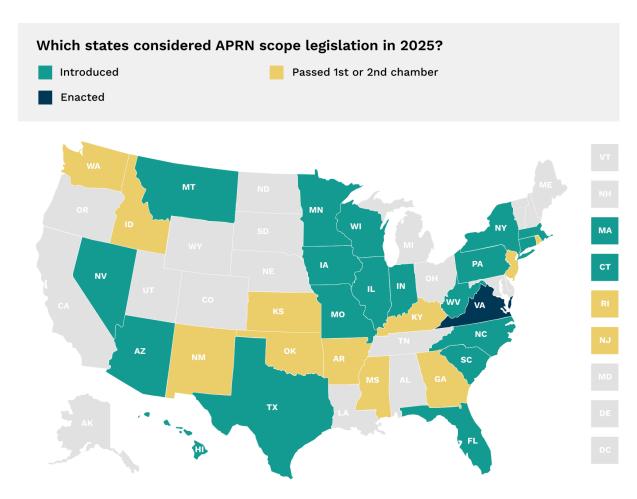
American Academy of Family Physicians: March 2025 Legislative Report

Scope of Practice - APRNs

In March, several states moved legislation to expand scope of practice for advanced practice registered nurses (APRNs). This session, 8 states have introduced legislation to exempt APRNs who have practiced a certain number of clinical hours from physician collaboration/supervision requirements, and in Oklahoma the House passed legislation (HB 2298). The bill would allow an APRN recognized as a nurse practitioner, clinical nurse specialist, or nurse-midwife who has completed a minimum of 6,240 hours or practice with prescription authority supervised by a physician to apply for independent prescribing authority. Meanwhile, lawmakers in New Mexico (HB 178 & SB 78), Kansas, and Idaho have passed legislation through both chambers to expand scope of practice for nurse anesthetists. Finally, the Washington House of Representative passed a bill (HB 1430) in a 60-36 vote to require health carriers to reimburse APRNs and physician assistants at the same rate as physicians for primary care and behavioral health services.

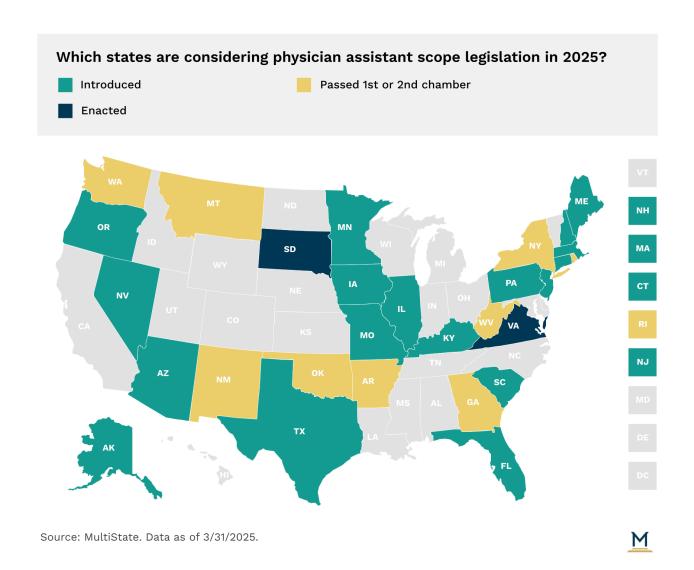


Source: MultiState. Data as of 3/31/2025.

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Scope of Practice - PAs

In March, South Dakota and Virginia enacted notable physician assistant scope of practice legislation. On March 31, Gov. Rhoden (R) signed <u>HB 1071</u> to allow physician assistants with more than 6,000 practice hours to practice without collaborative agreements. In Virginia, Gov. Youngkin (R) approved <u>HB 2489</u> to direct the Department of Health Professions to conduct a study physician assistant scope expansion and report findings and recommendations to relevant House and Senate committees by November 1, 2025. Several states are also moving physician assistant scope legislation. In Oklahoma, the House passed legislation (<u>HB 2584</u>) similar to South Dakota to allow physician assistants with at least 6,240 hours of postgraduate clinical experience to practice independently. In Arkansas, the Senate passed legislation (<u>SB 100</u>) to authorize Medicaid to recognize physician assistants as primary care providers.



DEI in Medical Education

In March, Texas joined Indiana, Florida, and Mississippi in introducing legislation restricting diversity, equity, and inclusion (DEI) in medical education this session. Texas lawmakers introduced two different bills on the issue. In the Senate, SB 2614 prohibits DEI in academic course instruction offered by a medical or dental unit. In the House, HB 5294 requires medical schools to use letter grades for coursework and standardized tests in admissions and submit revisions to academic and admissions standards to the legislature and Higher Education Board. The bill would also prohibit the consideration of race, sex, color, ethnicity, or national origin in medical school employment and admissions. In Florida, House and Senate Committees have been considering DEI legislation. In the House, legislation (HB 731) was reported out of the Government Operations Subcommittee with a substitute that struck most of the bill's contents, except a requirement for state medical schools to implement a standardized admissions test. The bill is now in the Education and Employment Committee. In the Senate, SB 1710 was reported from Governmental Oversight and Accountability and is now in the Education Postsecondary Committee. The bill would limit DEI in state agencies and contracts, and would require medical institutions of higher education to use letter grades and standardized admissions tests.

