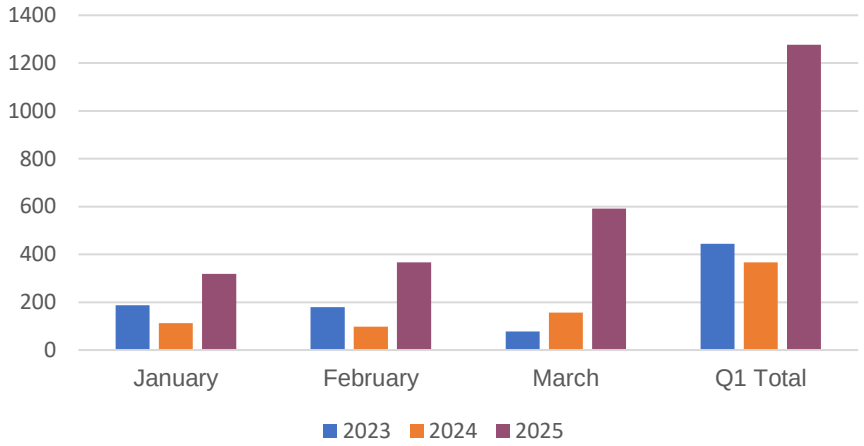
2025 Q1 State Legislative Update

Year-to-Year Comparison

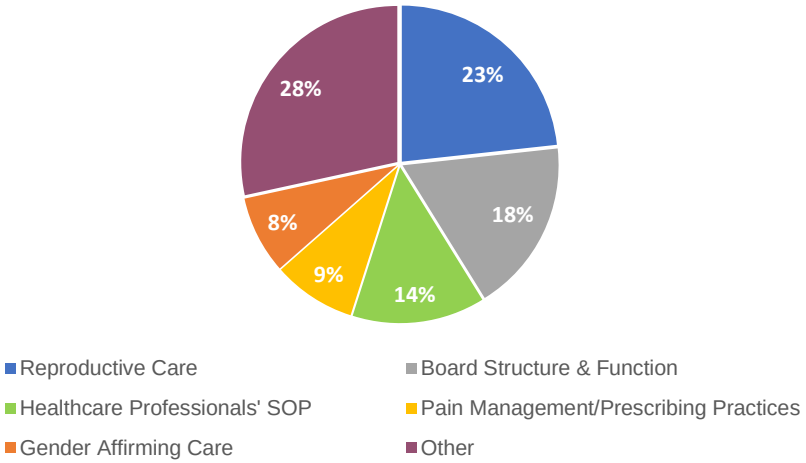
New Legislation featured in Weekly State Roundup			
Month	**2023**	**2024**	**2025**
January	187	112	318
February	180	98	367
March	77	157	592
Total	**444**	**367**	**1,277**

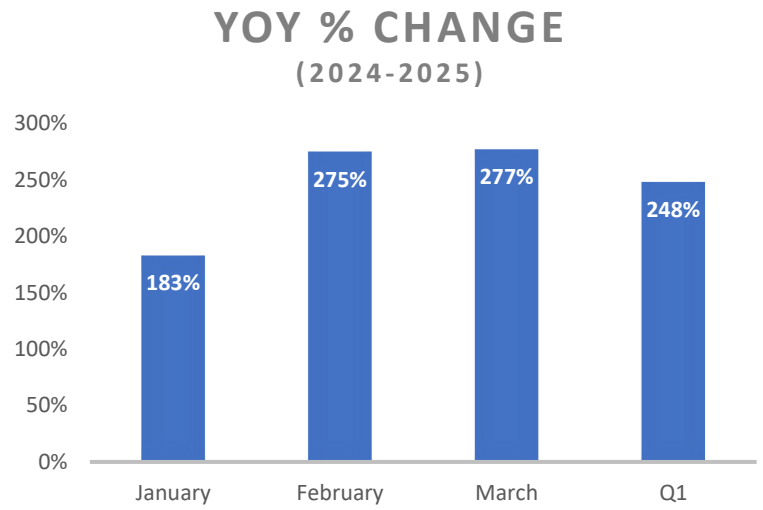
Bills rolled over from 2023: 25
New bills tracked in 2024: 1,277
Total bills tracked January – March 2024: 1,302

New Tracked Legislation 2023-2025



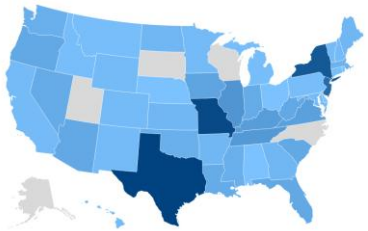
Legislation Breakdown by Topic





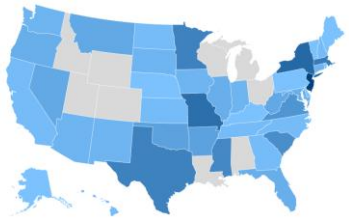
Most Frequent Topics

1. **Reproductive Care**
   - 346 bills introduced | 7 signed into law
     - Legislative Tracker

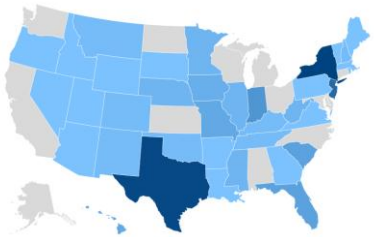


2. **Board Structure and Function**
   - 287 bills introduced | 12 signed into law
     - Legislative Tracker

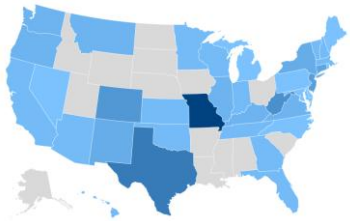
3. **Healthcare Professionals' Scope of Practice**
   - 200 bills introduced | 9 signed into law
     - Legislative Tracker



4. **Pain Management/Prescribing Practices**
   - 138 bills introduced | 3 signed into law
     - Legislative Tracker

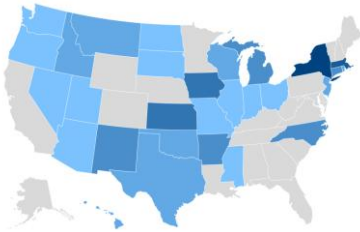


5. **Gender Affirming Care**
   - 121 bills introduced | 2 signed into law
     - Legislative Tracker

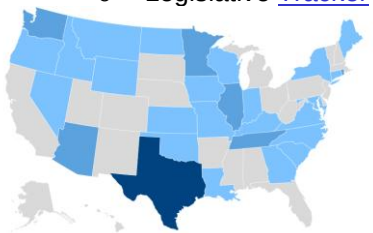


Other Key Topics:

- **Licensure Compacts**
  - 65 bills introduced | 4 signed into law
    - Legislative Tracker



- **Additional Licensure Pathways**
  - 39 bills introduced | 0 signed into law
    - Legislative Tracker



Notable Bills Signed into Law

A full list of enacted bills can be found here.

Board Authority

- **AR SB 189** – Enacted March 31, allows ivermectin "suitable for human use" to be sold and purchased as over-the-counter medication.

Licensure Compacts

- **UT SB 44** – Enacted March 26, regarding criminal background checks for participation in interstate compacts such as the IMLC and PA Compact, it removes references to separate parts of statute and instead requires applicants to "consent to, and complete, a criminal background check, described in Sec. 58-1-301.5" which allows the Division of Occupational and Professional Licenses (DOPL) to "have direct access to local files maintained by the Bureau of Criminal Identification... for background screening of individuals who are applying for licensure or certification" and prohibits the dissemination of such information outside of the DOPL.
- **AR SB 101** – Enacted March 18, enters Arkansas into the PA Licensure Compact, becoming the 14th participating state.

License Portability

- **VA HB 1861** – Enacted March 24, directs each regulatory board under the Dept. of Health Professions to establish a licensure by endorsement pathway for qualified applicants, and requires the Board of Medicine to be the first board to enact these regulations.
- **WY SF 119** – Enacted February 28, requires licensing boards to issue an expedited license within 30 days of receiving a completed application to military service members and their spouse, so long as the applicant holds a relevant active license in another state and provides their or their spouse's military ID card or marriage license, and provides a copy of military orders for service in Wyoming. The bill also requires boards to implement an online licensure application portal.

Reproductive Care

- **NY S 36** – Enacted February 3, strengthens New York's "shield law" by permitting prescription labels for medication abortion drugs to include the name of the health care practice instead of the name of the prescriber at the prescriber's request.
- **WY HB 42** – Enacted February 27, requires surgical abortion facilities to be licensed as ambulatory surgical centers. Physicians performing surgical abortions must report each procedure and verify they have admitting privileges at a hospital within 10 miles of the facility. Violators face misdemeanor fines up to $1,000, while non-Wyoming licensed physicians performing surgical abortions face felony charges with one–14 years' imprisonment. Exceptions apply for procedures necessary to save the life or preserve the health of the mother or unborn child, remove a dead fetus after miscarriage, or treat an ectopic pregnancy.

Notable Proposed Legislation

A full list of proposed bills can be found here.

Additional Licensure Pathways

- **MO HB 1198** – Requires the Board to issue a provisional license to qualifying international physicians (IPs) that have:
  - A medical doctorate or substantially similar degree by a domestic or international medical program, defined as any medical school, residency or internship program that meets ECFMG eligibility requirements *or* is substantially similar to the medical education required by the state;
  - Completed a residency or "substantially similar" postgraduate medical training program or has practiced as a medical professional for at least seven years after medical school graduation;
  - Been in good standing within the last five years and without pending disciplinary action;
  - Practiced medicine for at least five years if completed foreign PGT;
  - ECFMG certification;
  - Passed all Steps of the USMLE;
  - Basic English fluency;
  - Federal immigration status (although IPs may apply for provisional licensure prior to receiving this status); and
  - An offer of employment at a healthcare provider in the state, which "includes, but is not limited to, health systems, hospitals, hospital-based facilities, FQHCs, emergency facilities, and urgent care clinics."

  The Board may require the IP to submit evidence of satisfactory similar training, passage of exams, satisfactory results of a background investigation, and confirm payment of fees, among other aspects. The Board is allowed to revoke a provisional license if the licensee is not practicing at a qualifying healthcare provider, if there is clear and convincing evidence the licensee violated the state's medical safety, competency, or conduct standards.

  After three years of active practice in the state under the provisional license, the license is automatically converted to full status, so long as the licensee is in good standing and not under investigation. If enacted, the bill would become effective January 1, 2026.

Assistant/Associate Physicians

- **MD HB 776** – Repeals obsolete and redundant language, clarifies existing provisions, and creates consistency across statutes. Specifically, the bill provides definitions (such as "rehabilitation program" which is analogous to a PHP), defines membership criteria, term limits, and quorum requirements for allied health advisory committees; explicitly allows the Board to set fees to "generate sufficient funds to... [support] license programs... and other services," and allows the to set

additional "education, certification, training, or examination requirements," for license applicants, including displaying written English language competency. The bill also updates the grounds for disciplinary actions, providing clearer definitions of violations and misconduct and establishes new reporting obligations for medical professionals and institutions, among other aspects.

Regarding supervised medical graduates (SMGs) (a licensure class analogous to associate physicians), the bill adds COMLEX as an equivalent requirement to the USMLE (SMGs applicants must pass Steps 1 & 2 of either, if enacted).

Board Structure & Function

- **TX HB 1132** – Establishes an "alternate license" for physician applicants that meet all eligibility requirements but do not "complete additional training or certifications for procedures that are not permitted under Texas law" such as abortions. The Board must adopt rules to implement the statute. Healthcare facilities cannot refuse to accept the alternate licensee, or otherwise discriminate against the licensee, and facilities in violation of the statute are subject to license revocation.
- **OK SB 1043** – Changes the composition of the Board to include: five allopathic physicians (previously seven), two PAs (previously none), and four lay members (previously two), all of which must be state residents, but removes the provision requiring *all* member appointments by the Governor. Instead, the Governor appoints three physicians and two lay members, and the President Pro Tempore of the Senate and the Speaker of the House each appoint one physician and one PA. The bill stipulates that the PA members of the Board must be graduates of a board-recognized accredited program, be currently licensed and have continuously practiced for at least three years immediately preceding their appointment, *or* be retired, so long as they have kept in compliance with CME requirements.
- **TX SB 2124** – Places anesthesiologist assistants (AAs) under the purview of the Medical Board and creates the AA Board, an advisory board consisting of two AAs, two anesthesiologists, and one public member.
- **NV SB 348** – Adds genetic counselors (GCs) to the purview of the Board and authorizes the Board to issue a temporary license to GCs to practice under supervision, so long as they have completed the education requirements but have not yet completed examination requirements or obtained certification. Under the bill, physicians and PAs may also provide genetic counseling without obtaining GC licensure.

Gender Affirming Care

- **WI SB 157** – Prohibits providers from rendering or referring for gender affirming care for minors, including prescribing puberty-blocking drugs or gender-affirming surgery, and *requires* revocation of a provider's license that provides such care, after an affirmative investigation by the licensing board.

Graduate Medical Education

- **TX SB 2339** – Requires the Board to approve non-ACGME GME if it meets Board rules, and prohibits healthcare facilities from discriminating against physicians in employment or privileging based on their GME, if Board approved; and facilities in violation are subject to license revocation.

Healthcare Professionals' Scope of Practice

- **MS HB 98** – Exempts APRNs from the requirement of entering and maintaining a clinical practice agreement with a licensed physician, so long as the APRN has completed 3,600 practice hours, allows independent APRNs to collaborate with other health care providers, refer or transfer patients as appropriate, and authorizes APRNs to issue written certifications for medical cannabis.

License Portability

- **WV SB 167** – Authorizes out-of-state health care practitioners to practice telehealth across state lines, so long as the practitioner is licensed in good standing in another state and registered as an interstate telehealth practitioner with the Board. Interstate telehealth practitioners, other than physicians, are forbidden from prescribing Schedule II controlled substances.

Licensure Compacts

- **HI SB 1365** – Allows the Dept. of Commerce and Consumer Affairs to conduct criminal background checks on applicants for physician licensure or license renewal through the IMLC; this will, in theory, allow the state to become a State of Principal Licensure for the IMLC.

Medical Ethics

- **KY SB 132** – Authorizes health care professionals to refuse to participate in services that violate their conscience and prohibits any entity from discriminating against providers who refuse services on conscience grounds.

Prescribing Practices

- **MT HB 371** – Bans the use of gene-based vaccines, defined as "developed using messenger ribonucleic acid (mRNA) technology," for infectious diseases; this would include the COVID-19 vaccine.

Reproductive Care

- **CT SB 1530** – Forbids institutions from disciplining providers for providing reproductive or gender affirming care, regardless of the patient's location.