

Keeping you informed from Washington, D.C.

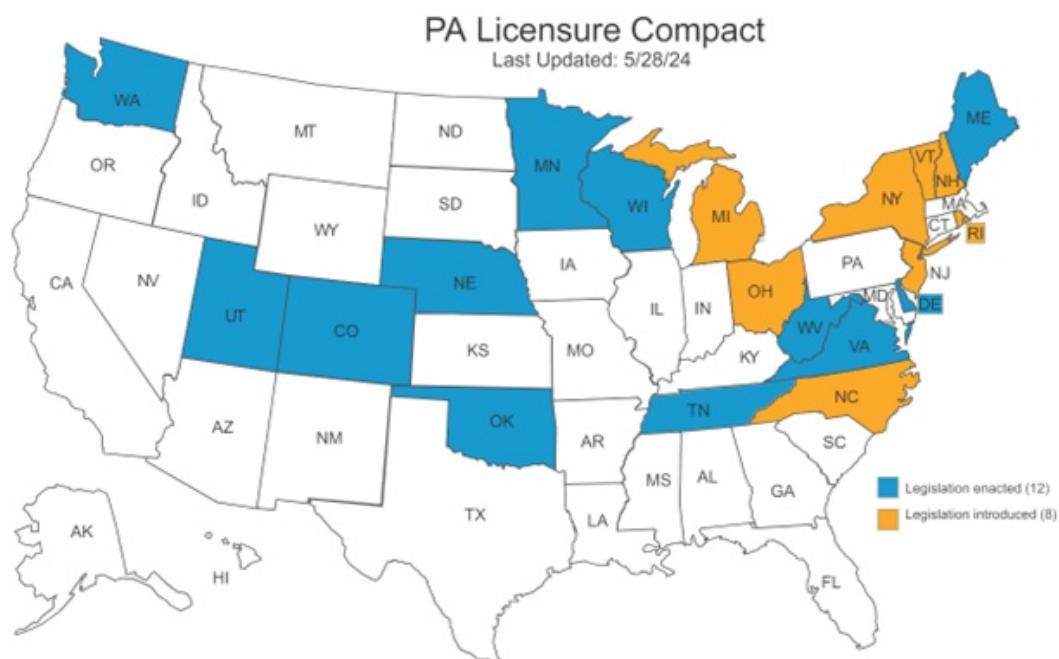
May 30, 2024

## Minnesota and Tennessee Enact PA License Compact, 12 States Now Members

Minnesota Governor Tim Walzen enacted [HF 5247](#) on May 24 and Tennessee Governor Bill Lee enacted [SB 1727](#) on May 28, entering both states into the PA Licensure Compact. Minnesota and Tennessee are the 11th and 12th states, respectively, and the 8th and 9th this year, to enact the model legislation. Having surpassed the seven-state threshold for activation, the Council of State Governments is preparing to host the inaugural PA Licensure Compact Commission meeting in September. More information on the Compact can be found [here](#).

Minnesota HF 5247 also enacted a handful of other compacts, including those for occupational therapy, physical therapy, professional counseling, and social work. The legislation also expanded international medical graduates' eligibility for the state's [IMG Assistance Program](#), allowing those who have entered "the United States on a temporary status based on urgent humanitarian or significant public benefit reasons."

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



Lisa Robin  
Chief Advocacy Officer



## Legislation Moving through Congress

The [Dr. Lorna Breen Health Care Provider Protection Reauthorization Act \(S. 3679/H.R. 7153\)](#), which would continue support for education, awareness, and destigmatization of burnout and mental health services for health care professionals through 2029 was [amended](#) on May 23 in a Senate Health, Education, Labor and Pensions (HELP) Committee and subsequently forwarded favorably. The manager's amendment added a new section, "Dissemination of Best Practices," that would make minor changes to the existing law.

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## Pending Legislation of Interest

### Mental Health

The [Improving Mental Healthcare in the Re-Entry System Act \(H.R. 8397\)](#), introduced by [Rep. Mikie Sherrill \(D-NJ\)](#), would create a grant program, under the aegis of the Department of Justice, to implement and administer mental health screenings to individuals during intake at eligible detention centers and refer them to mental healthcare providers before or immediately after their exit. Grantees would be required to hire a mental health liaison staff member for each detention center, responsible for coordinating efforts between the prison or jail and mental health providers in the area, and partner with the Advisory Board and an independent research organization to evaluate the impact of their program. Grant funds would be eligible for developing and administering a brief mental health screening survey, developing technology or hiring staff to administer the survey in the jail or prison, and paying the salary of outreach teams that connect inmates in need of mental health services to providers.

The [Mental Health in Schools Act of 2024 \(H.R. 8444\)](#), introduced by [Reps. Becca Balint \(D-VT\)](#) and [Grace Napolitano \(D-CA\)](#), would establish two grant programs, through SAMHSA, to promote mental health among the school-aged population. The School Mental Health Awareness Grant Program would be eligible to grantees that promote the mental health and well-being of students and destigmatize mental health conditions, help students identify and recognize the signs and symptoms of mental health conditions, inform students about mental health services that are available, and provide students with the skills needed to manage their emotions and establish and maintain positive relationships, among other aspects. The Mental Health Career Promotion Grant Program would be eligible to grantees that provide presentations to students that increase exposure to and knowledge of careers in the mental health field (defined within the legislation), coordinate internships and externships for students who demonstrate an interest in mental health, and provide students with mentorships and experiential learning opportunities, among other components. Both programs would be funded with \$50 million per year from 2025 through 2029.

The [Mental Health Emergency Needs in Disasters \(MEND\) Act \(H.R. 8422\)](#), introduced by [Rep. Becca Balint \(D-VT\)](#), would authorize the Federal Emergency Management Agency (FEMA) "to provide mental and behavioral health counseling services to victims of a major disaster in order to relieve [associated] mental health problems" specifically by deploying mobile mental health crisis units, staffed by FEMA employees trained to "address the effects of major disasters on communities and individuals with socioeconomically disadvantaged backgrounds" and "licensed to provide evidence-based care, such as psychological first aid, crisis counseling... and counseling to individuals with post-traumatic stress disorder," to areas affected by the disaster. The bill also authorizes a grant program, administered by FEMA, to provide funding for States and tribal governments for "behavioral health treatment, including screening and diagnosis, crisis counseling, other related crisis helplines, or other service-delivery programs to individuals affected by a major disaster." Lastly, the bill mandates FEMA to conduct research on the effects of disasters on mental health disorders, substance use disorders, and alcohol use disorders across cultural, racial, and socioeconomic lines.

### Reproductive Health

The **Stopping Traffickers and Their Accomplices (STATA) Act of 2024 (H.R. 8459)** introduced by **Rep. Barry Moore (R-AL)**, would require abortion providers, not later than 24 hours after consulting with a patient, to notify the National Human Trafficking Hotline "if the provider has a reasonable suspicion that the patient is a victim of trafficking," which will, in turn, notify the HHS Secretary and the Attorney General, who will notify the appropriate State and local law enforcement agencies. Providers violating this provision are subject to a fine of up to \$10,000 and imprisonment for up to six months. The bill also mandates abortion providers, and their employees, to undergo training regarding recognizing signs of trafficking, with potential penalties for noncompliance.

The **IVF Protection Act (S. 4368)**, introduced by **Sens. Katie Britt (R-AL)** and **Ted Cruz (R-TX)**, would require that States, as a condition of receiving Federal Medicaid funding, **not** prohibit IVF and "ensure that no unit of local government" prohibit IVF. The bill also defines IVF and states that nothing in the statute compels any individual or organization to provide IVF services or impedes "States from implementing health and safety standards regarding the practice."

The **Access to Family Building Act (S. 3612)**, introduced by **Sens. Tammy Duckworth (D-IL)** and **Elizabeth Warren (D-MA)**, would provide definitions and expressly grant the right to access assisted reproductive technology, without unreasonable limitation or interference (such as financial cost or detriment to health), to continue or complete ongoing reproductive treatment, and retain all rights regarding the use or disposition of reproductive genetic materials. The bill also grants health care providers similar protections and health insurers the right to cover IVF, empowers the Attorney General to commence civil actions "against any government official, individual, or entity that enacts, implements, or enforces a limitation or requirement that prohibits, unreasonably limits, or interferes" with the statute, and grants affected individuals a private right of action if their pursuit of reproductive technology is hampered.

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## Regulatory News

On May 21, the **Biden Administration** announced the opening of an **online portal**, operated by CMS, for women denied emergency abortions, which the Administration believes they are entitled under the *Emergency Medical Treatment and Labor Act* (EMTALA). The **Supreme Court** is currently considering this issue in **Idaho v. United States**, weighing the state's strict abortion ban against EMTALA's requirement of "stabilizing treatment," which may include abortion.

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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 **Kandis McClure**, Director, Federal Advocacy and Policy, [atkmcclure@fsmb.org](mailto:atkmcclure@fsmb.org), or by phone at (202) 463-4003.



## Regulatory News

The **Pennsylvania Board of Osteopathic Medicine** issued a host of **proposed rules**, including adding, deleting, and amending several terms and definitions to the Osteopathic Practice Act; slightly altering the licensure by endorsement requirements; and allowing for the renewal of temporary graduate training licenses, among other technical changes.

The **Pennsylvania Board of Medicine** issued a **final rule** regarding naturopathic doctors, responding to comments and addressing changes to the scopes of practice for acupuncturists and Practitioners of Oriental Medicine (POMs), amending definitions, making changes to the application and renewal processes, and addressing concerns regarding inactive license status and license reactivation, among other aspects.

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## Legislation Signed into Law

### Continuing Medical Education

**South Carolina S 408** – Enacted May 20, requires practitioners to obtain at least one hour of CME in suicide assessment, treatment, and management.

### **Gender-Affirming Care**

**South Carolina H 4624** – Enacted May 21, bans public funding of gender transition services for minors and prohibits health care professionals from providing gender transition services to minors, which are defined as prescribing puberty-blocking drugs, cross-sex hormones, or genital or non-genital gender reassignment surgery. Violators are subject to disciplinary action by their Board and civil action from patients. The bill contains an exception to continue GAC for minors that have *initiated* treatment prior to August 1, 2024, if "terminating the person's use of the drug or hormone would cause harm" but the treatment must conclude after January 31, 2025.

### **Medical Marijuana**

**Alabama HB 390** – Enacted May 20, shifts responsibilities for the licensing and regulation of medical marijuana cultivators from a collaboration between the Medical Cannabis Commission (MCC) and the Dept. of Agriculture and Industries (DAI) to the MCC with primary responsibility, with the DAI in a supportive role.

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## Legislation Vetoed

### **Reproductive Health**

**Virginia SB 237 - Vetoed** on May 17, the bill would have prohibited any laws, regulations, or other state policies that restrict the sale, provision, or use of any contraceptives approved by the FDA, including oral contraceptives, emergency contraceptives like Plan B, and intrauterine devices, or IUDs; it would have also established a cause of action for any affected individual (including health care providers).

**Virginia SB 238 - Vetoed** on May 17, the bill would have required health insurance carriers in the state to include coverage for contraceptives, including those available over the counter.

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## Pending Legislation of Interest

### **Board Structure and Function**

**Louisiana HR 262** - Resolution requesting the Dept. of Health and Board of Medical Examiners study and make recommendations to establish a more efficient process for licensing nondiagnostic technicians who research plasma-derived therapies.

**Pennsylvania HB 2295 and HB 2294** - Amends correspondingly the Medical and Osteopathic Practices Acts to define "primary supervising physician" as either a licensed medical or osteopathic physician.

### **Gender-affirming Care**

**Illinois SB 3955** - Shields access to records regarding individual's reproductive health care or gender-affirming care and mandates that law enforcement agencies redact information regarding reproductive health care or gender-affirming care when required to share records by law, such as court proceedings, among other confidentiality-related clauses.

### **Healthcare Professionals' Scope of Practice**

**New York A 1204 and S 9462** - Authorizes licensed physical therapy and occupational therapy assistants, under the supervision of a licensed PT or OT, to render care for workers' compensation injuries.

### **Medical Marijuana**

**Rhode Island HB 425** - Moves the Office of Medical Marijuana, which is currently under the Dept. of Health and Social Services (DHSS), to the Dept. of Safety and Homeland Security. It empowers the Marijuana Commissioner, rather than DHSS, to administer the Delaware Medical Marijuana Act, which includes the registration and certification of safety compliance facilities and compassion centers, issuing registry cards, registering qualifying patients and designated caregivers, and updating rules and regulations.

### **Medical Spas**

**Rhode Island HB 8296** - Provides definitions, specifically defining cosmetic medical services as the practice of medicine, and requires these services to be performed by a licensed or certified physician, or non-physicians only if properly trained for the service and supervised by a delegating medical director, supervising physician, PA, or APRN - who themselves must be trained in the performance of the cosmetic medical procedure. Medical spas must have a medical director responsible for, among other things, implementing policies and procedures to ensure quality patient care; the licensed supervising healthcare professional must perform an initial patient assessment, prepare a written treatment plan, obtain the patient's consent, and create and maintain medical records. Lastly, the bill requires the Dept. of Health to promulgate rules and regulations governing the

practice of cosmetic medical services.

### Miscellaneous

**North Carolina HB 237** - Removes the exception, instituted in 2020 for the pandemic, for "ensuring the physical health or safety of the wearer or others" from the state's Civil Rights-era mask ban, which prohibits people from wearing face coverings/masks on public property, roadways, or private property (without permission) with exceptions for individuals in traditional holiday costumes, engaged in trades or employment where a mask is needed for safety, and during civil defense drills or emergencies. The bill also makes wearing a mask "to conceal or attempt to conceal" their identity during the commission of a crime an aggravating factor that leads to sentence enhancement.

### Pain Management/Prescribing Practices

**New York A 10375** - Enacts the *Regulated Health Access and Support Services for Psilocybin Act*, which provides definitions, including qualifying health conditions, provides a public health framework for the regulated, adult use of psilocybin in qualifying circumstances, including requirements and certifications for "support services providers" and cultivators. The bill also creates a psilocybin advisory board, provides protection from "civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau" for the authorized use of psilocybin, and proposes taxation regulations.

### Reproductive Health

**Illinois HB 581** - Reinforces the protections within the federal *Emergency Medical Treatment and Active Labor Act* (EMTALA) within the state, particularly its protections around abortions when a pregnant woman's health is at risk. Related services include, but are not limited to, medical screening, the provision of necessary stabilizing treatment, procedures for refusals to consent, restricting transfers until the individual is stabilized, appropriate transfers of patients, nondiscrimination, no delay in examination or treatment, and whistleblower protections.

### Substance Use Disorder Treatment/Opioids

**New York A 10406** - Requires schools and public libraries to stock opioid antagonists, including having naloxone nasal sprays located with every automated external defibrillator.

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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 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](#).

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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

- [Directory of Physician Assessment and Remedial Education Programs](#)
- [FSMB Opioids and Pain Management webpage](#)



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## 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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## 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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