad Chronister**, a Florida sheriff that supports medication-assisted treatment (MAT) and substance use disorder (SUD) treatment for inmates, to lead the **DEA**. A day later, however, Chronister withdrew from consideration. A replacement has yet to be named.

### Pain Management/Prescribing Practices

On December 3, the **Dept. of Veterans Affairs** **announced** it will fund a \$1.5 million study on MDMA-assisted therapy for post-traumatic stress disorder and alcohol use disorder among veterans, the first VA-funded study for psychedelic-assisted therapy since the 1960s. To correct for the "**functional unblinding**" problem inherent to psychedelic research, participants in the placebo group will receive low-dose MDMA.

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## Judicial News

### Gender-Affirming Care

On December 4, the **Supreme Court** heard arguments in *United States v. Skrmetti*, which challenges the constitutionality of a Tennessee law that prohibits gender-affirming care, including puberty blockers and sex hormones, to minors on 14th Amendment equal protections grounds. The case is seen as very consequential, as 26 states have passed bans on the care to date, although not all are currently being enforced as they progress through the legal system.

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### 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 **Lisa Robin**, Chief Advocacy Officer, at [lrobin@fsmb.org](mailto:lrobin@fsmb.org), or by phone at (202) 463-4006.



## Regulatory News

### Continuing Medical Education

The **Osteopathic Medical Board of California** issued **proposed rules** regarding CME hours, audits, fines, and license renewal process. Specifically, the proposed rules would detail the minimum standards for course content including topics such as cultural competency and implicit bias; authorize the Board to issue a citation and fine (estimated at \$1,500) for licensees that fail CME audits; and streamlining the CME review and auditing process, which would decrease the workload from a projected 4,500 hours (2.6 positions) to 3,300 hours (1.9 positions). Interested parties may offer written comments by **January 8, 2025**. For more information, click [here](#).

### Health Professionals' Scope of Practice

The **Washington Medical Commission** issued a **final rule** establishing guidelines for collaboration between physician assistants (PAs) and supervising physicians. The rule seeks to encourage team-based care by enhancing PA scope of practice, improving integration of PAs into healthcare teams, and streamlining and clarifying practice agreements.

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## Judicial News

### Medical Marijuana

A **Nebraska district judge** ruled, in *Kuehn v. Evnen*, that the signatures that led to **Initiative 437's** inclusion on the ballot were valid. Nebraskans passed the medical marijuana measure 71% - 29% on Election Day. **Nebraska's Attorney General** is said to be considering an appeal.

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## Legislation Signed into Law

### Additional IMG Pathways

**Massachusetts H 5100** – Enacted November 20, the bill creates a limited license for internationally-

trained physicians (ITPs) that:

- Have an ECFMG certificate, unless granted an exemption by the board;
- Have passed USMLE Steps 1 and 2;
- Have received a degree of doctor of medicine or its equivalent from a legally chartered medical school recognized by the World Health Organization;
- Have been licensed and practiced medicine for at least one year;
- Have entered into an agreement with a participating healthcare facility, defined as , a federally-qualified health center (FQHC), community health center (CHC), hospital or other healthcare facility approved by the board that will "develop, assess and evaluate the applicant's familiarity with nonclinical skills and standards appropriate for medical practice in the Commonwealth" according to criteria developed or approved by the board.

The board may require additional criteria to limited practice. The limited license is valid for one year, with one possible renewal. ITPs that pass USMLE Step 3, their facility's assessment, and any additional requirements **may** apply for a once-renewable, two-year **restricted license** to practice medicine only in a physician shortage area. However, any additional eligibility prerequisites "shall not include post-graduate clinical training" and the restricted licensee may practice independently in a primary care specialty, psychiatry or other specialty as approved by the board. After at least two years of restricted practice, the ITP **may** apply for a full, unrestricted license to practice medicine.

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## Pending Legislation of Interest

### Gender Affirming Care

**Missouri SB 26 and SB 249** – Both bills remove the August 28, 2027 expiration date on the state's prohibition of gender-affirming care for minors and make it permanent. SB 26 clarifies that the term "reproductive health care" shall not be construed to include gender transition surgeries or the use of cross-sex hormones or puberty-blocking drugs for the purpose of gender transition for minor children or adults.

### Healthcare Professionals' Scope of Practice

**Missouri HB 91** – Establishes the regulation and licensing of the practice of naturopathic medicine under the purview of a five-member Board of Naturopathic Medicine (three naturopathic doctors, one physician, and one public member) and sets licensure standards requiring graduation from an accredited naturopathic program. Licensed naturopathic doctors may perform diagnostic procedures and administer naturopathic therapies, prescribe and dispense various medications, including controlled substances (excluding opioids), and use therapeutic devices, perform minor office procedures, and provide biofeedback, counseling, and dietary therapy.

**Missouri HB 327** – Allows APRNs, but not certified registered nurse anesthetists (CRNAs) to prescribe Schedule II benzodiazepines and stimulants, according to a collaborative practice agreement (CPA) or independently, but explicitly prohibits prescribing to themselves or their family.

**Missouri HB 322** – Includes PAs in the definition of "health care professionals" who may sit on peer review committees.

**Missouri HB 392** – Removes rules related to the enforcement of geographic proximity restrictions, including any mileage or distance restrictions, for APRNs or physicians for collaborative practice agreements.

### Medical Marijuana

**Texas HB1504** – Legalizes medical marijuana and legally protects medical marijuana cardholders, nonresident cardholders, the dispensing organization, the cannabis testing facility, and the registered employees of a dispensing organization or cannabis testing facility.

**Michigan HB 6241** – Removes marijuana and pharmaceutical-grade cannabis from the list of controlled substances.

### Opioids/Substance Use Disorder Treatment

**Missouri SB 17** – Requires practitioners to discuss the risks of opioid pain relievers before issuing an initial prescription for a Schedule II controlled substance or any opioid painkiller for acute or chronic pain, and again before the third prescription in the same course of treatment. The discussion must cover the risks of addiction, overdose, mixing opioids with other depressants (like alcohol or benzodiazepines), and alternative treatments. The practitioner must document the discussion in the patient's medical record. However, these requirements do not apply to patients receiving active cancer treatment, hospice or palliative care, long-term care, or treatment for substance abuse or opioid dependence.

### Reimbursement

**Missouri HB 309** – Prohibits health insurers from discriminating against "any health care provider who is acting within the scope of that provider's license or certification under state law," and requires reimbursement at the same rate, so long as the service is within the provider's scope of practice.

## Reproductive Care

**California AB 40** – Includes reproductive health services such as abortion in the definition of "emergency services and care," which are services a health facility must provide upon request or when a person is in danger of loss of life or serious injury or illness.

**California AB 50** – Authorizes a pharmacist to furnish over-the-counter contraceptives without following standardized procedures or protocols such as requiring the patient to use a self-screening tool to determine risk factors, requiring the pharmacist to refer the patient for appropriate follow-up care, and requiring the pharmacist to provide the patient with a fact sheet on the recommendations and indications related to the drug. These requirements do still stand when related to prescription-only self-administered hormonal contraceptives.

**California AB 54** – States the intent of the Legislature to enact legislation that would ensure access to medication abortion.

**Missouri SJR 27, SJR 28, SJR 29 and SJR 33:** SJR 27 would amend the state constitution to prohibit gender affirming care for minors, SJR 28 clarifies that reproductive freedom does not exempt civil liability for medical malpractice, and SJR 29 and SJR 33 would prohibit performing abortions on minors without parental consent and ban all abortions with exceptions for emergencies, rape, or incest.

**Missouri SB 180** – Prohibits providers of medical malpractice insurance from refusing, abrogating, or denying coverage to any licensed physician, APRN, RN, or any other licensed health care professional solely because he or she provides or assists in the provision of abortions.

**Missouri HB 194** – Requires physicians to determine if a fetal heartbeat is detectable before performing an abortion using a test, the method and results of which must be documented. If a heartbeat is detected, the abortion cannot proceed unless there is a medical emergency. Private individuals can bring civil lawsuits against anyone performing or aiding an abortion in violation of the heartbeat law, which may result in injunctive relief and statutory damages.

**Virginia SJ 247** – Companion to **HJ 1** that would create a constitutional amendment that "provides... the fundamental right to reproductive freedom and... and effectuate one's own decisions about all matters related to pregnancy... [and] prohibits the Commonwealth from penalizing, prosecuting, or otherwise taking adverse action against an individual for exercising [their] reproductive freedom."

## Telehealth

**Missouri SB 108** – Removes the requirement of a physical examination for the establishment of a physician-patient telehealth relationship. Permits the use of an internet or telephone questionnaire by patients as an acceptable medical interview, so long as the information provided is sufficient as though the medical evaluation was performed in person. Forbids the health care provider from prescribing any drug, controlled substance, or other treatment to a patient without a proper provider-patient relationship.

**Missouri SB 94** – Includes in the definition of "telehealth" or "telemedicine" the delivery of health care services through audiovisual and audio-only technologies, and allows telehealth services to be delivered by more than the limited third-party corporate platforms.

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## 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 COVID-19 adjacent 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](#).

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## 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, [atjbrem@fsm.org](mailto:atjbrem@fsm.org), or by phone at (202) 463-4021.



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## Resources for Regulators

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





## Meetings & Events

**April 24-26, 2025:** FSMB 113th Annual Meeting, Seattle, Washington

**September 3-7, 2025:** [16th International Conference on Medical Regulation](#), Dublin, Ireland

[more meetings & events](#)

## Subscribe to Our Newsletters

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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