

Keeping you informed from Washington, D.C.

October 3, 2024

## Congress strikes deal, government shutdown averted

On September 25, the **House** passed a noncontroversial continuing resolution (CR) **341-82**, funding the government until December 20, averting a government shutdown that was slated for October 1. The **Senate** subsequently followed suit in a **78-18 vote** on the same day, and President Biden **enacted** the measure on September 30.

Congress is now in recess until after the November election, pending a potential reconvening to pass assistance related to Hurricane Helene. All 435 seats in the House and 33 of 100 Senate seats will be contested in the election.

Our team remains available to supporting your policy questions or needs. [Reach out to us here!](#)



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## Pending Legislation of Interest

### Behavioral Health

The **Career and Technical Education (CTE) Student Mental Health and Wellness Act (H.R. 9656)**, introduced by **Rep. Nick Langworthy (R-NY)**, would make career and technical education schools eligible for **Garrett Lee Smith (GLS) Campus Suicide Prevention** grants, in addition to institutions of higher education, which are currently the lone recipients. GLS grants “enhance services for all... students, including those at risk for suicide, depression, serious mental illness, and/or substance use disorders that can lead to school failure; seek to prevent mental and substance use disorders; promote help-seeking behavior and reduce stigma attached to substance abuse treatment; and improve the identification and treatment of at-risk students.”

### License Portability

The **Reserve Health Readiness and Access Act of 2024 (H.R. 9629)** introduced by **Rep. Ro Khanna (D-CA)**, would amend **10 U.S. Code § 1094** to allow Department of Defense health care providers and contractors to provide “comprehensive medical readiness health and dental assessment on an annual basis, including preventive health care screening and comprehensive physical examinations” to military members, regardless of the provider’s state of licensure, so long as the practice is within their scope of the authorized Federal duties.

### Medical Education

The [Medical Graduate Investment Act of 2024 \(S.5146\)](#), introduced by **Sen. Bernie Sanders (I-VT)**, would authorize the HHS Secretary to award grants - for a minimum of \$1 million per year for five years - to schools of medicine or osteopathic medicine at historically Black colleges and universities (HBCUs) and other minority-serving institutions “for the purpose of increasing enrollment of medical students by at least 5 percent each year as compared to the prior year.” Grants would go towards “tuition and student fees (excluding living expenses), faculty recruitment and retention... costs associated with equipment... and costs associated with clinical training of medical students” and encourage graduates to serve in “medically underserved areas, including rural areas, frontier areas, and jurisdictions of Indian Tribes and Tribal organizations.” The bill also requires a report to Congress on the grant program's effectiveness, summary of outcomes and best practices, and the enrollment of medical students at participating medical schools.

### Reproductive Care

The [Helping to Optimize Patients' Experience \(HOPE\) with Fertility Services Act \(H.R. 8821\)](#) introduced by **Rep. Lori Chavez-DeRemer (R-OR)**, would amend ERISA to require insurers to “provide coverage for infertility or iatrogenic infertility treatments,” provides key definitions, mandates that coverage limitations and cost-sharing requirements “are no more restrictive than the predominant” requirements, and prohibits insurers from providing incentives to dissuade beneficiaries from seeking infertility treatments, restricting provider discussion about infertility treatments, or penalizing providers for rendering infertility treatments.

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## Regulatory News

On September 23, **HRSA announced** nearly \$9 million in grant funding to launch new opioid treatment and recovery services in three rural North Carolina communities (Wilson, Forest City, and Hickory).

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### Federal Contact

The FSMB's federal legislative staff will continue to track and monitor legislation and regulations of interest to state medical boards. If there is specific legislation you would like us to assist with, please contact **Lisa Robin**, Chief Advocacy Officer, at [lrobin@fsmb.org](mailto:lrobin@fsmb.org), or by phone at (202) 463-4006.



## Executive Orders

On September 24, **Florida Governor Ron DeSantis** issued [Executive Order 24-209](#), which, among other things, allows Floridians to receive early prescription refills - other than Schedule II controlled substances - during a declared state of emergency in the county in which they reside.

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## Regulatory News

The **Washington Department of Health (DOH)** issued [final rules](#) pertaining to its J-1 waiver program for international physicians. Specifically, IMGs eligible for the visa waiver must have licenses “without any restrictions due to disciplinary action or unprofessional conduct” and have active licenses (but the requirement that they be “unrestricted” is removed). Applicants are also newly required to be “physically located in [the] state” and have a favorable recommendation from the DOH. Additionally, the rules provide a definition of telehealth and reworks guidelines regarding the DOH's authority to sponsor visa waivers, among other aspects.

The **Montana Department of Public Health and Human Services (DPHHS)** issued [final rules](#) regarding the regulation of abortion clinics, specifically setting minimum standards for the abortion clinic applications, which must be registered with DPHHS; requirements pertaining the physical structure and sanitation, policies and procedures regarding documentation and recordkeeping, including the maintenance of patient files; requirements for medical directors (which now must be licensed physicians); and rules concerning emergency preparedness, among other

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## Judicial News

A District Court judge in **Tennessee** in [Welty v. Dunaway](#), halted the enforcement of [HB 1895/SB 1971](#), which prohibits non-parents or guardians from “intentionally recruiting, harboring, or transporting” unemancipated minors for the purpose of receiving medical procedures prohibited in the state, such as an abortion, medication abortion, or gender-affirming care. The judge stated that the law “likely violates the First Amendment because it clearly regulates speech, is facially content based, and isn’t narrowly tailored to serve legitimate state interests.” In May, Tennessee became the 2<sup>nd</sup> state, after Idaho, to enact “anti-abortion trafficking” legislation, though both are currently blocked.

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## Legislation Signed into Law

### Board Structure and Function

[California SB 1451](#) – Enacted September 21, includes a number of proposals regarding health care professionals, including:

- Allowing dental hygienists to continue alternative practice in health professional shortage areas, even if Dept. of Health Care Access and Information certification is revoked;
- Expanding the list of prohibited titles for non-physicians or surgeons to include “D.O.,” “doctor,” “physician,” “Dr.,” or “M.D.”;
- Exempting discontinued national nurse practitioner (NP) certification examinations before January 1, 2017, from competency alignment assessments;
- Setting transition to practice requirements for NPs at three years or 4,600 hours of practice within the last five years and an attestation from a licensed physician or NP, removes the requirement for NPs to inform patients of their right to see a physician, and to use specific language for informing Spanish-speaking patients; and
- Extending the requirements for licensed vocational nurses to perform respiratory tasks to January 1, 2028.

[California SB 1468](#) – Enacted September 21, requires licensing boards responsible for overseeing prescribers to develop and disseminate informational material to licensees, acute care hospitals, and their website regarding the “Three Day Rule” (which allows practitioners **not** registered with the DEA to dispense up to a three-day supply of narcotics for maintenance or detoxification treatment).

[California AB 1991](#) – Enacted September 21, requires all healing arts boards under the Department of Consumer Affairs (DCA) to require their licensees who electronically renew their license or registration to provide their individual National Provider Identifier number.

### Continuing Medical Education

[California AB 3119](#) - Enacted September 21, requires the boards of medicine, nursing, and PAs to consider a course in “infection-associated chronic conditions, including post-COVID conditions” in its continuing education requirements.

### Reproductive Care

[Delaware SB 300](#) – Enacted September 26, requires crisis pregnancy centers to provide notice if the center is not licensed as a medical facility and does not have a licensed medical provider who provides or directly supervises the provision of services.

[Delaware SB 301](#) - Enacted September 26, requires public universities to provide access to medication abortion and emergency contraception, provided on site, but allows consultation via telemedicine.

### Women’s Health

[Delaware HB 426](#) – Enacted September 24, requires pregnant women in Dept. of Corrections custody are able to meet with a doula or midwife - which are **regulated by** the Board of Medical Licensure and Discipline - to create a birth plan regarding the birth of their child.

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## Legislation Vetoed

### Telemedicine

[California AB 2339 - Vetoed](#) September 20, 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.

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# Pending Legislation of Interest

## Board Structure and Function

**New Jersey A 1884** - 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 amended bill removes “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.”

## Conflicts of Interest

**New Jersey S 3242 and A 4447** - Creates a new exception to practitioner conflict of interest laws, allowing practitioners to refer a patient or employee to a pharmacy the practitioner has financial ties to if the pharmacy “is integrated with an oncology practice, only dispenses medications exclusively to patients of that practice, and complies with additional requirements.”

## Licensure Compacts

**Michigan HB 5964** - Removes the March 28, 2025 sunset clause for the IMLC.

## Medical Aid-in-Dying

**New Jersey S 3588 and A 1880** - Waives the state's mandated 15-day waiting period to complete the two oral requests for medical aid-in-dying medication, for “patient[s] who, based on reasonable medical certainty, [are] not expected to survive for 15 days.”

## Reimbursement

**New Jersey A 4863** - Requires NJ FamilyCare (Medicaid) payment for multiple medical encounters per day per enrollee at federally qualified health centers (FQHCs).

## Women's Health

**New Jersey S 912 and A 3887** - Requires health care professionals providing prenatal care to ensure that each pregnant woman has the opportunity to develop a comprehensive personalized postpartum care plan that is consistent with their anticipated postpartum needs and plans.

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## Legislation Affecting Board Authority

The FSMB continues to closely monitor legislative areas that could have significant implications on the practice and regulation of medicine: off-label treatment, reproductive health, and gender-affirming care. In addition to legislation highlighted in FSMB Advocacy Network News, all tracked COVID-19 adjacent legislation can be found [here](#), all tracked reproductive health legislation can be found [here](#), and all tracked gender-affirming care legislation can be found [here](#).

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## State Contact

The FSMB's state legislative staff will continue to track and monitor legislation and regulations of interest to state medical boards. If there is specific legislation you would like us to assist with, please contact **John Bremer**, Director, State Legislation and Policy, [atjbremer@fsmb.org](mailto:atjbremer@fsmb.org), or by phone at (202) 463-4021.



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## Resources for Regulators

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



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## 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](#)

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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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