Keeping you informed from Washington, D.C.

January 16, 2025

2025 Kicks Off with Wave of New State Legislation, Regulations, and Court Cases

While the Federal government prepares to transfer power from **President Joe Biden's** Administration to **President-elect Donald Trump's** Administration, and Washington D.C. inherits Republican "trifecta" control comprising both the U.S. House and Senate, state legislatures around the country have begun convening their legislative sessions and are quickly getting down to the business of proposing a flurry of new bills, many of which could impact the regulation of the practice of medicine. Additionally, state executive offices and regulatory agencies continue to promulgate regulations, and courts adjudicate recently enacted laws.

In this week's newsletter you will find a wide variety of new legislation, regulations, and judicial news that intersect health care issues and matters of importance to state medical boards.

If have any questions about the new Congress or any state legislation, please **reach out**!

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Regulatory News

Graduate Medical Education
HHS issued a **notice** regarding the Children's Hospital Graduate Medical Education Payment Program's method for determining weighted allopathic and osteopathic FTE resident count. **Comments are due January 29th**.

Off-Label Prescribing
The FDA issued a **final guidance document** entitled "Communications From Firms to Health Care Providers Regarding Scientific Information on Unapproved Uses of Approved/Cleared Medical Products: Questions and Answers."

Reproductive Care
HHS **withdrew a proposed rule** from February 2023 that would have offered pathways for individuals to obtain certain contraceptive services at no cost and would mitigate effects of religious and non-religious moral exceptions for coverage of contraceptive services.

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
Illinois' Dept. of Financial & Professional Regulation (IDFPR) announced, in their **January 2025 Regulatory Agenda** (p. 233), their intention to propose "amendments… needed in order to incorporate changes related to international medical graduates" a reference to **SB 1298** (2023), a "shell bill" enacted in June, 2023 that authorizes the IDFPR to issue limited licenses to qualified international physicians, pursuant to rules the IDFPR must adopt regarding qualifications and fees.

The **Massachusetts Board of Registration in Medicine** (BORIM) issued a **statement** in regards to **H 5100** (2024), which created a pathway to licensure for internationally-trained physicians. The statement summarizes the legislation and details the steps that need to be completed prior to BORIM issuing a limited license, including:

- Participating healthcare facilities must be in a "physician shortage area" as determined by BORIM and establish programs to assess and evaluate limited licensees according to criteria developed or approved by BORIM; and
- Preparation of agreements between a limited licensee and participating healthcare facilities.

Board Structure and Function
The Alabama Board of Medical Examiners issued several proposed rules updating mental and physical health questions, as well as health attestation language, including, but not limited to:

- **Updating** the application contents for the Certificate of Qualification under the Retired Senior Volunteer Physician Program (RSVP);
- **Updating** the application for a Limited Certificate of Qualification;
- **Updating** the licensure application for PAs;
- **Updating** the Certification of Qualification to practice medicine in Alabama; and
- **Updating** the Controlled Substances Certificate application.

Healthcare Professionals' Scope of Practice
The Oregon Medical Board issued two **final rules** converting the title "physician assistant" to "physician associate" in its statutes.

Medical Marijuana
The Illinois Dept. of Public Health **approved** four new qualifying conditions for medical marijuana: endometriosis, ovarian cysts, uterine fibroids, and female orgasmic disorder.

The **Pennsylvania Dept. of Health** posted a **listing** of all the physicians in the state approved to certify patients to participate in Pennsylvania's Medical Marijuana Program.

Judicial News

Reproductive Care
The U.S.D.C. for the Middle District of Tennessee ruled, in *Welty v. Lawson*, that Tennessee prosecuting attorneys may not enforce the "recruitment" prong of **HB 1895**/**SB 1971** (2024), which is intended to stop people from helping minors get abortions where they are legal, while the state appeals a previous order blocking the measure. Tennessee and Idaho both enacted "abortion trafficking" laws that punish individuals for providing abortion resources to underage people without their parents' knowledge or consent, although both are currently being blocked by courts.

Five **South Carolina physicians**, in *Bingham v. Wilson*, are suing the state, alleging the statute banning abortions after nine weeks' gestation, with narrow exceptions, violates their 1st Amendment religious beliefs of helping care for patients, including providing abortions.

Pending Legislation of Interest

Multi-topic
Oklahoma SB 443 - Omnibus-style bill that contains myriad elements:

Regarding board structure and function, the bill requires the secretary of the Board of Medical Licensure and Supervision (the Board) to be a licensed allopathic physician, and creates a separate position for the medical advisor, who must be a licensed physician and carries out compliance and investigatory duties. Additionally, it authorizes the Board to impose disciplinary actions on physicians and other licensees of the Board; current law allows this for physicians and surgeons alone and requires the Board to revoke licensure of licensees who are convicted of, or plead guilty to, any felony.

Pertaining to IMGs, the bill removes existing statute that allows for PGT done in "programs in Canada, England, Scotland, Ireland, Australia or New Zealand approved by the Board" and replaces it by requiring the Board to "consider as evidence of acceptability the sponsoring institution" accreditation by ACGME, the American Society of Transplant Surgeons, the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada, the Royal College of Surgeons of Edinburgh, the Royal College of Surgeons of England, the Royal College of Physicians and Surgeons of Glasgow, or the Royal College of Surgeons in Ireland.

The bill also requires foreign applicants to be ECFMG certified to demonstrate English proficiency, but allows the Medical Council of Canada Certificate of Registration as a substitute, and requires applicants to provide evidence of meeting the requirements for permanent residence as set forth by the Dept. of Homeland Security (versus USCIS).

Regarding background checks, the bill authorizes the Board to obtain a national criminal history background check, via fingerprints submitted to the Oklahoma State Bureau of Investigation, for applicants seeking a letter of qualification for expedited licensure through the IMLC or compact privileges through the PA Licensure Compact. The results of the background check may be used solely for the screening of applicants and may not be disseminated. The bill also requires PAs seeking licensure within the state to obtain a national criminal history background check as a prerequisite.

Additional Licensure Pathways
Maine LD 105 – Establishes the International Medical Graduates Sponsorship Program for internationally-trained physicians (ITPs), which funds up to 10 slots per year at sponsoring institutions, which are defined as ACGME-accredited health care facilities located in a physician shortage area, approved by the board, and provide an assessment for ITPs according to criteria developed or approved by the board.

To qualify as an ITP, physicians must have:

- A degree of doctor of medicine or its equivalent from a legally chartered medical school outside the United States recognized by the WHO;
- Been licensed and practiced medicine for at least one year;
- Established Maine residency for at least one year;
- A valid ECFMG certificate, which can be waived at the board's discretion;
- Passed USMLE Steps 1 & 2; and
- Entered into an agreement with the sponsoring institution, which will "assess and evaluate the applicant's familiarity with nonclinical skills and standards."

Qualifying ITPs apply directly to a rural graduate medical education collaborative ("collaborative") in the State for screening and placement, which must develop criteria for this purpose. Those selected are granted **temporary educational licenses**, which are valid for two years and may be renewed twice (for a total of six years).

Temporary education licensees that complete the sponsoring institution's assessment program and pass USMLE Step 3 may apply for a renewable two-year license to practice medicine only at participating health care facilities in physician shortage areas. Physicians with this license may practice medicine independently in a primary care setting or a specialty approved by the board.

After practicing under this license for a minimum of six years, the ITP *may* apply for a full and unrestricted license.

Lastly, the bill establishes the International Medical Graduates Sponsorship Program Fund to carry out the sponsorship program and requires biennial reports to the Legislature on the status of the program, including number of ITPs in the program and their progress towards full licensure.

Board Structure & Function
Missouri SB 292 –Allows the Board to require applicants to list all licenses to practice as a physician 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; allows the Board to obtain a report from the NPDB on an applicant; and requires the Board to make a licensing decision within 45 days,

after which the application will be deemed approved. The bill also allows the Board to waive PGT requirements if the applicant is licensed and in good standing in another state for at least three years.

Tennessee SB 55 – Extends the sunset date of the Board of Osteopathic Examination to June 30, 2029.

Virginia HB 1861 – Directs each regulatory board under the Dept. of Health Professions to establish a licensure by endorsement pathway for qualified applicants and requires the Board of Medicine to be the first board to enact these regulations.

Virginia HB 1647 – Establishes criteria for the licensure of anesthesiologist assistants (AAs) and directs the Board of Medicine to adopt regulations governing the practice of AAs, including successful completion of an accredited AA program and passage of the certifying examination administered by the National Commission for Certification of AAs, and allows the Board to grant provisional licenses to graduates of accredited AA programs.

Continuing Medical Education
New York S 1063 – Requires cultural awareness and competence training for medical professionals, including two hours of course work or training encompassing minority healthcare issues, and requires hospitals and facilities to request documentation of the completion of training from employees and prospective employees. Exemptions are made in cases in which an employee clearly demonstrates that there is no need to complete such courses, has already completed such training, or is a medical professional on a tour of extended duty with the armed forces.

New York S 911 – Requires diversity, inclusion, and elimination of bias training for physicians, PAs, and nurses as part of biennial CME requirements.

Virginia HB 1649 – Directs the Board of Medicine to require licensees to complete continuing learning activities related to unconscious bias and cultural competency.

COVID-19 Board Authority
Oklahoma SB 426 – Makes chloroquine, hydroxychloroquine, and ivermectin over-the-counter drugs and prohibits pharmacists or pharmacies from requiring a prescription for these drugs; pharmacists or pharmacies in abrogation of this statute are subject to license revocation by the Board of Pharmacy and a fine of up to $100,000.

Criminal Background Checks
North Dakota SB 2042 – Allows the Board to require an applicant or licensee that is subject of a disciplinary investigation to submit a statewide and nationwide criminal history record check and bear the associated costs.

Gender-affirming Care
Illinois HB 1214 – Prohibits sex-reassignment procedures for minors, requires affirmative consent for adults receiving such care, and requires IDFPR to revoke the license of any physician who violates the prohibition on the procedures for minors.

Healthcare Practitioners' Scope of Practice
Arizona HB 2025 – Expands medical assistants' scope of practice to include placing catheters if appropriately trained and if under direct supervision of an MD, PA, or NP.

Indiana SB 246 – Requires the Medical Licensing Board to accept and review complaints concerning physician collaborative practice agreements (CPAs) with APRNs. It also provides that APRNs may only operate in collaboration with a licensed practitioner in the same specialty and practice within their own scope of practice. Further, the bill allows physicians to enter into CPAs with more than four APRNs, but not more than four at the *same* time.

Indiana HB 1116 – Removes the requirement that APRNs have a CPA with a collaborating physician or hospital governing board, removes associated provisions concerning CPA audits, and allows APRNs with prescriptive authority to prescribe Schedule II controlled substances for weight reduction.

Missouri SB 179 – Allows APRNs with controlled substance prescriptive authority to prescribe Schedule II benzodiazepines and stimulants for behavioral health patients, including under CPAs. The bill also clarifies that rules regarding APRNs and CPAs do not apply to professionals with over 2,000 hours of practice and have a license in good standing.

Missouri HB 763 – Removes all regulations regarding geographic proximity as they apply to the practice of APRNs in the state and prohibits the Boards of Healing Arts and Nursing from promulgating future rules regarding geographic proximity. The bill also removes some of the documentation requirements for an APRN's collaborating physician, defines "eligible APRN," and clarifies that prescriptive authority applies to APRNs with and without CPAs.

New York A 1321 – Allows NPs to enter into collaborative drug therapy management arrangements with pharmacists; current law only allows physicians to be in this role.

New York A 1172 – Authorizes licensed physicians and midwives to prescribe and order to a pharmacist or to an RN to dispense non-patient specific abortion medication under certain conditions. The bill would allow pharmacists and RNs to dispense abortion medication so long as they have provided the patient with a self-screening risk assessment and fact sheet on abortion, notified the patient's PCP (unless the patient opts out), and received proper training. The bill allows RNs and pharmacists to refuse to dispense abortion medication if doing so goes against their medical judgement and potentially harms the patient.

North Dakota SB 2041 – Authorizes the Board to issue naturopaths endorsements to prescribe independently so long as they are engaged in a CPA with a supervising physician that reviews their first 100 prescriptions or their first year of work (whichever comes first) and one of the following is accomplished within one year of completing the above: (1) completion of the pharmacology elective exam, (2) completion of a year of clinical experience in naturopathic medicine in a board-recognized residency program under the preceptorship of a licensed naturopathic doctor, or (3) substantial experience in prescribing prescription medications for three years without discipline.

Virginia HB 1646 – Amends the definition of “practice of chiropractic” – which is regulated by the Board of Medicine - to include recommending or directing patients on the use of vitamins, minerals, or food supplements unless such use will negatively impact any of the patient's existing medical conditions.

Virginia HB 2489 – Directs the Dept. of Health Professions (DHP) to conduct a study on expansion of the scope of practice for PAs in the Commonwealth as a means to increase autonomy, by reviewing education and training requirements and how they compare to other states; and analyze the potential costs and benefits to patients. The DHP is directed to submit a report with its findings and recommendations to the Legislature by November 1, 2025.

International Medical Graduates
Washington SB 5185 - Recognizes that Canadian medical school accreditation and the Canadian national medical licensure exam as equivalent to that of the US. It also removes the exception to the two-year PGT requirement for IMGs (**RCW 18.71.050(1)(b)**) for permanent immigrants with “exceptional ability in sciences” or those with “multiple sclerosis certified specialist status.” Additionally, it empowers the Medical Commission (WMC), at its discretion, to “waive requirements in statute and rule when considering internationally trained applicants experiencing hardship (defined as refugee status, persecution in their home country, or other demographic consideration) in providing required documents for license applications.” The WMC may also require alternate demonstrations of competence that may include examinations or specialty assessments, a period of supervised practice, or other tools as appropriate for evaluation of an applicant.

Licensure Compacts
Massachusetts SD 534 and HD 936 - Enters Massachusetts into the PA Compact.

Massachusetts HD 1447 – Enters Massachusetts into the Interstate Medical Licensure Compact.

Montana HB 183 - Enters Montana into the PA Compact and regarding criminal background checks, the bill also revises state statute (**MCA Sec. 37-20-402**) requiring each applicant for state PA licensure to submit a set of fingerprints to obtain a state and federal criminal background check (CBC) and pay all fees associated for the check. The bill also allows the Board to require PAs renewing their license to submit to a CBC, and holds that “The Montana Dept. of Justice may share the fingerprint data obtained... with the FBI.”

New York S 1505 - Enacts the Interstate Medical Licensure Compact in New York.

Oregon HB 3060 - Enters Oregon into the PA Compact.

Texas HB 1731 – Enacts the PA Licensure Compact in Texas.

License Portability
New York A 1259 – Authorizes physicians licensed in another state or territory of the U.S. to practice time-limited follow-up care via telehealth in the state pursuant to a reciprocal agreement and requires annual authorization.

Texas SB 716 – Requires the Medical Board to issue a license to an applicant that holds a current license in good standing in another state with a similar scope of practice (as determined by the Board), so long as the applicant has held the license for one year, has passed an examination or met other experience criteria, and does not have disqualifying criminal history or disciplinary status. If an applicant is licensed in multiple states, they must fit these criteria in all states in which they are licensed and the Board must request and receive confirmation of these criteria from the licensed states.

Medical Marijuana
Florida HB 83 and **SB 142** – Prohibits public employers from taking adverse personnel action against

an employee or applicant for their use of medical marijuana if they are a qualified patient, so long as the lawful use of medical marijuana does not impair their ability to perform work duties.

Indiana HB 1178 – Permits medical marijuana use by individuals with serious medical conditions, as determined by their physician.

New York A 1293 – Allows for reciprocity for out-of-state individuals that participate in other state's medical cannabis programs.

Tennessee SB 77 – Extends the sunset date of the Medical Cannabis Commission to June 30, 2029.

Texas SB 733 – Establishes a medical cannabis research advisory board, composed of 13 members, including six physicians in different subspecialties and an APRN, among others.

Texas SB 734 – Allows qualified patients and their caregivers to possess a three-month supply of medical marijuana, forbids the denial of parental rights based solely on medical marijuana use, forbids counties and municipalities from prohibiting medical marijuana research, testing, and possession; requires referring physicians to have a bona fide relationship with the patient, and believe, in their professional judgment, that the patient would receive therapeutic benefit from medical marijuana. Lastly, the bill establishes a "compassionate-use registry" for medical marijuana, in which physicians must report their name, their patient's name, and the patient's diagnosis.

Opioids/Substance Use Disorder Treatment
Indiana HB 1200 – Limits subdermal delivery opioid prescriptions to a 180-day supply.

Missouri HB 795 – Requires the Dept. of Health and Senior Services to promulgate rules regarding tapering off opioids, and strategies and protocols to that end.

New York S 732 – Prohibits practitioners from prescribing more than a seven-day supply of any controlled substance containing an opioid to a minor, requires practitioners to assess whether the minor has ever suffered from mental health or substance abuse disorders, share the risks associated with opioid use, and obtain written parental consent before issuing a first prescription, unless in a medical emergency.

New York A 817 – Requires the Office of Addiction Services and Supports to create mental health evaluations for participants in substance use disorder treatment programs, and to promulgate rules and regulations to effectuate such requirement.

Washington SB 5204 – Calls for a three-year study of ibogaine as it relates to curbing opioid addiction.

Physician Wellness
North Dakota HB 1039 – Adds former Board licensees to the definition of "licensees" who are eligible for participation in the physician health program.

Reproductive Care
Kentucky SB 35 – Allows abortions when there is a lethal fetal anomaly, the fetus is incompatible with sustained life outside the womb, or when the pregnancy is the result of rape or incest, and the fetus has not reached viability as determined in the good-faith medical judgment of the physician. In the case of rape or incest, the time requirement for consent is removed, abortion counseling is allowed, and public funds may be used for the abortion.

Illinois HB 1220 – Provides requirements for voluntary and informed consent to a termination of pregnancy at least 24 hours before the procedure, including requiring the physician to verbally inform the patient in the same room and providing the patient with specified information produced by the Dept. of Public Health. In medical emergencies, a physician may terminate a pregnancy if they have obtained at least one corroborative medical opinion that failing to abort would threaten life. Violators are subject to disciplinary action.

Indiana SB 191 – Classifies a health care providers' abortion report as a medical record, thereby making it confidential and prohibiting its disclosure to the public.

Missouri SB 241 – Repeals clinical privilege requirements for physicians performing abortions and repeals the *Right to Life of the Unborn Child Act*, which bans abortion after eight weeks and makes it a felony except in the case of medical emergency.

New York S 1438 – Establishes an abortion clinical training program within the Dept. of Health and requires the Commissioner to submit a report to the Governor and the Legislature about the implementation and effectiveness of the program.

Virginia HB 2398 and **HB 2183** – Requires Board of Medicine licensees to give good-faith efforts after an attempted abortion or miscarriage to keep a "born-alive" infant alive as they would with any child

born alive at the same gestational age, and take steps to immediately transfer the infant to a hospital; violators are subject to a felony charge. The bill also requires hospitals to establish protocols for treating a “born-alive” infant and immediately report to law enforcement any failure of a healthcare provider to provide treatment and care.

Women’s Health
Massachusetts HD 332 – Requires the creation of an education program regarding menopause, related chronic conditions, and the range of treatment options for those symptoms. Following this program, the Board must assess whether the CME currently available is adequate to train providers on menopause-related health effects.

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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