

Keeping you informed from Washington, D.C.

September 25, 2024

## PA Licensure Compact Commission holds inaugural meeting, elects officers

I was pleased to attend the inaugural meeting of the PA Licensure Compact Commission on Tuesday and Wednesday, September 24-25, at the Hall of States in Washington, D.C.

The Commission held elections for officers and members at large to its Executive Committee. Congratulations to:

- Timothy E. Terranova (Maine), Chair
- Marisa Courtney (Washington), Vice Chair
- Larry Marx (Utah), Treasurer
- Jamie Alley (West Virginia), Secretary
- Elizabeth Huntley, JD. CMBE (Minnesota), At-Large
- Paula E. Martinez, MBA (Colorado), At-Large
- Justin Hepner, PA-C (Virginia), At-Large
- Kathy Sarbalis, PA-C (AAPA), Ex Officio
- Greg Thomas, PA-C Emeritus, MPH (NCCPA), Ex Officio

The PA Licensure Compact is currently comprised of 13 states –**Colorado, Delaware, Maine, Minnesota, Nebraska, Ohio, Oklahoma, Tennessee, Utah, Virginia, Washington, West Virginia, and Wisconsin.**

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



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## Legislation moving through Congress

### Telemedicine

The [Telehealth Advancement for Mental Health \(TELEM\) Act of 2024 \(H.R. 7858\)](#), introduced by **Rep. John James (R-MI)**, passed the House by voice vote on September 17. It would require the HHS Secretary to establish a Medicare incident to modifier - services that are part of a patient's typical course of treatment - for mental health services furnished through telehealth within two years of enactment.

The [Accelerating Kid's Access to Care Act \(H.R. 4758\)](#), introduced by **Rep. Lori Trahan (D-MA)**, passed the House by voice vote on September 17. It would make out-of-state providers eligible

to enroll as a participating provider in State plans (or waivers) without additional screening requirements by the State for services furnished to Medicaid-eligible children with medically complex conditions, unless the state has a standard agreement with other states governing coverage and payment for such services.

The [Telehealth Modernization Act \(H.R. 7623\)](#), introduced by **Reps. Buddy Carter (R-GA)** and **Lisa Blunt-Rochester (D-DE)**, was unanimously advanced by the **House Energy and Commerce Committee** on September 18, so it may be taken up by the full House for consideration. The bill would extend pandemic-era waivers until 2026 allowing the HHS Secretary to expand the types of practitioners that may furnish services via telehealth, retaining the expanded list of services that can be rendered via telemedicine and reimbursed by Medicare, allowing FQHCs and RHCs to serve as distant sites for telemedicine services, and reimbursing these services a level equivalent to outpatient clinics; and allowing audio-only telemedicine when appropriate, among other changes. These waivers are currently scheduled to expire at the end of the year.

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## Pending Legislation of Interest

### Gender-Affirming Care

The [Stopping Transgender Operation Payments and Wacky Expenses for Illegal Residents and Detainees \(STOP WEIRD\) Act of 2024 \(H.R. 9586\)](#), introduced by **Rep. Greg Steube (R-FL)**, would prohibit Federal funds from being used “to provide or refer for a specified gender transition procedure to an individual in the custody of DHS or the HHS or to reimburse any entity for providing such a procedure to such an individual.” Specified gender transition procedures include gender-reassignment or gender-affirming surgeries and cosmetic surgeries “that feminize or masculinize” features, as well as administering puberty-blocking drugs or sex hormones.

### Reproductive Care

The [Right to IVF Act \(S. 4445/H.R. 9643\)](#), introduced by **Sen. Tammy Duckworth (D-IL)** and **Rep. Susan Wild (D-PA)**, was **blocked** on September 17 in a 51-44 vote that fell short of the 60-vote threshold needed, after previously being blocked in June. The bill would create a statutory right to access fertility treatments according to “widely accepted and evidence-based medical standards of care,” defined as in vitro fertilization, genetic testing of embryos, preservation of oocytes, sperm, or embryos for later use, and artificial insemination, among other treatments; rendered by appropriately licensed health care providers. The bill would explicitly protect the right of health care providers to provide fertility care, for health insurers to cover fertility treatments, and for manufacturers to produce, import, market, and sell their products. The bill would also create a right of action allowing the U.S. Attorney General to commence civil action against any state, official, or organization that violates the statute, and grants a right of action to private citizens that are adversely affected by any such violations. Additionally, the bill would require the Secretary of Defense to “make available fertility treatment and counseling to a member of the uniformed services or a spouse, partner, or gestational surrogate,” and establish procedures for the retrieval of reproductive genetic material for active-duty military members whose fertility has been jeopardized by injury or illness, among other services available to military members.

The [IVF Protection Act \(S. 4368\)](#), introduced by **Sen. Ted Cruz (R-TX)**, was blocked in a September 17 vote. The bill would strip states of Medicaid funding if they bar access to in-vitro fertilization treatment and require states to “ensure that no unit of local government in the State prohibits such services,” but explicitly states that the statute would not “compel any individual or organization to provide IVF services.”

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## Regulatory News

In a September 17 [scheduling notice](#) for two synthetic benzimidazole-opioids, the **Drug Enforcement Agency (DEA)** acknowledged the legitimacy of the **Department of Justice’s (DOJ) Office of Legal Counsel (OLC)** new two-part test used to determine a substance’s accepted medical use. The DEA has questioned the test’s merit in its challenging of the recent decision to reschedule cannabis from Schedule I to III. The two-part test asks “(1) whether there exists widespread, current experience with medical use of the substance by licensed health care providers... where medical use is recognized by entities that regulate the practice of medicine, and, if so, (2) whether there exists some credible scientific support for at least one of the medical conditions for which part (1) is satisfied.”

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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](mailto:lrobin@fsmb.org), Chief Advocacy Officer, at [lrobin@fsmb.org](mailto:lrobin@fsmb.org), or by phone at (202) 463-4006.



# State Legislative News

## Regulatory News

The **Nevada State Board of Medical Examiners** promulgated [proposed rules](#) related to a myriad of topics, including prohibiting PAs from performing elective cosmetic surgeries involving sedation or anesthesia without direct supervision; requiring PAs, respiratory therapists, perfusionists, and anesthesiologist assistants applying for licensure in the state to list each license they hold in another jurisdiction; and allows authorized health care record custodians (such as physicians, PAs, and respiratory therapists) to delegate the furnishing of health records to authorized individuals, among other aspects.

The **Nevada State Board of Medical Examiners** posted [final rules](#) that would, among other things, require an applicant for a license to practice medicine or a physician who wishes to practice in a new medical specialty area to designate to the Board each medical specialty area in which they intend to practice, and sets out parameters to do so, including being board certified in the particular specialty by ABMS and completing an ACGME-approved postgraduate training program in the specialty. In another rule, the Board will notify respiratory care therapist, perfusionist, or anesthesiologist assistant (AA) applicants of any deficiencies in their applications and allow denied applicants to appeal their decision. Regarding licensure by endorsement, the Board will be prohibited from issuing a license if the respiratory care therapist, perfusionist, or AA applicant has been the subject of certain disciplinary action related to their practice in another jurisdiction. New rules also explicitly prohibit respiratory care therapists, perfusionists, or AAs from “engag[ing] in sexual impropriety toward a patient, including, without limitation, engaging in behavior that is seductive, sexually suggestive, disrespectful of a patient’s privacy or sexually demeaning.”

The **Nevada State Board of Medical Examiners** posted [final rules](#) that clarify that PA, APRN, or anesthesiologist assistant (AA) licenses are in good standing so long as “the license is not expired, suspended, revoked, restricted, limited, conditioned, on probation,” and authorizes the Board to deny an application to practice medicine if the applicant is not qualified or is not of good character or reputation, if any credential submitted is false, or if the application is “not made in proper form or is otherwise deficient,” among other aspects.

The **Michigan Board of Osteopathic Medicine and Surgery** declined, according to the [minutes](#) of the September 19 meeting, to add the **American Academy of Family Physicians (AAFP)** as a listed, approved CME provider.

The **Vermont Department of Health** published [guidelines](#) to operationalize [H 72](#), enacted in June, which allowed an “overdose prevention center” (OPCs; also known as safe injection site) in Burlington where individuals can use drugs in a medically supervised environment. The guidelines require OPCs to have an area for smoking drugs with fire-proof ash disposal, ventilation systems for indoor smoking areas, and more generally sets hours of operation, rules regarding record management, confidentiality, and infection control, among other aspects.

On September 19, **Florida's Agency for Health Care Administration (AHCA)** issued a [memo](#) reminding practitioners that “abortion is permissible at any stage of pregnancy in Florida to save the life and health of the mother. Abortion is also available when the pregnancy results from rape, incest, or human trafficking, or has a fatal fetal abnormality... Health care facilities and providers must be aware that a physician providing life-saving treatment for pregnant women does not violate Florida law and that failure to do so may constitute malpractice. Additionally, a miscarriage is not an abortion.”

The **Florida Board of Medicine** and **Board of Osteopathic Medicine** issued proposed rules implementing SB 7016, which established the licensure class for graduate assistant physicians (GAPs), the “bridge to residency” license offered by the state. The rules detail the written practice protocol required for GAP practice, including supervision requirements, delegation, scope of practice, including prescriptive authority; and the evaluation of GAP practice by their supervising physician ([MD version](#)/[DO version](#)). Furthermore, the state's Board of Medicine website [posted](#) a page regarding the requirements, fees, and an application portal for GAPs.

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## Judicial News

Georgia's ban on minors' access to gender-affirming care will remain in place after a judge in the U.S.D.C. for the Northern District of Georgia in [Koe v. Noggle](#), paused a lawsuit over the provision's constitutionality until the US Supreme Court decides whether Tennessee's similar prohibition violates the 14th Amendment's equal protection clause. The justices are expected to rule on the Tennessee law by the end of June 2025. Georgia is one of 26 states that prohibit transgender minors from accessing puberty-blocking drugs, cross-sex hormones, or surgery to treat gender dysphoria. Several federal trial courts initially blocked the laws, but multiple federal appeals courts lifted those orders and allowed the provisions to take effect.

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## Legislation Signed into Law

### International Medical Graduates

**California AB 2860** – Enacted September 14, reforms the state's Mexico Pilot Program to create two bifurcated programs - the Licensed Physicians from Mexico Program and the Licensed Dentists from Mexico Pilot Program – and removes existing requirements such as the health professional be concurrently enrolled in an English as a second language course and instead require language competency in the form of the Occupational English Test or a similar metric, removes the mandatory six month orientation for participating health professionals, and removes the required six-month externship at the participant's place of employment.

**California AB 2864** – Enacted September 14, requires the Board to extend license validity of the state's Mexico Pilot Program licensees - which allows up to 30 physicians and 30 dentists from Mexico to practice in California for up to three years – to allow those participating to practice for an additional three years (**six years total**) "upon the request of [the] licensee and the community health clinic CEO that employs the licensee" - subject to a \$1,726.50 fee paid by October 31, 2024 - from the date of their license expiration.

### Pain Management/Prescribing Practices

**Alaska HB 228** - Enacted September 19 and effective immediately, establishes the Task Force for the Regulation of FDA Approved Psychedelic Medicines to "prepare for the potential medicalization of psychedelic medicines... make policy recommendations to the Legislature concerning insurance and licensure... and to ensure the state is prepared if psychedelic medicines become available for prescription" as well as provide rules about the task force's membership, selection process, the schedule and timeline for the report, and its eventual termination.

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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, [atjbrem@fsmb.org](mailto:atjbrem@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.](#)



## 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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