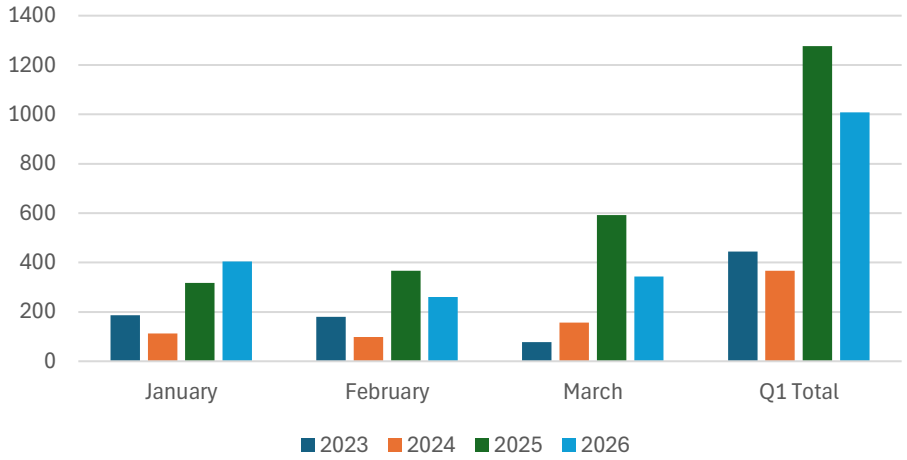
2026 Q1 State Legislative Update

Year-to-Year Comparison

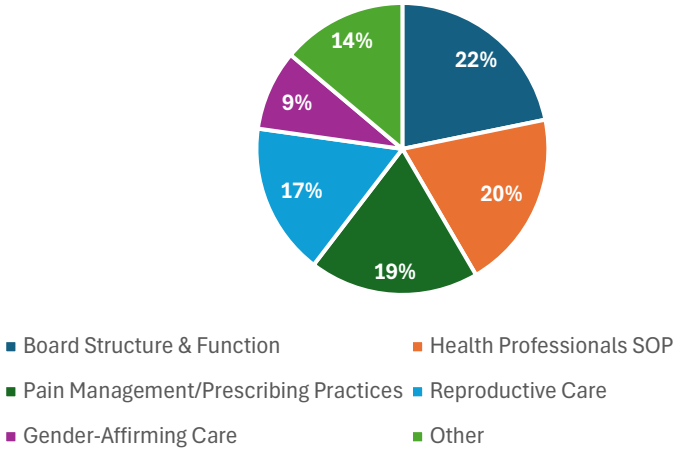
New Legislation Introduced			
Month/Quarter	**2024**	**2025**	**2026**
January	112	318	404
February	98	367	261
March	157	592	343
Q1 Total	**367**	**1,277**	**1,008**

Bills carried over from 2025: 975
New bills tracked in 2026: 1,008
Total bills tracked January – April 2026: 1,983

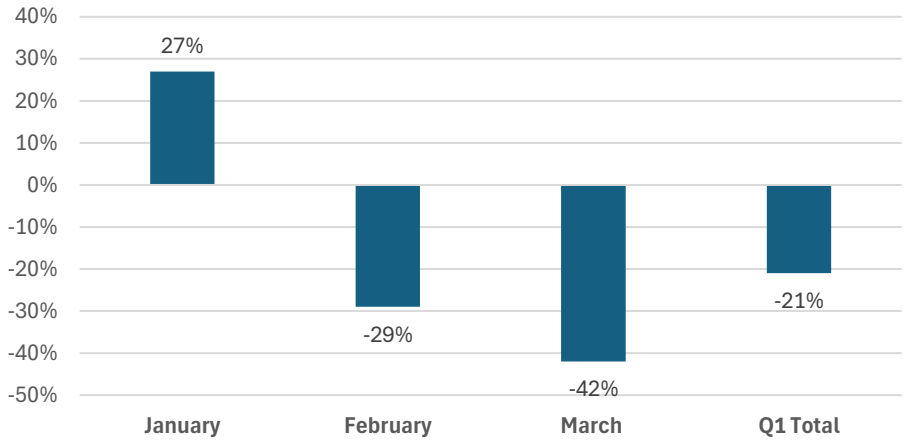
New Tracked Legislation 2023-2026



Legislation Breakdown by Topic

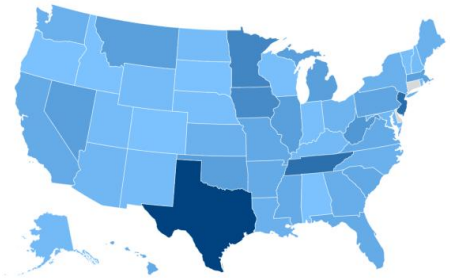


YOY % CHANGE (2025-2026)

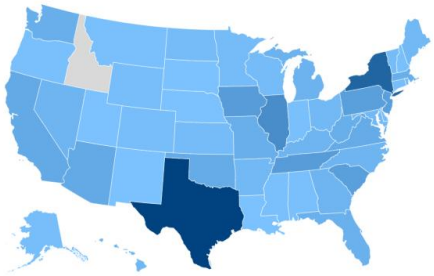


Most Frequent Topics

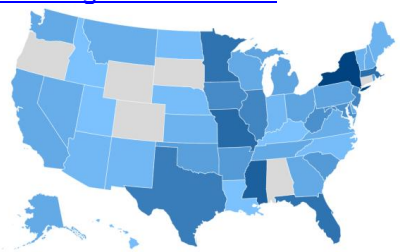
1. **Board Structure and Function**
   - 446 bills introduced | 7 signed into law in 2026
   - Live Legislative Tracker



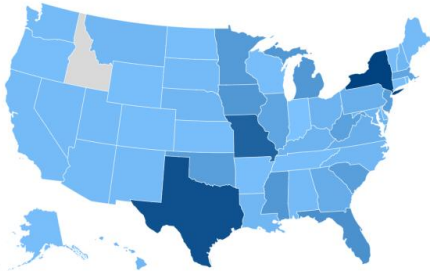
2. **Reproductive Care**
   - 432 bills introduced | 6 signed into law in 2026
   - Live Legislative Tracker



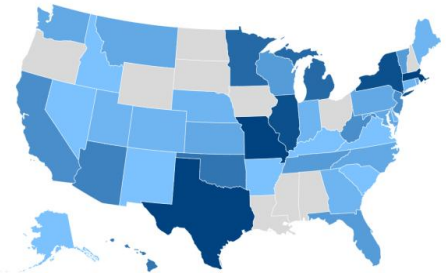
3. **Healthcare Professionals' Scope of Practice**
   - 344 bills introduced | 2 signed into law in 2026
   - Live Legislative Tracker



4. **Prescribing Practices**
   - 342 bills introduced | 6 signed into law in 2026
   - Live Legislative Tracker

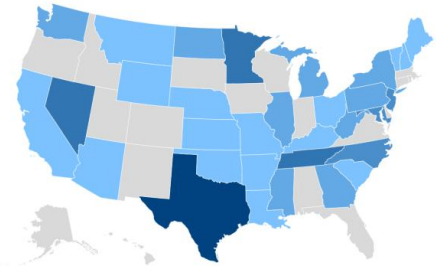


5. **Gender-affirming Care**
   - 169 bills introduced | 1 signed into law in 2026
   - Live Legislative Tracker



Additional Key Topic:

- **Licensure Compacts**
   - 109 bills introduced | 9 signed into law in 2026
   - Live Legislative Tracker



Notable Bills Signed into Law
A full list of enacted bills can be found here.

Additional Licensure Pathways

- **WA SB 5185** – Enacted March 23, 2026 and effective June 11, 2026, eliminates the existing exception to the two-year postgraduate training requirement for ITPs who are permanent immigrants with "exceptional ability in sciences" or "multiple sclerosis certified specialist status." It also requires the Washington Medical Commission (WMC) to create a Clinical Experience Graduate Pilot Program (CEGPP) allowing international medical graduates (IMGs) who currently hold an International Medical Graduate Clinical Experience (MDCE) license, have at least two years of supervised practice, a clean disciplinary record, satisfactory assessments, and attestations from their supervising physician and medical director to obtain an advanced provisional license and practice in expanded settings such as hospitals, FQHCs, government entities, large private practices, and WMC-approved behavioral health facilities.

  Under this structure, the MDCE license is valid for up to eight years (an initial two-year term plus three two-year renewals), and after at least two years with the MDCE license and two additional years under the second provisional license, participants may qualify for full licensure by passing USMLE Step 3, completing all MDCE program requirements, and passing a WMC-approved clinical competency assessment; the WMC must also work with ABMS to explore board-certification options for program participants and submit annual reports to the Legislature from 2027 through 2035 on the pilot's outcomes, with the CEGPP scheduled to sunset June 30, 2035.

- **WV SB 5458** – Enacted April 1, 2026 and effective June 7, 2026, authorizes the Board to grant a full medical license to qualifying ITPs that hold an MD or equivalent from an approved medical school outside the U.S., Puerto Rico, and Canada and meet all general licensure requirements except completion of two years of an accredited U.S. residency, including passing all steps of the USMLE (or an equivalent exam) within ten years, having either ECFMG certification or at least five years of prior practice, having no reportable past or pending discipline, and demonstrating English proficiency. The applicant must also have completed an international GME program plus at least two years of non-accredited but related U.S. fellowship training at an institution that sponsors an ACGME-accredited residency. In addition, they must have an offer of employment and a sponsorship letter from the prospective employer endorsing the applicant for licensure and outlining the proposed practice plan.

Artificial Intelligence

- **IN HB 1271** – Enacted March 4 and effective July 1, prohibits health care providers from using an AI system or tool to submit a health benefits claim without human review, and requires that providers provide documentation of human review during an audit.

Board Structure and Function

- **SC H 3254** – Enacted and effective March 9, waives the requirement to complete the additional SPEX and COMVEX examinations for applicants who possess the general medical knowledge to competently practice medicine, as determined by the Board.

- **WV HB 5325** – Enacted March 30 and effective June 9, authorizes the Board of Medicine to issue an emeritus license to retired physicians, podiatrists, and PAs with at least 10 years of practice and no disciplinary history. The emeritus license does not permit practice, requires no CME or renewal, cannot be converted to a full license, and requires a new application for reinstatement. The Board must promulgate rules for implementation.

Continuing Medical Education

- **WV HB 4951** – Enacted March 27 and effective June 12, requires allopathic and osteopathic physicians to complete an unspecified number of CME hours in nutrition.

Conscientious Objection

- **UT SB 174** – Enacted March 25 and effective May 6, establishes the rights of health care providers to refuse participation in certain health care services that conflict with their religious, moral, or ethical beliefs. The bill prohibits providers from refusing the provision of medical screenings or stabilizing treatment in the emergency department.

Healthcare Professionals' Scope of Practice

- **NJ S 2996** – Enacted and effective March 30, authorizes APRNs with more than 5,000 practice hours to practice independently without a CPA in certain settings, including prescribing medications in behavioral and primary care settings (but not in medspas/elective cosmetic clinics or in obstetrics).

Licensure Compacts

- **AZ HB 2190**, **NJ A 4328**, **ND HB 1622**, **SD HB 1146** – Enters Arizona, New Jersey, North Dakota, and South Dakota into the PA Licensure Compact, respectively.

- **MI HB 5455** – Enacted and effective March 26, continues Michigan's participation in the IMLC.

- **NM SB 1** – Enacted February 5 and effective May 20, enters New Mexico into the IMLC.

- **SD HB 1148** and **SD HB 1149** – Enacted and effective March 30, HB 1148 enters South Dakota into the Respiratory Care Interstate Compact. HB 1149 enters the state into the Athletic Trainer Interstate Licensure Compact, effective when the seventh state joins the compact. Respiratory therapists and athletic trainers are both under the purview of the Board of Medical and Osteopathic Examiners.

Medical Spas

- **IN SB 282** – Enacted March 5 and effective July 1, requires medical spas to register with the Medical Licensing Board beginning on January 1, 2027, which must maintain a public database of registered facilities.

Prescribing Practices

- **MS HB 314** – Enacted March 26 and effective July 1, forms a consortium to conduct a clinical trial aiming for the FDA approval of ibogaine as a treatment for OUD.

- **SD HB 1099** – Enacted March 10 and effective July 1, reclassifies crystalline polymorph psilocybin as a Schedule IV controlled substance - legal for medicinal use - if approved by the FDA.

Reproductive Care

- **VA HB 781**/**SB 449** – Enacted February 6 and effective July 1, a constitutional amendment that establishes reproductive freedom as a fundamental right and prohibits the state from denying or interfering with private reproductive decisions unless justified by a compelling state interest.

- **WY HB 126** – Enacted and effective March 9, prohibits abortion after a fetal heartbeat is detected, except in cases of medical emergency.

Notable Proposed Legislation

A full list of proposed bills can be found here.

Additional Licensure Pathways

- **IL SB 3895** – Repeals 225 ILCS 60/54.2(g), which authorizes physicians to delegate "any or all authority prescribed to [them]... to international medical graduate physicians [the title of Illinois' provisionally licensed ITPs], so long as the tasks or duties are within the scope of practice, education, training, or experience of the delegating physician who is on site to provide assistance." This would, potentially, significantly constrain ITPs scope of practice during their provisional licensure.

- **MD HB 598** – Repeals Maryland's existing "Fifth Pathway" and, beginning January 1, 2028, creates a new limited license for ITPs who hold an ECFMG-accredited foreign medical degree, have at least two years of qualifying postgraduate training, recent practice experience in good standing, ECFMG certification, no pending discipline, good moral character, and have passed USMLE Steps 1–3 plus either a new State Standards of Care Assessment (SSCA - Part 1) or meet alternative employment-based evaluation and supervision conditions.

  The three-year, non-renewable limited license restricts practice to specified facilities (such as health systems with ACGME/AOA residencies, medical schools, NIH, and FQHCs), prohibits supervision of PAs, residents, and medical students, and allows the Board to revoke licensure for certain disciplinary or competency issues, while requiring sponsoring employers to submit Board-approved supervision and integration plans with structured oversight, progressive autonomy, training in U.S. standards of care, and biannual competency evaluations.

  Limited licensees may seek a full license by obtaining two in-state physician recommendations (including one from a non-colleague), passing Part 2 of the SSCA, and completing their facility's evaluation with a chief medical officer attestation; it also mandates Board rulemaking, reporting, and consultation with MedChi.

Artificial Intelligence

- **IA HSB 766** and **ID H 945** – Establishes a regulatory framework for the licensure and oversight of Artificial Intelligence Augmented and Autonomous Service Providers (AAASPs) in clinical settings, regulated by a newly created Board of Autonomous Medical Practice (Board), to license, regulate, and discipline entities offering AI-powered clinical services.

  AAASPs are defined as entities that use either advisory, supervised autonomous, or fully autonomous AI systems in clinical care, and licensure is required based on the scope and autonomy of the AI; three license classes (A: clinical AI services delivered directly to patients without FDA approval; B: clinical AI services delivered directly to patients with FDA approval; C: clinical AI services focused on nondiagnostic therapy, coaching, or monitoring) and four autonomy modifiers (L0–L3, which vary from a voluntary license for systems otherwise exempt from licensure to fully autonomous AI authorized for *independent* operation).

The Board - the only regulatory body for AAASPs - would be comprised of licensed medical, pharmacy, nursing, psychology, health technology, ethics, and public representatives. It would be responsible for issuing and revoking licenses, conducting safety audits, rulemaking, and managing complaints and disciplinary proceedings, and set and enforce clinical safety and performance benchmarks at least equivalent to a "reasonably prudent human."

The bill includes patient disclosure requirements, rules on duty of loyalty (patient over financial interests), commercial content bans in patient interfaces, and algorithm auditing. AAASP licensees must meet federal HIPAA standards and maintain continuity plans for patient data, among other requirements. Lastly, the bill requires state Medicaid and insurance authorities to develop reimbursement codes, pilots, and guidelines for AAASP-delivered care and caps liability for licensees except in cases of gross negligence.

Assistant Physicians

- **MD HB 598** – Repeals existing statute allowing supervised medical graduate (Maryland's version of assistant physician) applicants to have graduated from a medical school in Puerto Rico; however, applicants must have a degree from a medical school "in the United States, its territories or possessions."

- **NJ S 2819** – Establishes licensure of "graduate physicians" (GPs) for applicants that have: reached at least 18 years of age; graduated from a medical school accredited by the LCME, COCA, or International Medical Education Directory [World Directory of Medical Schools]; passed USMLE Steps 1 and 2 or COMLEX Levels 1 and 2; not completed a postgraduate residency; no criminal history; never faced license discipline; never had a controlled dangerous substance license or permit suspended or revoked; and are not under active investigation for wrongdoing by a licensing agency or law enforcement authority.

  The Board of Medical Examiners (BME) may also accept applicants that are licensed in a similar role in another state.

  GPs shall not be required to complete more CME than a physician and adverse license actions for GPs should follow the standard for physician licensees. GP practice is limited to "primary care services in medically underserved areas… and to procedures that are delegated to [them] by a collaborating physician" under the terms of a CPA, which may include prescribing Schedule III-V controlled substances and cannabis. Lastly, the Board of Medical Examiners is empowered to promulgate rules and regulations regarding licensure and renewal procedures, collaborating physician and CPA guidelines, and licensing fees, among other pertinent issues. GPs are allowed to represent themselves as doctors, but ID tags must say "graduate physician."

Board Structure & Function

- **ME LD 2233** – Repeals the current Board of Licensure in Medicine and Board of Osteopathic Licensure statutes and creates a new, unified Maine Board of Medicine governing all allopathic physicians (MDs), osteopathic physicians (DOs), and PAs, and provides definitions for the practice of medicine, licensure requirements, board powers and duties, complaint and discipline processes, scope-of-practice rules, and telehealth provisions, among other key terms.

  Board membership is set at 22 members: six MDs, six DOs, four PAs, and six public members who are Maine residents with specified practice experience for professional members and no financial/licensure ties for public members. The Board is granted authority to set eligibility standards, design and adopt examinations, license applicants, conduct adjudicatory hearings, issue subpoenas, investigate complaints, keep licensure and financial records, employ staff (including an executive director), operate education and financial assistance programs for medical students, and adopt rules.

  The bill is effective January 1, 2027, and includes transition provisions for staff, rules, contracts, finances, and pending complaints.

- **MN HF 4460** – Establishes a licensure process for anesthesiologist assistants (AAs) under the purview of the Board of Medical Practice, which is responsible for setting licensure requirements, delineating their scope of practice, processes for license maintenance, and regulating collaborative practice agreements with supervising physicians.

- **OH SB 375** – Authorizes individuals whose license was revoked, including "permanent" revocations, to apply to the Medical Board for reinstatement. Reinstatement petitions generally may be filed five years after the revocation order, except when the revocation was based on physical or mental illness or a substance use disorder, in which case individuals may apply at any time after completing treatment. A license revoked for substandard care may seek reinstatement only if the conduct amounted to a misdemeanor, and a license revoked for a felony may apply only if the offense was nonviolent and unrelated to patient care.

  All reinstatement applicants must have performed community service or professional volunteer work while revoked, comply with all Board-imposed terms (including paying fees and fines), undergo an evaluation of professional skills and knowledge, seek reinstatement in good faith and be of good moral character as determined by the Board, and pass a

Board-prescribed examination demonstrating competency to practice medicine.

If the Board grants reinstatement, the licensee must be placed on probation for one year and the Board may impose additional terms and conditions.

Corporate Practice of Medicine

- **ME LD 2201** – Requires health care entities with more than six providers to submit notice of a substantial ownership change to the Dept. of HHS for review and approval at least 180 days prior to the transaction.

Conscientious Objection

- **KY SB 72** – Authorizes health care professionals to refuse to participate in services that violate their conscience and prohibits any entity from discriminating against providers who refuse to do so on such grounds.

Continuing Medical Education

- **TN SB 2239** – Requires the Boards of Medical Examiners and of Osteopathic Examination to include at least one hour of CME on nutrition; this is a one-time requirement.

Gender Affirming Care

- **TN SB 676** – Mandates state-funded gender clinics to offer both transition and detransition procedures and requires insurers covering transition procedures to also cover detransition.

Graduate Medical Education

- **MO HB 3298** – Requires the Board of Healing Arts (BOHA) to accredit state-based residency programs for physician licensure in addition to ACGME-accredited programs. It prohibits BOHA from requiring national/private accreditation or varying licensure requirements based on accreditation type. The bill creates a pilot program allowing hospitals, health systems, FQHCs, and clinics to apply for residency accreditation, prioritizing underserved areas and workforce-shortage specialties.
  Qualifying programs must ensure sufficient training duration for clinical competency (with flexibility for shorter programs in shortage specialties if outcomes, safety, and readiness are demonstrated), maintain core rotations and competencies, provide enhanced supervision and evaluation, use qualified supervising physicians, ensure adequate patient volume and clinical diversity, implement resident evaluation and remediation processes, and comply with state laws on safety and professional conduct.

  The bill also bars hospitals and health systems from denying staff privileges based on residency accreditation and allows challenges to adverse actions against state-accredited programs that fall outside statutory requirements, including review by the Administrative Hearing Commission.

Healthcare Professionals' Scope of Practice

- **NY A 7988** – Authorizes PAs to practice independently in primary care if they have over 6,000 hours of experience, meet medical staff bylaws, are credentialed and granted privileges by a hospital or health system employer, and perform duties approved by the Health Commissioner.

International Medical Graduates

- **CA SB 1179** – Establishes the Doctors from El Salvador Program, based on the existing Physicians from Mexico Pilot Program. Qualifying physicians must have a license in good standing in El Salvador, and before leaving the country, applicants must have: a passing score on specialty board review course, equivalent to that needed by U.S. applicants; passed the committee's interview examination for each specialty; completed the committee's orientation program; and English proficiency, as measured by exams detailed.

  The Board must issue a temporary license to qualifying applicants regardless of whether they provide a TIN or SSN, so long as they apply for a three-year visa and SSN within 14 days of licensure.

  The license is valid for three years and is nonrenewable, requires licensees to complete 25 CME hours annually, and practice at an FQHC and "any corresponding hospital."

Medical Marijuana

- **LA SB 270** – Requires medical facilities to permit terminally ill patients use of medical marijuana in non-smoking or vaping modalities.

Medical Spas

- **CO HB 1249** – Expands corporate ownership eligibility for "medical-aesthetics services corporations" (medspas) to PAs, APRNs, RNs and practical nurses, estheticians, and cosmetologists; previously, only physicians and some PAs were eligible.

Military Licensure

- **MO HB 2974** – Authorizes individuals licensed under military reciprocity to practice telemedicine.

Prescribing Practices

- **HI SB 3199** – Establishes the framework for clinical research and trials for FDA-recognized breakthrough treatments, including MDMA and psilocybin, for individuals with PTSD.

- **OK HB 4124** – Authorizes pharmacists to dispense ivermectin without a prescription and establishes criminal, civil, and license discipline immunity for pharmacists "acting in a reasonably prudent manner" in accordance with the statute.

Physician Misconduct

- **KY HB 584** – Removes the permanent licensure ban for licensees and applicants convicted of a felony related to prescribing or dispensing controlled substances, allowing case-by-case licensure decisions instead.

PDMP

- **IL SB 3323** – Excludes testosterone, mifepristone, misoprostol, GnRH analogues, and estrogen from the PDMP. The bill also requires the Dept. of Human Services to purge all records in the PDMP relating to the prescribing or dispensing of testosterone.

Reproductive Care

- **IL SB 3801** – Allows abortion-inducing drug labels to list the dispensing or prescribing health care practice name, rather than the individual clinician's name, when the prescriber or dispenser requests it.

- **IA HF 2563** – Requires that physicians give an in-person examination, obtain a signed patient agreement, and provide specific health information prior to performing an abortion or dispensing abortion medication.

- **TN HB 2990** – Requires the Board of Medical Examiners, in collaboration with the Board of Osteopathic Examination, to establish requirements for a licensee to obtain a certificate to provide assisted reproductive technology and requires the certification to render such care.

Substance Use Disorder

- **LA SB 43** – Establishes the Psychedelic-Assisted Therapy Program within the Dept. of Health in order to treat SUD and treatment-resistant mental health conditions.

Telemedicine

- **NJ S 3947** – Permanently extends pay parity measures for telemedicine and telehealth services, requiring health insurance carriers to reimburse services delivered via telemedicine at the same rate as in-person services.

- **RI SB 2111** – Creates new statutes for the practice of telemedicine by physicians, PAs, and APRNs. Specifically, the bill prohibits the Board of Medical Licensure and Discipline and Board of Nursing from disciplining physicians, PAs, and APRNs, respectively, for providing care via telemedicine, so long as it is "necessary and medically and clinically appropriate." If another state is seeking to discipline a RI-licensed physician, PA, or APRN for delivering care to an non-RI patient, the appropriate RI licensing board shall not issue discipline so long as the health professional has an established patient-provider relationship (or is covering for another provider with one) and the patient has been seen the RI-licensed provider in person within the past two years.

  Lastly, the bill creates an exception to licensure for out-of-state physicians, PAs, and APRNs so long as they are licensed in good standing in another U.S. jurisdiction, have professional liability insurance coverage for patients located in RI, have an established patient-provider relationship and have seen the patient in person within the last two years, *or* if they are providing services "other than direct diagnosis or treatment" and the in-state provider retains authority and responsibility, *or* the purpose of the service "is to initiate the evaluation and potential treatment of a new patient who will be seen in person within the next three months."

  In all cases, the appropriate RI licensing board retains authority "in evaluating whether [the provider] has conformed to the standards of care and conduct."

Vaccines

- **TN SB 1767** – Prohibits healthcare providers from administering mRNA vaccines, with violators subject to a misdemeanor and $2,500 fine per occurrence, and subject to administrative sanction or penalty by their licensing board.

FSMB Legislative Trackers

FSMB maintains free, public legislative trackers for a myriad of legislative topics impacting the regulation and practice of medicine: artificial intelligence, board authority, board structure and function, continuing medical education, gender-affirming care, the Interstate Medical Licensure Compact, IMGs, license portability, licensure pathways for internationally trained physicians, occupational licensing reform, pain management, physician sexual misconduct, reproductive care, and telemedicine.

Contact FSMB

If you have questions regarding specific legislation, please contact John Bremer, Managing Director, Advocacy and Policy, at jbremer@fsmb.org, or by phone at (202) 463–4021; or Andrew Smith, Manager, Legislation and Policy, at asmith@fsmb.org or by phone at (202) 463-2002.