Keeping you informed from Washington, D.C.

December 23, 2024

118th Congress adjourns after final major bills reach finish line

As Congress' lame-duck session reached its conclusion, one major, must-pass piece of legislation was enacted – a **government funding bill (continuing resolution)** to avoid a government shutdown on December 20 – and another, the annual **National Defense Authorization Act** (NDAA) to authorize the budget, expenditures, and policies for the Dept. of Defense and the armed forces, which has been passed for 63 consecutive years, awaits the President's signature. Both bills contain provisions relevant to state medical boards and healthcare more broadly; expanded details can be read below.

This is our final newsletter of 2024, so we want to wish all our readers a **Happy Holiday** and a **Happy New Year!**

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Legislation Signed into Law

Government Funding
On December 21, **President Biden** signed the **American Relief Act, 2025 (H.R. 10545)**, averting a government shutdown and providing funding for the government until **March 14, 2025**, after the House (**366-34**) and Senate (**85-11**) passed the bills in their respective chambers. H.R. 10545 includes a handful of relevant health care-related policies, including:

- Extending Medicare telehealth flexibilities through March 31, 2025, such as allowing beneficiaries to access telemedicine services regardless of location, allowing audio-only modalities in certain circumstances, allowing more types of providers (including occupational therapists (OTs), physical therapists (PTs), and speech-language pathologists (SLPs)) to be reimbursed for digital care, and eliminating the in-person visit requirement (within six months of the initial appointment and every year thereafter) for telemental services (§ 3207);
- Extending Medicare's Acute Hospital Care at Home Flexibilities through March 31, 2025 (§ 3208); and
- Funding for Community Health Centers, National Health Service Corps, and Teaching Health Center GME Programs through March 31, 2025 (§ 3101).

Provisions not included in the final version of the legislation include reauthorizations of the *SUPPORT Act*, which provides state coverage to patients who are in need of opioid recovery treatment; the *Pandemic and All-Hazards Preparedness Act* (PAHPA), which strengthens the nation's preparedness for public health emergencies, including pandemics, bioterrorism, and other large-scale health threats; tighter requirements on pharmacy benefit managers (PBMs); an extension of pre-deductible coverage of telehealth services in HSA qualified high-deductible health plans; an extension of the **Dr. Lorna Breen Health Care Provider Protection Program**; and mitigating the scheduled cut in Medicare provider reimbursements.

National Defense Authorization
The annual **National Defense Authorization Act (NDAA) (H.R. 5009)**, introduced by **Rep. Dave Joyce (R-OH)**, includes, among many other things, numerous provisions related to healthcare. First, the bill allows health care professionals "license[d] to practice medicine, osteopathic medicine, dentistry, or another health profession" and authorized by the Dept. of Defense to conduct physical examinations of members of the Ready Reserve or inactive National Guard (§ 713). It also permits TRICARE mental health providers to deliver tele-mental health services across state lines to beneficiaries and their dependents without requiring separate licenses in each state where they practice, so long as they are licensed and in good standing in at least one U.S. jurisdiction (§ 714). The legislation also expands the number of specialty boards recognized by the Defense Health Agency to include the American Board of Medical Specialties' member boards, the Bureau of Osteopathic Specialists of the American Osteopathic Association (AOA BOS), and the specialty boards of Foot and Ankle Surgery, Podiatric Medicine, and Oral and Maxillofacial Surgery in an effort to alleviate provider shortages (§ 715).

The bill removes the Sept. 30, 2024 expiration date of the cooperative agreement between the Dept. of Defense and the Council of State Governments "to assist with funding of the development of interstate compacts on licensed occupations," but appropriates no further money to the project (§ 581). The bill also amends the ***Servicemembers Civil Relief Act*** mandating that states recognize professional licenses held by servicemembers and military spouses ("shall be considered valid for the scope of practice in the State of the new residence") when they relocate due to military order. The reciprocating state may, however, conduct a background check and issue a temporary license if it cannot issue a reciprocal license within 30 days "that confers the same rights, privileges, and responsibilities as a permanent license." Subsection (e) also references licenses granted through interstate compacts, which are "subject to the requirements of [the] compact or the applicable provisions of law of the applicable State" and defines "covered licenses" as being in good standing in the issuing state, have not been revoked or faced license discipline, and have no investigations pending (§ 587). The bill amends the ***Foreign Service Act of 1980*** to allow for the portability of professional licenses for Foreign Service Officers and their spouses if they are required to relocate for an assignment or detail. The out-of-state license "shall be considered valid at a similar scope of practice and in the discipline applied for" for the duration of the assignment or detail, with the same language relating to interstate licenses as above (§ 7104).

The bill does not address allowing troops to travel to states where abortion care is legal, but does prohibit TRICARE from providing gender-affirming hormone therapy, puberty blockers, and any other medical intervention for gender dysphoria "that could result in sterilization" to minor beneficiaries (§ 708). Lastly, a provision to expand in vitro fertilization under TRICARE was dropped from the legislation.

The bill passed the House (**281-140**) on December 11 and the Senate (**83-12**) on December 16. As of December 23, it is on the President's desk awaiting his signature.

Pending Legislation of Interest

Healthcare Workforce
The **Rebuild America's Health Care Schools Act of 2024 (S. 5397/H.R. 10225)**, introduced by **Sen. Amy Klobuchar (D-MN)** and **Rep. Darin LaHood (R-IL)**, would allow the HHS Secretary to determine "reasonable costs" for nursing and allied health education furnished by a hospital as the "direct and indirect costs" needed to facilitate the programs, including those directly incurred by the hospital and those associated with the training of program participants. The bill also prohibits Medicare from retroactively recouping costs for these health education programs included on the Medicare cost report, if the statute would have covered them.

Regulatory News

COVID-19
On December 11, **HHS** issued a **declaration** under the *Public Readiness and Emergency Preparedness (PREP) Act* extending coverage of countermeasures against COVID-19 until 2029, such as vaccines, tests, and certain health care professionals, which could potentially guard against future potential health emergencies.

Judicial News

Reproductive Care
On December 18, the **Supreme Court** agreed to hear a case, ***Kerr v. Planned Parenthood***, which challenges the constitutionality of South Carolina's prohibition on Planned Parenthood Medicaid funding. In 2018, **Governor Henry McMaster** deemed abortion providers "unqualified" to provide family-planning services under Medicaid, although Planned Parenthood provides a variety of care, including contraception, STD testing and cancer screening.

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, or by phone at (202) 463-4006.

Regulatory News

Additional Licensure Pathways
The **Wisconsin Medical Examining Board** issued **proposed rules** for the implementation of **AB 954** (2024), which created a pathway to licensure for internationally-trained physicians (ITPs). Specifically, the rules provide key definitions, including "substantially similar," provide the conditions for an optional oral examination in front of the Board to address any concerns it may have with the applicant, detail practice limitations for the provisional licensee – they must practice under the supervision of a physician in a similar specialty as they are pursuing and they may only practice in one of the allowable settings – and crucially adds that provisional licensee's "may petition" the Board for full licensure after three years' of practice in good standing (the license "shall be converted" to full was the language used in the legislation). A **hearing** on the proposed rules will be held on **February 19, 2025.**

Board Structure and Function
The **Idaho Board of Medicine** adopted a **series of rules**, pending review by the Legislature in 2025, including: first, setting the fee for international physician and bridge year physician licenses at $300 (pursuant to **H 542** (2024) and **HB 153** (2023)); second, providing definitions for a series of terms including "cosmetic treatment" and terms associated with it; third, clarifying that Idaho residence is not required for licensure but lawful presence in the country is; fourth, making temporary registration available for interns and residents practicing under the supervision of an Idaho-licensed physician as part of a postgraduate medical training program; and fifth, making additional rules for license discipline, including "unethical advertising," standard of care violations, and conduct violations.

Continuing Medical Education
The **Iowa Dept. of Health and Human Services** issued a **notice of proposed rulemaking** updating requirements for trauma education for physicians, PAs, and other health care professionals serving on trauma teams. The rule would require physicians and PAs to comply with trauma CME requirements as set out by the American College of Surgeons.

Health Professionals' Scope of Practice
The **District of Columbia Dept. of Health** issued a **proposed rule** that would allow certified registered nurse anesthetists (CRNAs) to use the title "nurse anesthesiologist," at odds with **DC Code § 3-1210.03 (g)**, which states "Unless authorized to practice medicine… a person shall not use or imply the use of the words or terms… anesthesiologist."

Medical Aid-in-Dying
The **Colorado Board of Health** adopted a **final rule**, effective December 15, 2024, requiring physicians or APRNs prescribing medical aid-in-dying medication to report medical record information to the Department of Public Health and Environment. In addition, the rule requires dispensing providers to submit dispensing record information to the Department within 10 days of dispensing the medication.

Medical Marijuana

The **Illinois Dept. of Public Health** accepted a petition that added Female Orgasmic Disorder (FOD) to the qualifying conditions for medical marijuana. Illinois joins **New Mexico** and **Connecticut** in treating FOD as a qualifying condition. Conversely, the **Oregon Health Authority** rejected a similar petition based on a lack of randomized controlled trials supporting cannabis as an effective therapy for FOD. Oregon joins **Arkansas** and **Maryland** in rejecting FOD as a qualifying condition.

Military Licensing
The **Washington Medical Commission** issued a **final rule** regarding military spouse licensing for PAs, specifically: streamlining the process to obtain an expedited temporary licenses, previously called temporary practice permits; removing outdated language, replacing "registered domestic partner" with "military spouse;" clarifying that licenses in U.S. territories are valid for reciprocity in addition to U.S. states; and notably removing the requirement that the applicant submit fees, and fingerprint cards, among other aspects.

The **North Carolina Medical Board** issued a **proposed rule** which allows expedited licensure for military personnel and spouses under certain circumstances. The rule creates a military relocation license which requires the applicant to be licensed and in good standing in another state with substantially similar licensure requirements and to have actively practiced medicine in the two years prior to relocation. The military relocation license is active until relocation to another state and can also be converted to a full license by separate application to the Board, sans fee. Licensees must notify the Board within 15 days of the issuance of new military orders requiring relocation, expiration of military orders, or separation from military service.

Physician Wellness
The **Washington Dept. of Health** issued a **proposed rule** regarding their physician health program (WPHP), specifically increasing the "Substance use disorder monitoring surcharge" from $50 to $70 on initial licensure applications, and $100 to $140 on license renewals (applicable to physicians, PAs, and podiatrists), and adding a $16 fee for hearing aid specialists, audiologists, and speech-language pathologists to support the PHP program.

Reproductive Care
The **Iowa Dept. of Public Health** issued a **proposed rule** requiring physicians to provide parental notification for pregnant minors seeking abortion services. Notification may also be given to a grandparent.

Judicial News

Gender-Affirming Care
On **December 11, the Montana Supreme Court** ruled, in ***Cross v. State***, that the state's ban of gender-affirming care for minors (**SB 99** (2023)) would remain on hold pending trial on whether it violates the state constitution's equal rights and privacy protections.

Reproductive Care
Texas' Attorney General Ken Paxton is suing a New York doctor in district court, ***Texas v. Carpenter***, for prescribing abortion inducing medication to a Dallas-area woman, one of the first challenges to a shield law that Democratic-led states passed to protect physicians after *Dobbs.* Texas prohibits abortions except to protect the mother from a life-threatening physical condition, and Paxton also alleges that the doctor is not licensed in the state. Texas has a specialized **out-of-state telemedicine license**, but began phasing them out in September 2024. The telemedicine licenses can be converted to full licenses and will no longer be valid after 2025.

Legislation Vetoed

Board Authority
Ohio HB 315 – Governor Mike DeWine has **stated** that he will line-item veto a provision within this bill that would prohibit any health-related licensing board or the Dept. of Health from "infring[ing] on medical free speech," and pursuing, or threatening to pursue any administrative or disciplinary action against a licensee for "publicly or privately expressing a medical opinion that does not align with the opinions of the board or agency" (§ 3792.07). Further, the bill clarifies that the World Health Organization has no jurisdiction in the state, and that no political subdivision should use state funding to implement "any health policy guideline, mandate, recommendation, or rule issued" by the WHO, "including the prohibition of issuing a prescription for or dispensing of a drug, including an off-label drug." The bill was passed by both the House and Senate on December 18 and is awaiting gubernatorial action.

Pending Legislation of Interest

Board Structure & Function
Missouri HB 609 – Makes adjustments to requirements for physician applicants, including

substantiating "good moral character" vis-à-vis a criminal background check; clarifies that applicants must attend and graduate from schools accredited by the LCME, COCA, or ECFMG; and requiring successful completion of a postgraduate internship or resident training approved by the Board (two years for IMGs). Further, the Board may require the applicant to list all licenses to practice "currently or previously held in any other state, territory, or country and to disclose any past or pending investigations, discipline, or sanctions against each such license," may obtain a report from the NPDB, and must make a licensure decision within 45 days of a completed application, otherwise the application would be deemed approved. Lastly, the Board would waive the PGT requirements for any applicant who is licensed and in good standing in another state with at least three years of practice experience.

South Carolina H 3254 – Waives the requirement to complete the additional SPEX and COMVEX examinations for applicants who possess the general medical knowledge to competently practice medicine, as determined by the Board.

Corporate Practice of Medicine
South Carolina S 46 – Forbids the corporate practice of medicine and nullifies contracts that interfere with a physician's ability to treat patients based on geographic practice, patient relationships, and physician autonomy.

Diversity, Equity, and Inclusion
South Carolina H 3219, H 3184, and H 3572 – H 3219 prohibits postsecondary institutions, including medical schools, from requiring employers, faculty, or students to adopt or adhere to certain beliefs, such as those related to demographic-based differential treatment or collective guilt for historical actions. Bars accrediting agencies from mandating or collecting information on diversity, equity, and inclusion (DEI) policies or practices, with violations potentially resulting in loss of state funding. H 3184 and H 3572 prohibit the same institutions from basing employment or admission decisions on a declaration of personal support for or disagreement with any political ideology or movement, including DEI; and prohibit mandatory DEI trainings, among other aspects. Lastly, H 3572 bans adverse actions against faculty or employees who refuse or fail to participate in DEI training and requires institutions to provide a copy of this statute, should it become law, to students, faculty, and employees.

Texas HB 1601 – Allows individuals who are discriminated against for reasons of sexual orientation or gender identity to file civil action within two years of the end of such discriminatory practice. These individuals would be able to be awarded damages, attorney's fees, court costs, and any injunction or restraining order against the guilty party. Allows those undergoing a gender transition to be granted a name change on their official documentation so long as the request is accompanied by a sworn affidavit of a licensed physician. Requires gender-neutral language to be used in implementing the rights and duties of spouses/parents.

Gender-Affirming Care
Missouri SB 493 – Removes the August 28, 2027 expiration date on the existing prohibition on the prescription or administration of cross-sex hormones or puberty-blocking drugs for the purpose of a gender transition for persons under 18 years of age.

Texas HB 1559 – Forbids physicians from performing non-medically necessary treatments for intersex foster children without the child's informed consent and court approval.

Washington HB 1038 - Forbids health care providers from giving gender-affirming care (drugs and surgeries) to minors, with the following exceptions: care for minors born with medically verifiable sex development disorder, services which would reverse previously-attained gender-affirming care, and any procedure that is medically necessary to prevent death or serious impairment.

Healthcare Professionals' Scope of Practice
Missouri SB 499 and HB 530 – Requires health care insurers to reimburse providers at the same rate for the same service as long as such service is within the provider's scope of practice, and prohibits discrimination against a health care provider based on their licensure type.

South Carolina S 44 and H 3759 - Allows PAs to practice pursuant to an attestation statement if they possess more than 2,000 hours of post-grad clinical practice experience as a licensed PA, or if they have more than 2,000 hours of post-grad clinical experience as a licensed PA and 1,000 hours of practice experience gained after transitioning to a new medical specialty with a supervising physician. Attestation statements must attest that the PA has the required competence and experience to provide medical services, and must be signed by the PA and submitted to the Board of Medical Examiners. Allows PAs to prescribe drugs (even those on Schedules II - V), procure medical devices, plan and initiate a therapeutic regimen. Authorizes the Board to discipline a PA for misconduct. Expands the State Board of Medical Examiners from thirteen to fifteen members, adding two PAs to the Board. Requires payment of PAs for services in their scope of practice to be equivalent to the service of a physician for the same service; pay for service as opposed to the practitioner.

South Carolina S 45 and H 3580 – Permits APRNs who have been granted full practice authority by the Board of Nursing to no longer need joint agreement from the Board of Nursing and the Board of Medical Examiners to perform acts that expand their scope of practice. An APRN who has not been

granted full practice authority also may perform specified medical acts pursuant to a practice agreement. Newly added medical acts to this end include: delegating tasks to certified medical assistants; committing a patient to a psychiatric facility; holding admitting privileges in collaboration with a physician within an acute care facility; ordering, prescribing, and signing for supplies; and determining and certifying medical necessity as designated by HHS.

Medical Aid-in-Dying
Delaware HB 140 – Permits a terminally ill individual who is an adult resident of Delaware to request and self-administer medication to end the individual's life in a humane and dignified manner if both the individual's attending physician or attending advanced practice registered nurse (APRN) and a consulting physician or consulting APRN agree on the individual's diagnosis and prognosis and believe the individual has decision-making capacity, is making an informed decision, and is acting voluntarily.

Missouri HB 453 - Outlines the procedures for a mentally competent, terminally ill Missouri resident to request medication for self-administered death. To qualify, the patient must have a terminal diagnosis verified by their attending physician. The request must be in writing, signed, and witnessed by two individuals—one of whom cannot be a relative, inheritor, or staff member at the patient's healthcare facility. Patients must make two oral requests at least 15 days apart, with medication provided no earlier than 48 hours after the second request. Physicians must present all treatment options, ensure the request is voluntary, and offer the patient the opportunity to rescind the request at any time.

The law prohibits lethal injection, mercy killing, or euthanasia and does not classify actions under these provisions as suicide or assisted suicide. Medical care standards remain intact, and healthcare providers are not obligated to participate. Providers who decline must transfer the patient's records to another willing provider.

Medical Ethics
Florida HB 25 – Changes the Florida statute on negligence, allowing adult children and parents of adult children to recover damages in medical negligence suits that allege death.

Medical Marijuana
South Carolina H 3018 – Decriminalizes possession of up to 28 grams of marijuana or 10 grams of hashish for veterans for whom the U.S. Department of Veterans Affairs has diagnosed with PTSD.

South Carolina H 3019 – Legalizes medical marijuana, although the provisions do not extend to recreational use. Allows registered patients to hold up to two ounces of marijuana and grow up to six plants. Allows medical marijuana for minors with parental consent if diagnosed by two physicians. Requires prospective patients to go through a registration process that includes medical verification, and caregiver registration if applicable. Protects physicians from legal penalties when advising patients on the medical use of marijuana, provided the advice is based on a legitimate doctor-patient relationship.

South Carolina S 53 – Legalizes marijuana for medical purposes; creates the Medical Cannabis Advisory Board; does not require health insurance providers to cover or reimburse medical marijuana use. Physicians must submit on an annual basis a certification which confirms the patient-physician relationship, devises a treatment plan including informed consent, and provides a forecast on the future timeline of the patient's medical marijuana use. Clarifies that physicians may not be disciplined by the Medical Board or sued for malpractice solely for prescribing medical marijuana in the approved manner.

Texas HB 1574 – Allows physicians to prescribe up to ten milligram doses of cannabis for patients who have chronic pain for which they would be otherwise prescribed opioids, or who have a debilitating medical condition as designated by the Department of State Health Services.

Reproductive Care
District of Columbia B 25-0696 – Prohibits insurers from taking adverse action against a practitioner who provides reproductive or gender-affirming care. Requires insurance companies to cover reproductive or gender-affirming care without imposing cost-sharing requirements regardless of where the patient resides, including if the patient is resident of a state where certain reproductive or gender-affirming care is prohibited.

Missouri SB 119 – Makes possession or delivery of an "abortifacient drug" a felony crime, with an exception for medical emergencies.

South Carolina H 3457 – Prohibits all abortions with an exception for medical emergencies, which may only be performed with the written consent of the patient or their court-appointed guardian. Prior to an abortion, the healthcare provider must perform an ultrasound, show the patient the images, record a written description of the images and the fetal heartbeat, and note in the patient's medical records within 30 days their belief that the procedure is medically necessary. Outside of medical emergencies, any individual who administers abortion care, aids in an abortion, or coerces an abortion is subject to a felony and a fine of up to $10,000, two years' imprisonment, or both.

Tennessee HB 26 - Prohibits individuals or entities, defined as a manufacturer, distributor, seller, or reseller, from mailing or delivering an abortion-inducing drug, with exceptions for drugs such as misoprostol that are being used expressly for stomach ulcers; there is a potential fine of $5 million if the drug results in the death of a fetus.

Texas HB 1578 - Allows abortion in cases when it is medically necessary to prevent a risk of serious harm to the pregnant person's health as well as sexual assault. Requires the Texas Medical Board to publish on their website, and annually update, a list of medical conditions the Board identifies as posing a risk of serious harm to the pregnant patient.

Texas HB 1636 - Categorizes mifepristone and misoprostol as Schedule IV controlled substances.

Wyoming HB 42 – Requires each surgical abortion facility in Wyoming to be licensed as an ambulatory surgical center. Each licensed physician performing an abortion at a surgical abortion facility must report each surgical abortion to the department of health, submit documentation that confirms that the physician has admitting privileges at a hospital not more than ten miles from the abortion facility. Violators of this section are guilty of a misdemeanor punishable by a fine of not more than $1,000. Surgical abortions must be performed by those physicians licensed in Wyoming; anyone who violates this section is guilty of a felony punishable by imprisonment for no less than one year and no more than 14 years. The following are exceptions to the above: care that saves the life or preserves the health of the unborn baby or the mother, removes a dead unborn baby following a miscarriage, or treats a woman for an ectopic pregnancy.

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**.

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, atjbremer@fsmb.org, or by phone at (202) 463-4021.

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

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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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