2025 Legislative End-of-Year Update

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FSMB's Advocacy Office

FSMB offers state medical boards a variety of legislative and advocacy services and research, including:

- State and Federal legislative and regulatory tracking and oral/written testimony
- State-by-State Comparison Charts and Research
- Coordinating meetings with Congressional offices and Federal agencies

FSMB Advocacy Network News

- Weekly e-newsletter providing legislative and regulatory news and tracking of state and Federal issues

Trends in State Legislation

How many state legislative bills did FSMB track in 2025?

1,690

2,134

1,962

2,322

How many state legislative bills did FSMB track in 2025?

1,962

How many of those bills became laws?

122

287

354

446

How many of those bills became laws?

287
(14.6%)

Which state has the most bills tracked by FSMB?

New York

New Jersey

Missouri

Texas

Which state has the most bills being tracked by FSMB?

Texas
(198)

Which was the most common bill topic tracked in 2025?

- Board Structure and Function
- Pain Management/ Prescribing Practices
- Reproductive Care
- Occupational Licensure Reform

Which was the most common bill topic tracked in 2025?

Board Structure and Function

Board Structure & Function

FSMB is tracking 362 bills in 47 states and territories impacting board structure and function

Highlights of enacted bills are:

- Alabama BME & MLC sunset date extended until October 2027 and subjects Board members and Board employees to state ethics laws
- Tennessee extended their Osteopathic Board's sunset date until June 2029
- Maryland defined membership criteria, term limits, and quorum requirements for allied health advisory committees; and allowed BOP to set fees to generate sufficient funds to support license programs
- Montana added 2 PAs to BME, bringing membership to 14 from 12

Board Structure & Function

FSMB is tracking 362 bills in 47 states and territories impacting board structure and function

Highlights of enacted bills are:

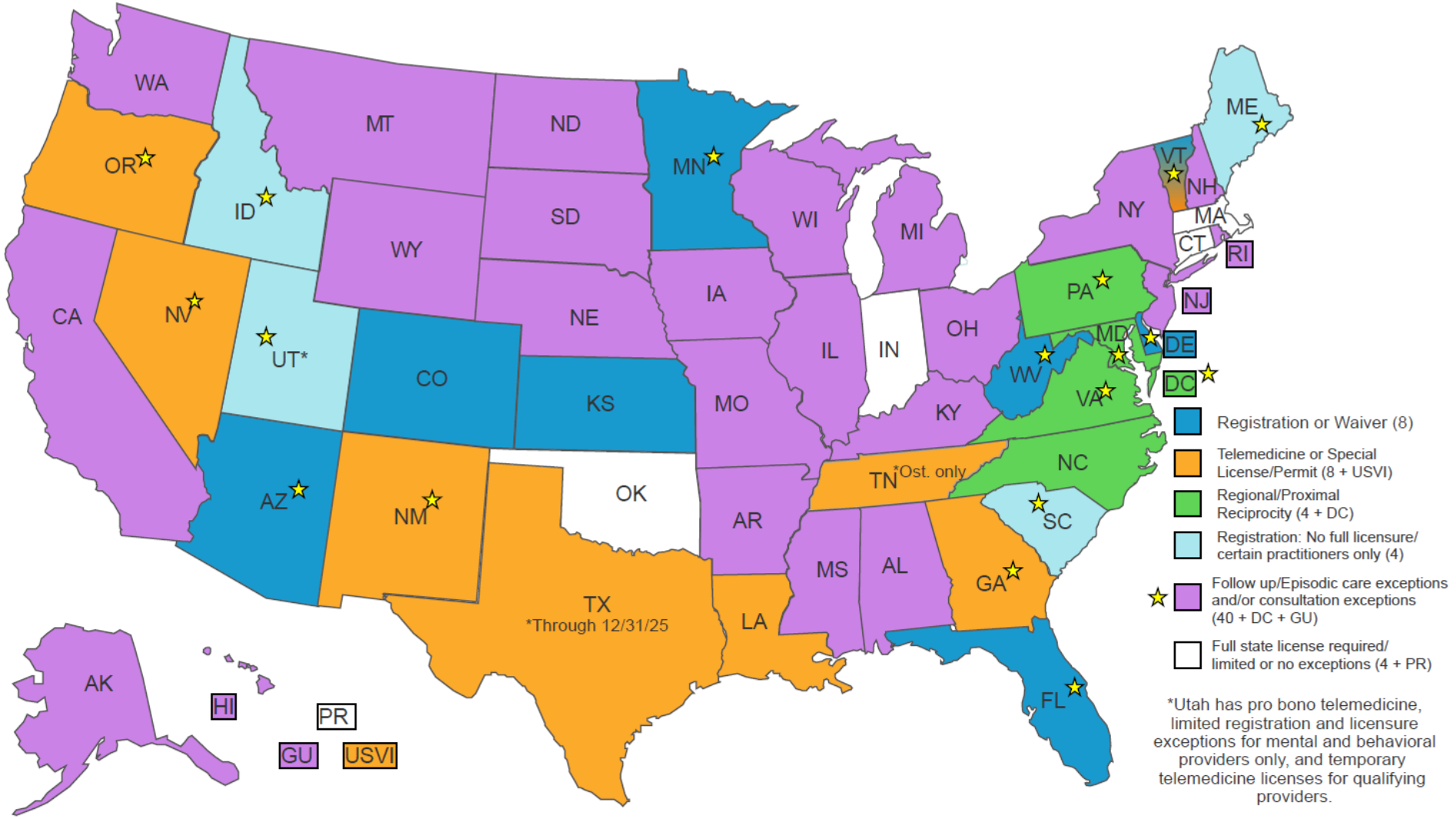
- Rhode Island and Colorado removed past mental health diagnosis questions on license applications and renewals, and limited inquiries to current impairments
- North Carolina authorized individuals licensed in neighboring states that establish in-state residency and reach other criteria
- Texas authorized the TMB to request criminal background checks from the Dept. of Public Safety for license applicants, renewals, and Board applicants and current employees.
- Disciplines added to Board purview:
    - Genetic counselors (NV)
    - Anesthesiologist assistants (TN)

Telemedicine Flexibilities

FSMB is tracking 92 bills in 34 states and territories to date in 2025 concerning telemedicine, including bills related to:

- Shield laws
- License portability
- Banning facility fees
- Reimbursement
- Expanding telemedicine coverage of certain services
- Audio-only telemedicine
- Questionnaires
- Patient-practitioner relationship
- Continuity of care
- Prescribing controlled substances

Permanent Interstate Telemedicine



Artificial Intelligence (AI)

FSMB is tracking 42 bills in 25 states to date this year concerning AI, including the following enacted bills:

- **California AB 489** - Enacted October 11, prohibits entities deploying AI or GenAI from using terms or designations, such as “Dr.,” “MD,” or “RN,” in advertising or a functionality that impersonates licensed health care professionals, and requires AI-generated patient communications to include disclaimers

- **California SB 53** - Enacted September 29, establishes transparency and safety requirements for large AI developers, creates a state consortium (CalCompute) to promote ethical AI research, mandates catastrophic risk reports from major AI companies, provides whistleblower protections, and authorizes the AG to impose civil penalties for noncompliance.

Artificial Intelligence (AI)

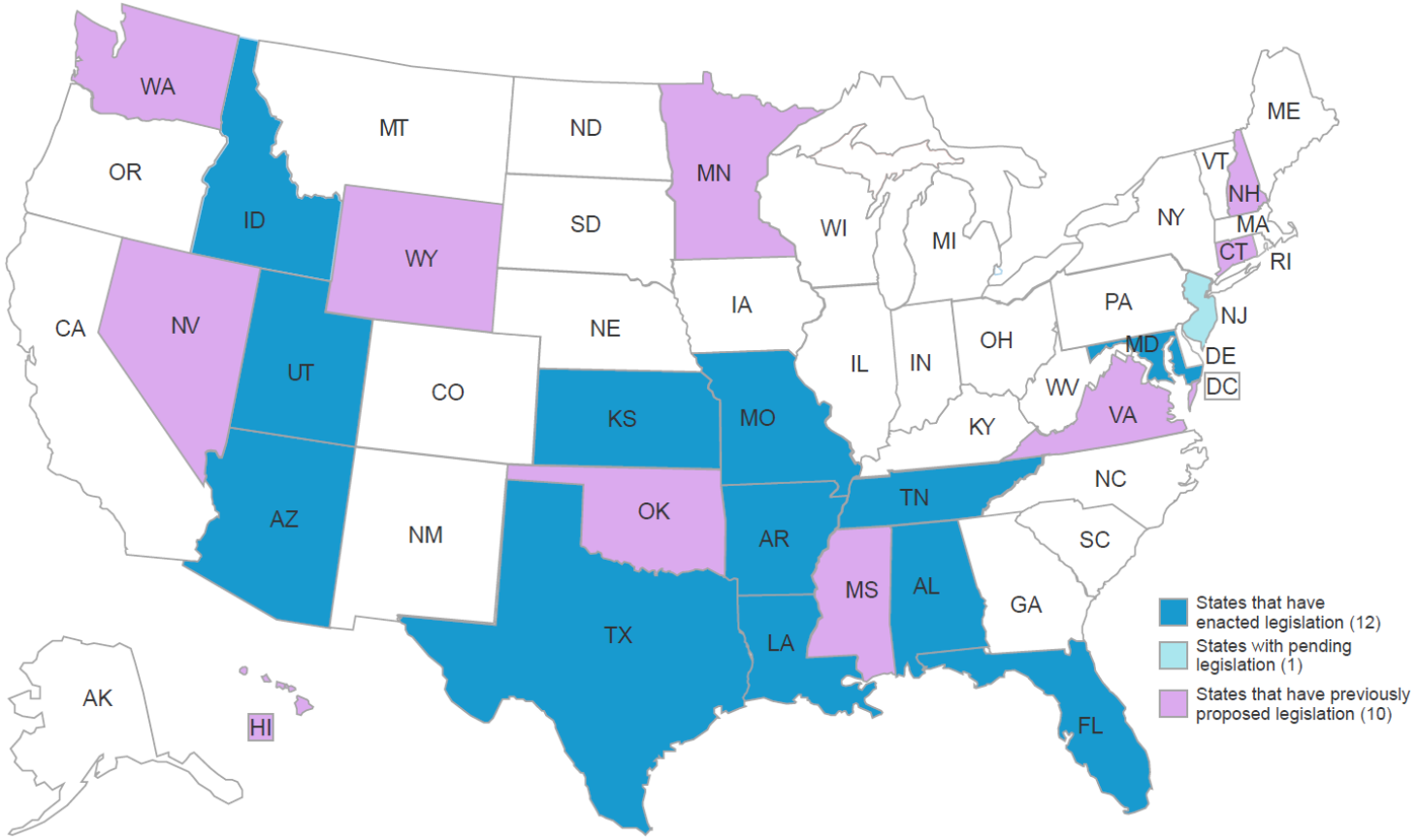
FSMB is tracking 42 bills in 25 states to date this year concerning AI, including the following enacted bills:

- **Illinois HB 1806** - Enacted August 1, prohibits licensed mental health professionals from using AI to assist in providing support, defined as making independent therapeutic decisions, directly interacting with clients during therapeutic communication, and generating therapeutic recommendations or plans

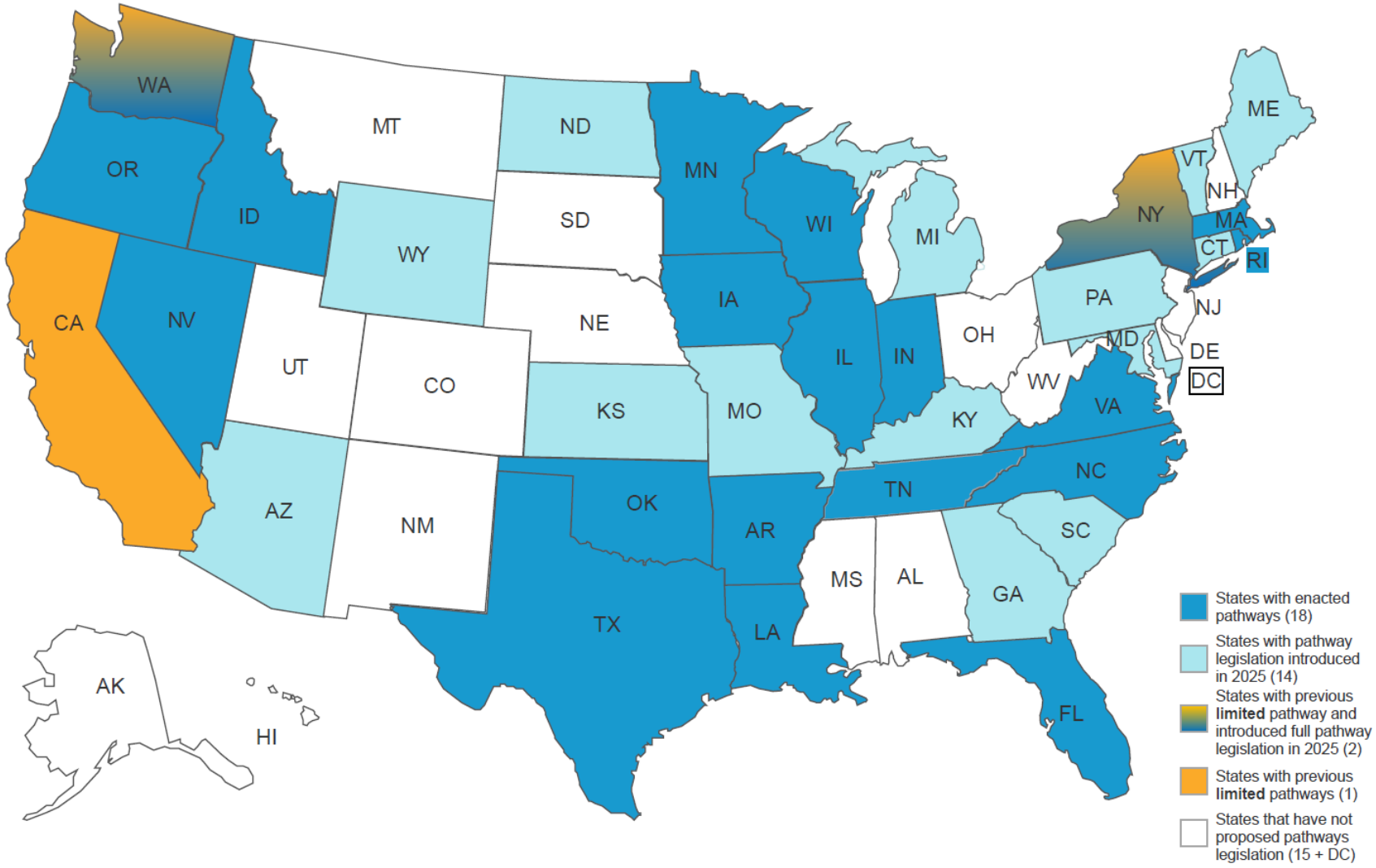
- **Utah HB 452** - Enacted March 26, regulates for AI-powered mental health chatbots, requires developers to inform users when they are interacting with AI rather than a human, especially at first use or after periods of inactivity; places limits on how systems collect, use, and share sensitive user data, and prohibits health-related information from being sold or shared without explicit consent.

Assistant Physicians

- Since 2014, 12 states have enacted legislation creating a new category of licensure for unmatched medical school graduates.
- Specifics of license differ by state regarding requirements, supervision, length of eligibility, and number of renewals
- In 2025, legislation was enacted in Maryland (slightly altering reqs) and Texas (adding APs)
- In 2025, legislation was proposed in Idaho, Maryland, Missouri, New Jersey, Nevada, Oklahoma, and Texas



Additional ITP Licensure Pathway



- Tennessee first state to enact legislation allow provisional license of qualified ITPs in April 2023
- 17 states have followed suit
- 16 other states have introduced similar legislation

State-by-State Overview

Additional ITP Licensure Pathway

Advisory Commission on Additional Licensure Pathways (ACALM) Guidance (Part 1) released Feb. 2025 for ITP applicants:

- Graduation from Medical School
- Completion of Post-Graduate Training
- License/Authorization to Practice in Another Country
- Limitation on Time Out of Practice
- Offer of Employment Prior to Application to an Additional Pathway
- Temporary Provisional Licensure Prior to Eligibility to Apply for Full and Unrestricted Licensure
- Eligibility for Full and Unrestricted Licensure
- Rulemaking Authority Delegated to the State Medical Board
- Standard Reporting Requirements

fsmb FEDERATION OF STATE MEDICAL BOARDS

Full Guidance

Additional ITP Licensure Pathway

ACALM Guidance (Part 2) released Aug. 2025 for the transition from provisional to fully licensed ITPs:

1. Internationally-trained physicians (ITPs) should be assessed on all six general competencies:
   - Medical Knowledge (MK)
   - Patient Care and procedural skills (PC)
   - Interpersonal and communication skills (ICS)
   - Professionalism
   - Systems-based Practice (SBP)
   - Practice-based Learning and Improvement (PBLI)

2. ITPs should undergo a formative needs assessment at the beginning of the supervisory period to identify strengths and areas for improvement as part of learning plan

3. A specialty-specific exam, such as an in-training exam, should be used to inform an ITP's learning plan during the supervisory period.

4. Assessment should be longitudinal and periodic:
   - Knowledge assessment
   - Clinical skills (direct observation)
   - Multisource feedback
   - Review and audit of medical record

Full Guidance

Additional ITP Licensure Pathway

ACALM Guidance (Part 2) released Aug. 2025 for the transition from provisional to fully licensed ITPs:

5. By the end of the supervisory period, an ITP should demonstrate the ability to engage in independent and unsupervised practice

6. The level of supervision for an ITP should be tailored to the competence of the individual ITP Scales
    - Not allowed to practice (observer only)
    - Allowed to practice only under proactive, full (direct) supervision
    - Allowed to practice only under reactive/on-demand (indirect) supervision
    - Allowed to practice unsupervised

7. Supervisors of ITPs should be physicians (MD, DO or equivalent)

8. The rights of ITPs as employees should be taken into consideration to ensure fair and equitable treatment during their supervision period

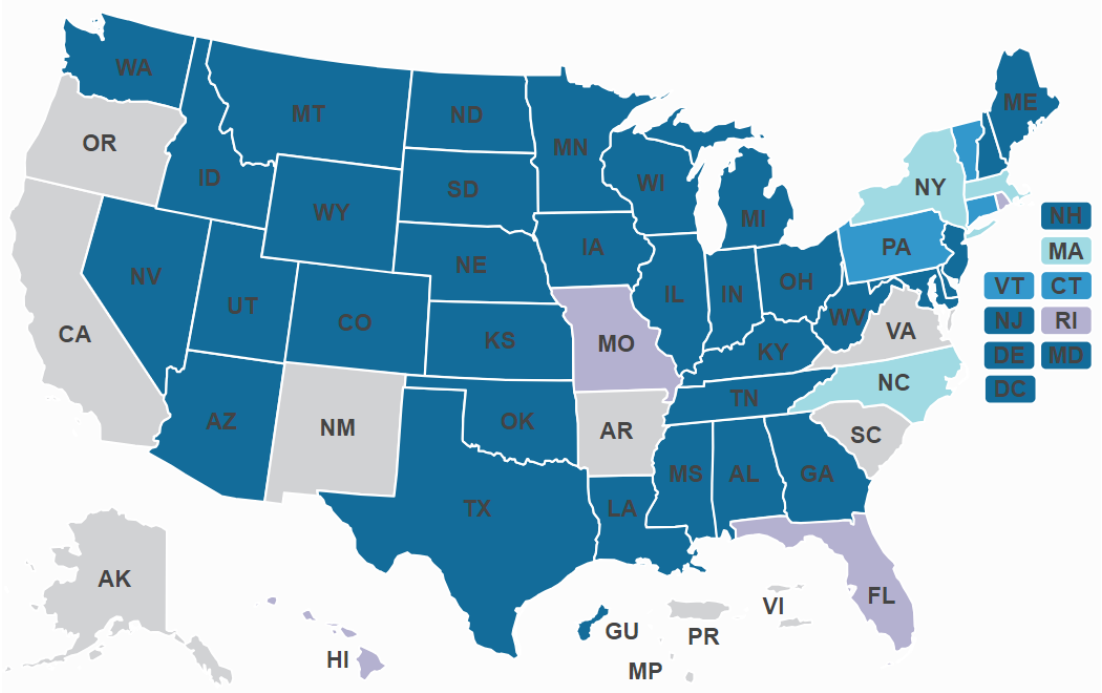
Full Guidance

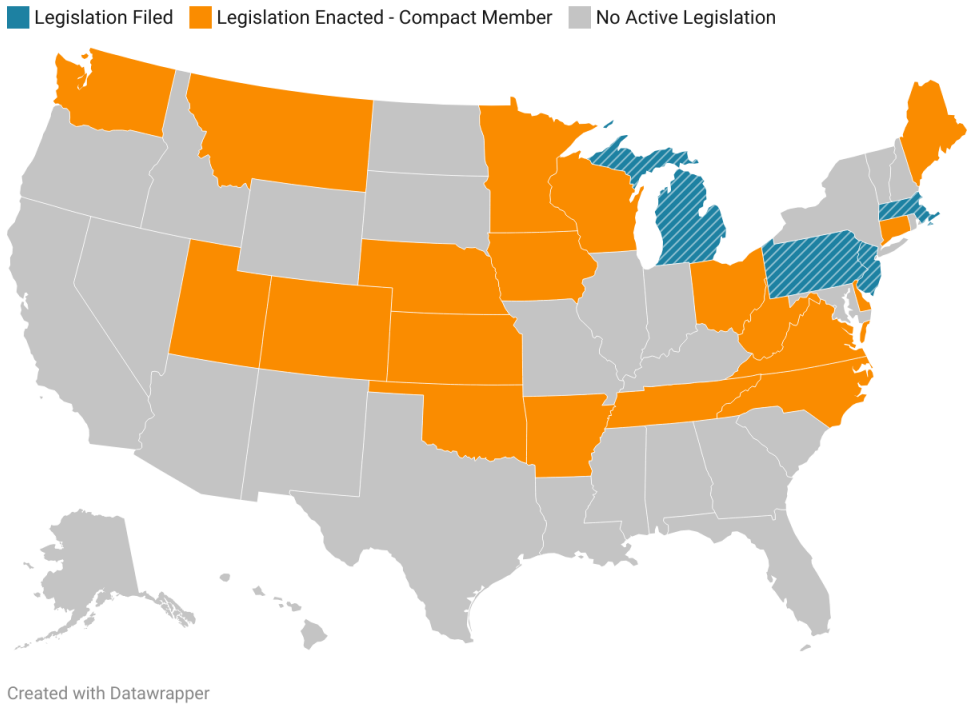
Additional ITP Licensure Pathway

Model bill/State/ Component	Graduation from Medical School	Int'l Medical School Qualification	Completion of Post-Graduate Training	License to Practice in Another Country	Int'l Experience Req	Limitation on Time Out of Practice	Offer of Employment Prior to Pathway	Provisional Licensure Prior to Full License Eligibility	Eligibility for Unrestricted Licensure	Min time before license conversion + auto/discretion
Enacted States	18/18	9 ECFMG 2 WHO 2 WDOMS 5 Board-determined	11.5/18	17/18	3.4 years	9.5/18	17/18	18/18	18/18	3.1 years avg 5 automatic 13 discretion
Range/Details	-	-	-	NC & NV allow former licensees	Unstated – 5 years	-	NV will grant license prior	-	-	2 years – 5 years

Model bill/State/ Component	SMB Rulemaking Authority	State has Issued Rules	Standard Reporting Req	ECFMG cert prior to provisional licensure	English language competency	Require USMLE Steps 1+2 to apply to pathway*	Complete USMLE prior to application	Complete USMLE for full licensure	Require facility assessment prior to full licensure	Two-tiered Provisional Licensure	Provisional licensees must practice in HPSAs
Enacted States	14/18	7/18	3/18	11.5/18	18/18	15.5/18	6.5/18	14.5/18	5/18	4/18	6.5/17
Range/Details	-	FL, IL, IA, LA, TN, TX, WI	NV, NC, OR	-		-		-	IL, MA, OR, RI, VA	IL, MA, TX, VA	IL, LA, MA, NC, OR, TX (.5), VA

Licensure Compacts – IMLC & PA Compact





- **Interstate Medical Licensure Compact** is enacted in 42 states, DC, and Guam
- **PA Licensure Compact** is enacted in 19 states

Licensure Compacts – Other Compacts

Enhanced Nurse Licensure Compact (eNLC)
- Effective 2018
- 41 states, Guam, and Virgin Islands

APRN Compact
- Not effective until 7 states enact
- 4 states are Members

EMS Compact
- Effective October 2017
- 24 states are Members

Occupational Therapy Licensure Compact
- Effective 2018
- 32 states are Members

Physical Therapy Licensure Compact
- Effective April 2017
- 39 states and DC are Members

Psychology Interjurisdictional Compact (PYSPACT)
- Effective April 2019
- 41 states, DC, and CNMI are Members

Licensure Compacts – Other Compacts

Audiology and Speech-Language Pathology Interstate Compact
- Effective January 2022
- 36 states and USVI are Members

Dental and Dental Hygienist Compact
- Effective April 2024
- 12 states are Members

Dietitian Licensure Compact
- Effective March 2025
- 15 states are Members

Interstate Massage Compact
- Not effective until 7 states enact
- 5 states are Members

Respiratory Therapists Compact
- Not effective until 7 states enact
- 4 states are Members

Athletic Trainers Compact
- Not effective until 7 states enact
- 0 states are Members

Interstate Podiatric Medical License Compact
- Not effective until 7 states enact
- 0 states are Members

Federal Legislation and Regulations

States Handling Access to Reciprocity for Employment (SHARE) Act, H.R. 2332 / S. 1101

The SHARE Act would remedy the barrier that healthcare professional licensure compacts have faced regarding the authority to conduct the statutorily required criminal background checks.

- Introduced by Reps. Mann (R-KS) and Neguse (D-CO), and 26 bi-partisan co-sponsors, and Sens. Blackburn (R-TN), Welch (D-VT), and King (I-ME), and 4 bi-partisan co-sponsors
- Explicitly directs the FBI to provide criminal history records information to state licensing authorities for individuals seeking a license or privilege to practice in a compact member state
- Expressly permits sharing that the criminal background check was completed

Rural Health Transformation (RHT) Program

Sept. 15: HHS announced launch of RHT, part of the OBBBA, administered by CMS, to provide $50 billion over five years to help states improve healthcare access, quality & outcomes in rural communities.

- ½ of funding to each state, ½ based on individual state metrics
- Scoring system rewards states participating in various legislative initiatives, including 5 interstate licensing compacts (e.g., IMLC and PA Compact), incorporating nutrition in CME requirements, and forming strategic provider partnerships between rural facilities and large health care systems.
- State application deadline: Nov. 5, 2025
- Awardees announced: Dec. 31, 2025

Direct-to-Consumer (DTC) Executive Order

On September 9, President Trump issued a memo re: DTC prescription drug advertising

Components:

- HHS and FDA “aggressive enforcement of DTC violations”
- Future rulemaking to remove the 1997 “Adequate Provision” Loophole, which allows companies to put “vital safety information” in another format or location, such as a website or toll-free number
- Close digital loopholes by expanding their oversight to encompass social media promotions, influencers, AI-generated content and chatbot interactions.

Potential H-1B Overhaul

Sept.19: President Trump issued a proclamation increasing H-1B visa fee from $1,700 to $4,500 to $100,000 (annually)

- H-1Bs allow U.S. employers to temporarily hire foreign workers in specialty occupations that require “highly specialized knowledge”
- Commonly associated with tech giants, but also one of the visas (along with J-1) used by IMGs and ITPs (internationally-trained physicians)
- Over 14K physicians on H-1Bs (7.4% in HPSAs)
- Potentially pernicious effects on nascent additional licensure pathways
- In effect for 1 year, does not apply to current holders or renewals (incl. foreign IMGs who possess a J-1 visa to complete their residency and wish to participate in the Conrad 30 with an H1-B)

DHS Rule on Visas

August 28: DHS issued a proposed rule limiting duration of F and J (academic) visas to four years, in addition to other limitations

- Currently, these visas allow international medical students to stay for the "duration of status" (D/S) with flexibilities for postgraduate training (typically last 3-7 years) and exiting the country.
- New rule would require IMGs in training to apply regularly for Extensions of Status (EOS) through DHS, which can take months/years and is not feasible for GME
- J-1 is most common visa for IMGs training in the U.S.: 17,000 J-1s providing patient care via training at 770 teaching hospitals across 49 states & DC

On September 29, the Coalition for Physician Accountability (including FSMB) submitted comments on proposed rule.

GME Reform

September 9: HHS released MAHA report which threatened to bring in "competing accreditors of medical education programs, including those with a focus on treating the root causes of chronic disease"

- August 27: HHS press release, along with Dept. of Education, calling for increased nutrition education and training for health care professionals. Specifically, embedded across:
  - Pre-Medical Standards
  - Medical School Curricula Integration
  - Medical Licensing Examination
  - Residency Requirements
  - Board Certification
  - Continuing Education.
- HHS directed MedEd orgs to submit written plans "detailing the scope, timeline, standards alignment, measurable milestones, and accountability measures of their nutrition education commitments" by September 10.

Working With State Legislatures and Congressional Delegations

Advocating For Your Board

- Build relationships as appropriate in your state
- Position the board as a credible resource
- Stay informed on legislation and regulations
- FSMB assistance on state and federal issues

Questions & Answers

U.S. Medical Regulatory Trends & Actions Report

FSMB Policies & Regulatory Resources

Advocacy Network Newsletter