



Advocacy News

Keeping you informed from Washington, D.C.

October 10, 2024

California regular session wraps up

The **California Legislature's** regular session adjourned on September 1, but lawmakers are back in Sacramento for a special session to address gas prices in the state. **Governor Newsom** had until the end of September to take final action on over 1,200 bills that passed both the House and Senate this year; he ultimately signed over 1,000 bills and vetoed just shy of 200 bills.

In our State Advocacy section below, numerous bills Gov. Newsome took action on are highlighted and relate to healthcare, medical boards, continuing medical education, and physicians, among other topics.

A few states are still in regular session for 2024, but several states are looking ahead to 2025 and drafting legislation to prefile in the months ahead. Our team is available to support your policy questions or needs. [Reach out to us here!](#)



Lisa Robin

Chief Advocacy Officer

Federation of State Medical Boards

(202) 463-4000 | lrobin@fsmb.org



Regulatory News

On September 17, **HHS announced** a \$100 million round of funding for the Health Workforce Initiative, a broad program “focused on federal investments to support individuals across health workforce disciplines – including physicians, nurses, dentists, behavioral health care providers, community health workers, peer support specialists and many others who dedicate their careers to improving the nation’s health and wellbeing.” Specifically, \$19 million toward increasing the nursing workforce in acute care settings and long-term care facilities, \$12 million toward increasing the number of primary care physicians in medically underserved areas, \$63 million toward peer support specialists and community-based providers for children whose parents are suffering from addiction, and \$5 million toward pediatricians conducting tele-consultations for real-time behavioral health support. For a list of awards, click [here](#).

In July, the **FDA** promulgated “[Addressing Misinformation About Medical Devices and Prescription Drugs](#),” draft guidance that replaces guidance from 2014. The guidance would allow prescription drug and medical device makers to directly correct claims made by influencers or other third parties on unapproved uses of a medical product, posted on social media, online blogs, or other internet platforms. The guidance does not intend to enforce requirements related to influencers' promotional labeling and advertising.

On September 26, the **VA** [announced](#) that tele-emergency care (tele-EC), a phone service part of **VA Health Connect**, is available nationwide for veterans. Veterans who contact VA Health Connect will speak to a clinical triage nurse, who will connect them to tele-emergency care when clinically appropriate, who will then evaluate the veteran over the phone and recommend treatment or follow-up, including if in-person care is needed. In life-threatening emergencies, the clinical triage nurse will call 911 and stay on the line until help arrives.

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

On October 3, the **Oregon Health Authority** held a [virtual public meeting](#) on whether to add female orgasm disorder (FOD) as a qualifying condition for medical marijuana, with public comments accepted through October 11. On October 7, the **New Mexico Medical Cannabis Advisory Board** also held a [virtual public meeting](#) to discuss adding FOD as a qualifying condition for medical marijuana. And on September 11, the **Arkansas Department of Health** held a hearing to add FOD as a qualifying condition, though the [public comment](#) window remains open, until October 14.

On October 24, the **California Medical Board** will hold a public, virtual meeting to receive comments on draft legislation that would establish authority for the Board to create a physician health and wellness program (PHWP). Information for attending the meeting will be accessible [here](#) within 10 days of the meeting.

Judicial News

On September 30, a **Georgia** judge struck down Georgia's six-week abortion ban, saying it violated the state's constitution and allowing the procedure to be performed until the 22nd week of pregnancy. In 2019, **Gov. Brian Kemp** signed [HB 481](#) into law, which came into effect after the Supreme Court overturned *Roe v. Wade* in 2022. The case is expected to be appealed to the **Georgia Supreme Court**.

Legislation Signed into Law

Artificial Intelligence

California SB 1120 – Enacted September 28, the *Physicians Make Decisions Act* ensures that physician oversight and patient safety are core components for the use of artificial intelligence in health care. Specifically, it requires AI to base its determination on medical or other clinical history, individual clinical circumstances, and other relevant, clinical information on the patient's medical record. The bill prohibits AI from 1) basing its determination solely on a group dataset; 2) supplanting health care provider decision making; and 3) discriminating, directly or indirectly, against patients in violation of state or federal law. The bill requires the AI to be fairly and equitably applied; open to inspection for audit or compliance reviews and, pursuant to applicable state and federal law, requires disclosures pertaining to the use and oversight of the AI. Further, the bill requires the AI's performance, use, and outcomes to be periodically reviewed and revised to maximize accuracy and reliability; and prohibits patient data from being used beyond its intended and stated purpose, among other aspects.

California AB 3030 – Enacted September 28, mandates health facilities, clinics, physician offices, or group practices using generative AI for patient communications to include a disclaimer indicating its use, as well as if a health care provider has reviewed the communication, and provide clear instructions for patients who prefer to contact a human health care provider. Violations constitute a crime, and providers could be subject to license discipline.

Board Structure and Function

California AB 2164 – Enacted September 29, prohibits the California Medical Board from requiring an applicant “to disclose specified information, including a condition or disorder that **does not** impair the applicant’s ability to practice medicine safely.” However, the Board **is** allowed to require applicants “to disclose participation in a mental health or substance use disorder treatment program.” If the applicant does have a condition or disorder that impairs their ability to practice safely, the Board is required to provide information regarding a probationary or limited license. Lastly, the required questionnaire can be completed either electronically or by mail.

Continuing Medical Education

California SB 639 – Enacted September 20, adds “special care needs of patients with dementia” course requirements to the CME curriculum of healthcare professionals who have a patient population of which over 25 percent are 65 years of age or older.

California AB 2270 – Enacted September 27, gives licensees the option of taking coursework on menopausal mental and physical health to satisfy continuing education and professional development requirements.

California AB 2581 – Enacted September 28, requires the Board of Registered Nursing (BRN), Board of Psychology (BOP), Physician Assistants Board (PAB), and the Board of Behavioral Sciences (BBS) to *consider* including a course in maternal mental health within continuing education curriculum.

Healthcare Workforce

California AB 977 – Enacted September 29, creates parity in penalties for violence committed against health care workers in emergency department (ED) settings. Currently, assaults that happen to health care workers inside an ED carry lesser penalties than identical assaults if they happen elsewhere.

Opioids/SUD Treatment

California AB 2115 – Enacted September 27, authorizes practitioners to prescribe a narcotic drug at a nonprofit or free clinic to relieve acute withdrawal symptoms, while arrangements are being made for the patient’s long-term treatment in a narcotic treatment program (NTP). The clinic dispensing the narcotic remains subject to specified reporting, labeling, and recordkeeping requirements.

California AB 2998 – Enacted September 29, prohibits school districts from banning minors aged 12 or older from receiving, carrying, or administering naloxone or other opioid antagonists that are Federally-approved and over-the-counter, and shields them from civil liability or criminal prosecution if administered in good faith and without compensation to individuals suffering from opioid overdoses.

Prescribing Practice/Pain Management

California SB 607 – Enacted September 28, extends the requirement that before directly dispensing or issuing the first prescription for a controlled substance containing an opioid, the prescriber must discuss the risks to all patients, not just minors.

California SB 1184 – Enacted September 27, allows the State to conduct emergency hearings, including by remote means, to determine if an individual’s “exigent circumstances” warrant the ability to involuntarily administer antipsychotic medication for a limited period of time.

Reproductive Care

California SB 729 – Enacted September 29, requires large group health care plans - but not public insurers - to cover, by mid-2025, a maximum of three oocyte retrievals and small group health care plans to provide coverage for the diagnosis and treatment of infertility and fertility services; it also removes the requirement that patients be trying for a year to “naturally” conceive before they qualify.

Workplace Safety

California SB 963 – Enacted September 26, requires all general acute care hospitals with emergency departments to adopt and implement policies and procedures to facilitate the self-identification of ED patients as victims of human trafficking or domestic violence to hospital personnel. The bill requires policies and procedures to provide patient confidentiality and facilitating a prompt, private, and voluntary interview of the patient by medical personnel. The bill would also limit the liability of the facility and its directors, officers, and employees that act in compliance with the provisions and act in good faith.

Legislation Vetoed

Corporate Practice of Medicine

California AB 3129 - Vetoed September 28, bill would have expanded regulations requiring nonprofit health facilities to get Attorney General (AG) approval before transferring control or assets to for-profit entities. It also would have required private equity groups and hedge funds to seek AG consent before acquiring or controlling healthcare facilities or provider groups. Additionally, the bill would have

imposed notice requirements and allowed the AG to impose conditions if changes affected competition or healthcare access. It would have prohibited private equity and hedge funds from controlling physician or psychiatric practices and exempted for-profit hospitals and those in the University of California system from the extra review.

Gender-affirming Care

California AB 2442 - Vetoed on September 28, bill would have required the Medical Board to expedite the licensure process for applicants who intend to provide gender affirming care within the scope of practice of their license, and can provide documentation, such as an offer letter or contract from an entity that provides gender-affirming care, including related mental care. Currently, the state expedites the licensure process for professionals providing reproductive care.

Healthcare Professionals' Scope of Practice

California SB 1067 - Vetoed September 27, bill would have required the Physician Assistant Board develop a process to expedite the licensure process by giving priority review status to an applicant who adequately demonstrates that they intend to practice in a medically underserved area.

Mental Health

California SB 357 - Vetoed September 27, bill would have granted physicians and surgeons discretion on whether to report patients who have been diagnosed with a physical or mental disability, disease, or disorder that could affect the safe operation of a motor vehicle and grants immunity for making, or not making, these reports.

Telemedicine

California AB 2339 - Vetoed September 19, bill would have expanded existing Medi-Cal (Medicaid) definitions and exceptions to allow the use of asynchronous telehealth modalities to establish a new patient relationship when related to sensitive services, such as behavioral health and reproductive health services. The bill also would have expanded the definition of “asynchronous store and forward” to include asynchronous electronic transmission initiated directly by patients, including through mobile telephone applications.

Pending Legislation of Interest

Board Structure and Function

New Jersey S 3700 - Defines disinformation, misinformation, and dissemination and states that health care professionals that “engage in the dissemination of misinformation or disinformation... [as having] engaged in professional misconduct.” The bill was amended to remove “and contradicted by contemporary scientific consensus contrary to the standard of care” from the definition of misinformation, which is simply “any health-related claim of fact that is false.”

Pennsylvania SB 1325 - Amends the MPA pertaining to genetic counselors, which are under the purview of the Board of Medicine and the Board of Osteopathic Medicine, by defining “genetic test,” replaces references to “laboratory tests” with “genetic tests,” and clarifies that genetic counselors are **not** authorized to “manage” genetic diseases or conditions.

Healthcare Professionals' Scope of Practice

Michigan SB 1029 - Allows anesthesiologist assistants (AAs), under the supervision of a licensed prescriber, to administer Schedule II-V controlled substances; sets licensing fees for AAs (\$75 application fee and \$60/year fee); provides definitions for anesthesiologists, AAs, and the practice of anesthesiology; and establishes requirements for AA licensure and regulations for scope of AA practice, among other aspects.

New Jersey S 3701 - Allows certified midwives (CNMs) to prescribe drugs without a practice protocol with a collaborating physician, as currently required.

Ohio HB 670 - Changes the “physician assistant” title to “physician associate.”

Medical Marijuana

Pennsylvania HB 2611 - Empowers the Dept. of Health - which houses the Office of Medical Marijuana - to place conditions on physicians participating in the medical marijuana registry, including a probationary term, a limitation on the number of certifications that may be issued in a given time period, supervision by another physician, and certain reporting requirements. Further, physicians that have been convicted of a controlled substance related felony within the last five years may not participate in the registry.

Pain Management/Prescribing Practices

Michigan HB 5980 - Legalizes possession of up to two ounces of substances with psilocybin for individuals aged 18 years or older with a diagnosis of post-traumatic stress disorder.

West Virginia SB 2028 and HB 228 - Allows the state to operate an opioid treatment program, so long as it is part of an approved clinical trial, with institutional review board approval, for the study of office-based methadone versus buprenorphine. The bill also creates an exception for APRNs to

prescribe Schedule II controlled substances if they are working in clinical trials, including an opioid treatment program, and register with the Board of Pharmacy.

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, atjbremmer@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

October 24-26, 2024: [FSMB Board of Directors Meeting](#), Dallas, Texas

November 7-8, 2024: [FSMB Board Attorneys Workshop](#), Reno, Nevada

November 20-22, 2024: [Administrators in Medicine Fall Workshop & CMBE Institute](#), Phoenix, Arizona

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.

Subscribe



Texas Office: 400 Fuller Wiser Road, Euless, TX 76039
Telephone: (817) 868-4000

Washington, D.C. Office: 1775 Eye St. NW Suite 410, Washington, D.C. 20006

Telephone: (202) 463-4000



Federation of State Medical Boards | 400 Fuller Wiser Road | Euless, TX 76039 US

[Unsubscribe](#) | [Update Profile](#) | [Constant Contact Data Notice](#)



Try email marketing for free today!