

SENATE BILL 167

J2
SB 673/23 – FIN

(PRE-FILED)

4lr1212

By: **Senator Carozza**

Requested: October 27, 2023

Introduced and read first time: January 10, 2024

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Physician Assistants – Revisions**
3 **(Physician Assistant Modernization Act of 2024)**

4 FOR the purpose of requiring that a physician assistant have a collaboration agreement,
5 rather than a delegation agreement, in order to practice as a physician assistant;
6 altering the scope of practice of a physician assistant; altering the education required
7 for licensure as a physician assistant; authorizing physician assistants who are
8 employees of the federal government to perform acts, tasks, or functions as a
9 physician assistant during a certain disaster; and generally relating to physician
10 assistants.

11 BY repealing and reenacting, without amendments,
12 Article – Alcoholic Beverages and Cannabis
13 Section 36–101(a)
14 Annotated Code of Maryland
15 (2016 Volume and 2023 Supplement)

16 BY repealing and reenacting, with amendments,
17 Article – Alcoholic Beverages and Cannabis
18 Section 36–101(m)(1)(v)
19 Annotated Code of Maryland
20 (2016 Volume and 2023 Supplement)

21 BY repealing and reenacting, with amendments,
22 Article – Education
23 Section 7–402(c) and 18–802(a)(8)
24 Annotated Code of Maryland
25 (2022 Replacement Volume and 2023 Supplement)

26 BY repealing and reenacting, without amendments,

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



- 1 Article – Education
2 Section 18–802(a)(1)
3 Annotated Code of Maryland
4 (2022 Replacement Volume and 2023 Supplement)
- 5 BY repealing and reenacting, without amendments,
6 Article – Health – General
7 Section 4–201(a) and 5–601(a)
8 Annotated Code of Maryland
9 (2023 Replacement Volume)
- 10 BY repealing and reenacting, with amendments,
11 Article – Health – General
12 Section 4–201(s) and 5–601(v)
13 Annotated Code of Maryland
14 (2023 Replacement Volume)
- 15 BY repealing and reenacting, with amendments,
16 Article – Health Occupations
17 Section 12–102(c)(2)(iv), (v), and (vi), 15–101, 15–103, 15–202(b), 15–205(a), 15–301,
18 15–302, 15–302.2, 15–303, 15–306, 15–309(a), 15–310, 15–314(a)(41), 15–317,
19 15–401, and 15–402.1(a)
20 Annotated Code of Maryland
21 (2021 Replacement Volume and 2023 Supplement)
- 22 BY adding to
23 Article – Health Occupations
24 Section 12–102(c)(2)(vii) and 15–314(a)(42)
25 Annotated Code of Maryland
26 (2021 Replacement Volume and 2023 Supplement)
- 27 BY repealing and reenacting, without amendments,
28 Article – Health Occupations
29 Section 15–202(a)(1) and (2)
30 Annotated Code of Maryland
31 (2021 Replacement Volume and 2023 Supplement)
- 32 BY repealing
33 Article – Health Occupations
34 Section 15–302.1, 15–302.3, 15–313, and 15–314(a)(42)
35 Annotated Code of Maryland
36 (2021 Replacement Volume and 2023 Supplement)
- 37 BY repealing and reenacting, without amendments,
38 Article – Transportation
39 Section 13–616(a)(1)
40 Annotated Code of Maryland

(2020 Replacement Volume and 2023 Supplement)

BY repealing and reenacting, with amendments,
Article – Transportation
Section 13–616(a)(7)
Annotated Code of Maryland
(2020 Replacement Volume and 2023 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
That the Laws of Maryland read as follows:

Article – Alcoholic Beverages and Cannabis

36–101.

(a) In this title the following words have the meanings indicated.

(m) “Certifying provider” means an individual who:

(1) (v) 1. has an active, unrestricted license to practice as a
physician assistant issued by the State Board of Physicians under Title 15 of the Health
Occupations Article; **AND**

2. [has an active delegation agreement with a primary
supervising physician who is a certifying provider; and

3.] is in good standing with the State Board of Physicians;

Article – Education

7–402.

(c) The physical examination required under subsection (b) of this section shall
be completed by:

(1) A licensed physician;

(2) A licensed physician assistant [with a delegation agreement approved
by the State Board of Physicians]; or

(3) A certified nurse practitioner.

18–802.

(a) (1) In this section the following words have the meanings indicated.

(8) “Physician assistant” means an individual [to whom duties are delegated by a licensed physician under the rules and regulations of the State Board of Physicians] **LICENSED UNDER TITLE 15 OF THE HEALTH OCCUPATIONS ARTICLE TO PRACTICE AS A PHYSICIAN ASSISTANT.**

Article – Health – General

4–201.

(a) In this subtitle the following words have the meanings indicated.

(s) “Physician assistant” means an individual who is licensed under Title 15 of the Health Occupations Article to practice [medicine with physician supervision] **AS A PHYSICIAN ASSISTANT.**

5–601.

(a) In this subtitle the following words have the meanings indicated.

(v) “Physician assistant” means an individual who is licensed under Title 15 of the Health Occupations Article to practice [medicine with physician supervision] **AS A PHYSICIAN ASSISTANT.**

Article – Health Occupations

12–102.

(c) (2) This title does not prohibit:

(iv) A licensed physician who complies with the requirements of item (ii) of this paragraph from personally preparing and dispensing a prescription written by:

1. A physician assistant [in accordance with a delegation agreement that] **WHO** complies with Title 15, Subtitle 3 of this article; or

2. An advanced practice registered nurse with prescriptive authority under Title 8 of this article and is working with the physician in the same office setting;

(v) A hospital–based clinic from dispensing prescriptions to its patients; [or]

(vi) An individual licensed or certified under Title 8 of this article from personally preparing and dispensing a drug or device as authorized under Title 8 of this article; **OR**

(VII) A PHYSICIAN ASSISTANT FROM PERSONALLY PREPARING
AND DISPENSING A PRESCRIPTION IN ACCORDANCE WITH § 15–302.1 OF THIS
ARTICLE.

15–101.

(a) In this title the following words have the meanings indicated.

[(b) “Alternate supervising physician” means one or more physicians designated
by the primary supervising physician to provide supervision of a physician assistant in
accordance with the delegation agreement on file with the Board.]

[(c)] (B) “Ambulatory surgical facility” means a facility:

(1) Accredited by:

(i) The American Association for Accreditation of Ambulatory
Surgical Facilities;

(ii) The Accreditation Association for Ambulatory Health Care; or

(iii) The Joint Commission on Accreditation of Healthcare
Organizations; or

(2) Certified to participate in the Medicare program, as enacted by Title
XVIII of the Social Security Act.

[(d)] (C) “Board” means the State Board of Physicians, established under §
14–201 of this article.

(D) (1) “COLLABORATION” MEANS THE COMMUNICATION AND
DECISION–MAKING PROCESS AMONG HEALTH CARE PROVIDERS WHO ARE MEMBERS
OF A PATIENT CARE TEAM RELATED TO THE TREATMENT OF A PATIENT THAT
INCLUDES THE DEGREE OF COOPERATION NECESSARY TO PROVIDE TREATMENT
AND CARE TO THE PATIENT AND INCLUDES:

(I) COMMUNICATION OF DATA AND INFORMATION ABOUT THE
TREATMENT AND CARE OF A PATIENT, INCLUDING THE EXCHANGE OF CLINICAL
OBSERVATIONS AND ASSESSMENTS; AND

(II) DEVELOPMENT OF AN APPROPRIATE PLAN OF CARE,
INCLUDING:

1. DECISIONS REGARDING THE HEALTH CARE
PROVIDED;

1 **2. ACCESSING AND ASSESSMENT OF APPROPRIATE**
2 **ADDITIONAL RESOURCES OR EXPERTISE; AND**

3 **3. ARRANGEMENT OF APPROPRIATE REFERRALS,**
4 **TESTING, OR STUDIES.**

5 **(2) “COLLABORATION” DOES NOT REQUIRE THE CONSTANT,**
6 **PHYSICAL PRESENCE OF A COLLABORATING PHYSICIAN ON-SITE IN THE PRACTICE**
7 **SETTING, IF THE COLLABORATING PHYSICIAN IS ACCESSIBLE BY ELECTRONIC**
8 **MEANS.**

9 **(E) “COLLABORATION AGREEMENT” MEANS A DOCUMENT THAT:**

10 **(1) OUTLINES THE COLLABORATION BETWEEN A PHYSICIAN**
11 **ASSISTANT AND:**

12 **(I) AN INDIVIDUAL PHYSICIAN; OR**

13 **(II) A GROUP OF PHYSICIANS;**

14 **(2) IS DEVELOPED BY A PHYSICIAN ASSISTANT AND THE PHYSICIAN**
15 **OR GROUP OF PHYSICIANS; AND**

16 **(3) IS SUBMITTED TO THE BOARD.**

17 **[(e)] (F) “Committee” means the Physician Assistant Advisory Committee.**

18 **[(f)] (G) “Controlled dangerous substances” has the meaning stated in § 5–101**
19 **of the Criminal Law Article.**

20 **[(g)] (H) “Correctional facility” includes a State or local correctional facility.**

21 **[(h)] “Delegated medical acts” means activities that constitute the practice of**
22 **medicine delegated by a physician under Title 14 of this article.**

23 **(i) “Delegation agreement” means a document that is executed by a primary**
24 **supervising physician and a physician assistant containing the requirements of § 15–302**
25 **of this title.**

26 **(i–1)] (I) “Disciplinary panel” means a disciplinary panel of the Board**
27 **established under § 14–401 of this article.**

28 **(j) “Dispense” or “dispensing” has the meaning stated in § 12–101 of this article.**

(k) “Drug sample” means a unit of a prescription drug that is intended to promote the sale of the drug and is not intended for sale.

(l) “Hospital” means:

(1) A hospital as defined under § 19–301 of the Health – General Article;

(2) A comprehensive care facility that:

(i) Meets the requirements of a hospital–based skilled nursing facility under federal law; and

(ii) Offers acute care in the same building; and

(3) An emergency room that is physically connected to a hospital or a freestanding medical facility that is licensed under Title 19, Subtitle 3A of the Health – General Article.

(m) “License” means a license issued by the Board to a physician assistant under this title.

(n) “National certifying examination” means the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants or its successor.

(O) “PATIENT CARE TEAM” MEANS A MULTIDISCIPLINARY TEAM OF HEALTH CARE PROVIDERS ACTIVELY FUNCTIONING AS A UNIT IN CONSULTATION WITH ONE OR MORE PATIENT CARE TEAM PHYSICIANS FOR THE PURPOSE OF PROVIDING AND DELIVERING HEALTH CARE TO A PATIENT OR GROUP OF PATIENTS.

(P) “PATIENT CARE TEAM PHYSICIAN” MEANS A LICENSED PHYSICIAN WHO REGULARLY PRACTICES IN THE STATE AND WHO PROVIDES CONSULTATION IN THE CARE OF PATIENTS AS PART OF A PATIENT CARE TEAM.

[(o)] (Q) “Physician assistant” means an individual who is licensed under this title to practice [medicine with physician supervision] AS A PHYSICIAN ASSISTANT.

[(p)] (R) “Practice as a physician assistant” means the performance of medical acts that are:

[(1) Delegated by a supervising physician to a physician assistant;

(2) Within the supervising physician’s scope of practice; and

(3) Appropriate to the physician assistant’s education, training, and

experience]

(1) AUTHORIZED UNDER A LICENSE ISSUED BY THE BOARD; AND

**(2) AUTHORIZED UNDER THE PHYSICIAN ASSISTANT'S
COLLABORATION AGREEMENT.**

[(q)] (S) “Prescriptive authority” means the authority [delegated by a primary
or alternate supervising physician to] **OF** a physician assistant to:

(1) Prescribe and administer controlled dangerous substances, prescription
drugs, medical devices, and the oral, written, or electronic ordering of medications; and

(2) Dispense as provided under [§ 15–302.2(b), (c), and (d)] **§ 15–302.1** of
this title.

[(r)] “Primary supervising physician” means a physician who:

(1) Completes a delegation agreement that meets the requirements under
§§ 15–301(d) and (e) and 15–302 of this title and files a copy with the Board;

(2) Acts as the physician responsible to ensure that a physician assistant
practices medicine in accordance with this title and the regulations adopted under this title;

(3) Ensures that a physician assistant practices within the scope of practice
of the primary supervising physician or any designated alternate supervising physician;
and

(4) Ensures that a list of alternate supervising physicians is maintained at
the practice setting.]

[(s)] (T) “Public health facility” means a site where clinical public health
services are rendered under the auspices of the Department, a local health department in
a county, or the Baltimore City Health Department.

[(t)] (U) “Starter dosage” means an amount of a drug sufficient to begin therapy:

(1) Of short duration of 72 hours or less; or

(2) Prior to obtaining a larger quantity of the drug to complete therapy.

[(u)] (1) “Supervision” means the responsibility of a physician to exercise
on-site supervision or immediately available direction for physician assistants performing
delegated medical acts.

(2) “Supervision” includes physician oversight of and acceptance of direct

responsibility for the patient services and care rendered by a physician assistant, including continuous availability to the physician assistant in person, through written instructions, or by electronic means and by designation of one or more alternate supervising physicians.]

15–103.

(a) In this section, “alternative health care system” has the meaning stated in § 1–401 of this article.

(b) (1) Subject to paragraph (2) of this subsection, an employer of a physician assistant shall report to the Board, on the form prescribed by the Board, any termination of employment of the physician assistant if the cause of termination is related to a quality of care issue.

(2) Subject to subsection (d) of this section, a [supervising physician] **PHYSICIAN OR GROUP OF PHYSICIANS THAT DEVELOPS A COLLABORATION AGREEMENT WITH A PHYSICIAN ASSISTANT** or an employer of a physician assistant shall notify the Board within 10 days of the termination of employment of the physician assistant for reasons that would be grounds for discipline under this title.

(3) A [supervising physician and a] **PHYSICIAN OR GROUP OF PHYSICIANS THAT DEVELOPS A COLLABORATION AGREEMENT WITH A PHYSICIAN ASSISTANT OR THE** physician assistant shall notify the Board within 10 days of the termination of the relationship under a [delegation agreement for any reason] **COLLABORATION AGREEMENT**.

(c) Except as otherwise provided under subsections (b) and (d) of this section, a hospital, a related institution, an alternative health care system, or an employer of a physician assistant shall report to the Board any limitation, reduction, or other change of the terms of employment of the physician assistant or any termination of employment of the physician assistant for any reason that might be grounds for disciplinary action under § 15–314 of this title.

(d) A hospital, related institution, alternative health care system, or employer that has reason to know that a physician assistant has committed an action or has a condition that might be grounds for reprimand or probation of the physician assistant or suspension or revocation of the license of the physician assistant under § 15–314 of this title because the physician assistant is alcohol– or drug–impaired is not required to report to the Board if:

(1) The hospital, related institution, alternative health care system, or employer knows that the physician assistant is:

(i) In an alcohol or drug treatment program that is accredited by the Joint Commission on the Accreditation of Healthcare Organizations or is certified by the Department; or

(ii) Under the care of a health care practitioner who is competent and capable of dealing with alcoholism and drug abuse;

(2) The hospital, related institution, alternative health care system, or employer is able to verify that the physician assistant remains in the treatment program until discharge; and

(3) The action or condition of the physician assistant has not caused injury to any person while the physician assistant is practicing as a licensed physician assistant.

(e) (1) If the physician assistant enters, or is considering entering, an alcohol or drug treatment program that is accredited by the Joint Commission on Accreditation of Healthcare Organizations or that is certified by the Department, the physician assistant shall notify the hospital, related institution, alternative health care system, or employer of the physician assistant's decision to enter the treatment program.

(2) If the physician assistant fails to provide the notice required under paragraph (1) of this subsection, and the hospital, related institution, alternative health care system, or employer learns that the physician assistant has entered a treatment program, the hospital, related institution, alternative health care system, or employer shall report to the Board that the physician assistant has entered a treatment program and has failed to provide the required notice.

(3) If the physician assistant is found to be noncompliant with the treatment program's policies and procedures while in the treatment program, the treatment program shall notify the hospital, related institution, alternative health care system, or employer of the physician assistant's noncompliance.

(4) On receipt of the notification required under paragraph (3) of this subsection, the hospital, related institution, alternative health care system, or employer of the physician assistant shall report the physician assistant's noncompliance to the Board.

(f) A person is not required under this section to make any report that would be in violation of any federal or State law, rule, or regulation concerning the confidentiality of alcohol- and drug-abuse patient records.

(g) The hospital, related institution, alternative health care system, or employer shall submit the report within 10 days of any action described in this section.

(h) A report under this section is not subject to subpoena or discovery in any civil action other than a proceeding arising out of a hearing and decision of the Board or a disciplinary panel under this title.

(i) (1) A disciplinary panel may impose a civil penalty of up to \$1,000 for failure to report under this section.

(2) The Board shall pay any fees collected under this subsection into the General Fund of the State.

(j) An employer shall make the report required under this section to the Board within 5 days after the date of termination of employment.

(k) The Board shall adopt regulations to implement the provisions of this section.
15–202.

(a) (1) The Committee shall consist of 7 members appointed by the Board.

(2) Of the 7 Committee members:

(i) 3 shall be licensed physicians;

(ii) 3 shall be licensed physician assistants; and

(iii) 1 shall be a consumer.

(b) Of the three physician members of the Committee, two shall [be previously or currently serving as supervising physicians of a physician assistant under a Board-approved delegation agreement] **HAVE DEVELOPED A COLLABORATION AGREEMENT WITH A PHYSICIAN ASSISTANT.**

15–205.

(a) In addition to the powers set forth elsewhere in this title, the Committee, on its initiative or on the Board's request, may:

(1) Recommend to the Board regulations for carrying out the provisions of this title;

(2) Recommend to the Board approval, modification, or disapproval of an application for licensure [or a delegation agreement];

(3) Report to the Board any conduct of a [supervising physician] **PHYSICIAN OR GROUP OF PHYSICIANS WHO DEVELOPS A COLLABORATION AGREEMENT WITH A PHYSICIAN ASSISTANT** or a physician assistant that may be cause for disciplinary action under this title or under § 14–404 of this article; and

(4) Report to the Board any alleged unauthorized practice of a physician assistant.

15–301.

(a) [Nothing in this] **THIS** title may **NOT** be construed to authorize a physician assistant to practice [independent of a primary or alternate supervising physician] **INDEPENDENTLY**.

(b) A license issued to a physician assistant shall limit the physician assistant's scope of practice to medical acts:

[(1) Delegated by the primary or alternate supervising physician;]

[(2) (1) Appropriate to the education, training, and experience of the physician assistant;

[(3) (2) Customary to the practice of the [primary or alternate supervising] physician; and

[(4) (3) Consistent with the [delegation] **COLLABORATION** agreement filed with the Board.

(c) Patient services that may be provided by a physician assistant **UNDER A COLLABORATION AGREEMENT** include:

(1) (i) Taking complete, detailed, and accurate patient histories; and

(ii) Reviewing patient records to develop comprehensive medical status reports;

(2) Performing physical examinations and recording all pertinent patient data;

(3) Interpreting and evaluating patient data as authorized by the primary or alternate supervising physician for the purpose of determining management and treatment of patients;

(4) Initiating requests for or performing diagnostic procedures as indicated by pertinent data and as authorized by the supervising physician;

(5) Providing instructions and guidance regarding medical care matters to patients;

(6) Assisting the primary or alternate supervising physician in the delivery of services to patients who require medical care in the home and in health care institutions, including:

(i) Recording patient progress notes;

(ii) Issuing diagnostic orders; and

(iii) Transcribing or executing specific orders at the direction of the primary or alternate supervising physician; and

(7) Exercising prescriptive authority under a delegation agreement and in accordance with § 15–302.2 of this subtitle.]

(1) OBTAINING COMPREHENSIVE HEALTH HISTORIES;

(2) PERFORMING PHYSICAL EXAMINATIONS;

(3) EVALUATING, DIAGNOSING, MANAGING, AND PROVIDING MEDICAL TREATMENT;

(4) ORDERING, PERFORMING, AND INTERPRETING DIAGNOSTIC STUDIES, THERAPEUTIC PROCEDURES, AND LABORATORY TESTS;

(5) ORDERING DIAGNOSTIC TESTS AND USING THE FINDINGS OR RESULTS IN THE CARE OF PATIENTS;

(6) EXERCISING PRESCRIPTIVE AUTHORITY IN ACCORDANCE WITH § 15–302.1 OF THIS SUBTITLE;

(7) INFORMING PATIENTS ABOUT HEALTH PROMOTION AND DISEASE PREVENTION;

(8) PROVIDING CONSULTATIONS;

(9) WRITING MEDICAL ORDERS;

(10) PROVIDING SERVICES IN HEALTH CARE FACILITIES, INCLUDING HOSPITALS, NURSING FACILITIES, ASSISTED LIVING FACILITIES, AND HOSPICE FACILITIES;

(11) OBTAINING INFORMED CONSENT;

(12) DELEGATING OR ASSIGNING THERAPEUTIC AND DIAGNOSTIC MEASURES TO BE PERFORMED BY LICENSED OR UNLICENSED PERSONNEL AND SUPERVISING LICENSED OR UNLICENSED PERSONNEL PERFORMING THERAPEUTIC AND DIAGNOSTIC MEASURES;

(13) CERTIFYING A PATIENT’S HEALTH OR DISABILITY AS REQUIRED BY A FEDERAL, STATE, OR LOCAL PROGRAM; AND

**(14) AUTHENTICATING ANY DOCUMENT THAT A PHYSICIAN MAY
AUTHENTICATE THROUGH SIGNATURE, CERTIFICATION, STAMP VERIFICATION,
AFFIDAVIT, OR ENDORSEMENT.**

(d) (1) Except as otherwise provided in this title, an individual shall be licensed by the Board before the individual may practice as a physician assistant.

(2) Except as otherwise provided in this title, a physician may not [supervise] **ENTER INTO A COLLABORATION WITH** a physician assistant in the performance of [delegated] medical acts without filing a completed [delegation] **COLLABORATION** agreement with the Board.

(3) Except as otherwise provided in this title or in a medical emergency, a physician assistant may not perform any medical act for which:

(i) The individual has not been licensed; and

(ii) [The medical acts have not been delegated by a primary or alternate supervising physician] **THE INDIVIDUAL HAS NOT RECEIVED APPROPRIATE EDUCATION, TRAINING, AND EXPERIENCE.**

[(e) A physician assistant is the agent of the primary or alternate supervising physician in the performance of all practice-related activities, including the oral, written, or electronic ordering of diagnostic, therapeutic, and other medical services.]

(E) A PHYSICIAN ASSISTANT SHALL CONSULT AND COLLABORATE WITH OR REFER AN INDIVIDUAL TO AN APPROPRIATE LICENSED PHYSICIAN OR ANY OTHER HEALTH CARE PROVIDER AS APPROPRIATE.

(F) A PHYSICIAN ASSISTANT WHO HAS NOT BEEN PREVIOUSLY LICENSED BY THE BOARD TO PRACTICE AS A PHYSICIAN ASSISTANT OR LICENSED, CERTIFIED, OR REGISTERED AS A PHYSICIAN ASSISTANT BY ANOTHER STATE REGULATORY AUTHORITY SHALL BE MENTORED BY A LICENSED PHYSICIAN OR PHYSICIANS WHO ARE IDENTIFIED IN AN INITIAL COLLABORATION AGREEMENT TO CONSULT AND COLLABORATE WITH THE PHYSICIAN ASSISTANT FOR AT LEAST 18 MONTHS AFTER THE DATE AN INITIAL COLLABORATION AGREEMENT IS SUBMITTED TO THE BOARD.

[(f)] **(G)** Except as **OTHERWISE** provided in [subsection (g) of this section] **THIS TITLE**, the following individuals may practice as a physician assistant without a license:

(1) A physician assistant student enrolled in a physician assistant educational program that is accredited by the Accreditation Review Commission on Education for the Physician Assistant or its successor and approved by the Board; or

(2) A physician assistant employed in the service of the federal government

1 while performing duties incident to that employment.

2 [(g) A physician may not delegate prescriptive authority to a physician assistant
3 student in a training program that is accredited by the Accreditation Review Commission
4 on Education for the Physician Assistant or its successor.]

5 (h) (1) If a medical act that is to be [delegated] **PERFORMED BY A PHYSICIAN**
6 **ASSISTANT** under this section is a part of the practice of a health occupation that is
7 regulated under this article by another board, any rule or regulation concerning that
8 medical act shall be adopted jointly by the State Board of Physicians and the board that
9 regulates the other health occupation.

10 (2) If the two boards cannot agree on a proposed rule or regulation, the
11 proposal shall be submitted to the Secretary for a final decision.

12 15-302.

13 (a) A physician [may delegate medical acts to a physician assistant only after:

14 (1) A delegation agreement has been executed and filed with the Board;
15 and

16 (2) Any advanced duties have been authorized as required under
17 subsection (c) of this section] **ASSISTANT MAY PRACTICE AS A PHYSICIAN ASSISTANT**
18 **ONLY AFTER SUBMITTING A COLLABORATION AGREEMENT TO THE BOARD.**

19 (b) (1) [The delegation agreement] **SUBJECT TO PARAGRAPH (2) OF THIS**
20 **SUBSECTION, A COLLABORATION AGREEMENT** shall contain:

21 [(1)] (I) A description of the qualifications of the [primary supervising
22 physician and] **PHYSICIAN OR GROUP OF PHYSICIANS WHO DEVELOPED THE**
23 **COLLABORATION AGREEMENT WITH THE** physician assistant;

24 (II) **ANY PRACTICE SPECIALTY OF THE PHYSICIAN OR GROUP OF**
25 **PHYSICIANS; AND**

26 [(2)] (III) A description of the settings in which the physician assistant will
27 practice[;

28 (3) A description of the continuous physician supervision mechanisms that
29 are reasonable and appropriate to the practice setting;

30 (4) A description of the delegated medical acts that are within the primary
31 or alternate supervising physician's scope of practice and require specialized education or
32 training that is consistent with accepted medical practice;

(5) An attestation that all medical acts to be delegated to the physician assistant are within the scope of practice of the primary or alternate supervising physician and appropriate to the physician assistant's education, training, and level of competence;

(6) An attestation of continuous supervision of the physician assistant by the primary supervising physician through the mechanisms described in the delegation agreement;

(7) An attestation by the primary supervising physician of the physician's acceptance of responsibility for any care given by the physician assistant;

(8) A description prepared by the primary supervising physician of the process by which the physician assistant's practice is reviewed appropriate to the practice setting and consistent with current standards of acceptable medical practice;

(9) An attestation by the primary supervising physician that the physician will respond in a timely manner when contacted by the physician assistant;

(10) The following statement: "The primary supervising physician and the physician assistant attest that:

(i) They will establish a plan for the types of cases that require a physician plan of care or require that the patient initially or periodically be seen by the supervising physician; and

(ii) The patient will be provided access to the supervising physician on request"; and

(11) Any other information deemed necessary by the Board to carry out the provisions of this subtitle].

(2) IF A PHYSICIAN ASSISTANT WHO SUBMITS AN INITIAL COLLABORATION AGREEMENT TO THE BOARD HAS NOT BEEN PREVIOUSLY LICENSED BY THE BOARD TO PRACTICE AS A PHYSICIAN ASSISTANT OR LICENSED, CERTIFIED, OR REGISTERED AS A PHYSICIAN ASSISTANT BY ANOTHER STATE REGULATORY AUTHORITY, THE INITIAL COLLABORATION AGREEMENT SHALL IDENTIFY A LICENSED PHYSICIAN OR PHYSICIANS WHO WILL CONSULT AND COLLABORATE WITH THE PHYSICIAN ASSISTANT FOR AT LEAST 18 MONTHS AFTER THE DATE THE INITIAL COLLABORATION AGREEMENT IS SUBMITTED TO THE BOARD.

(3) A COLLABORATION AGREEMENT MAY INCLUDE PROVISIONS LIMITING THE PHYSICIAN ASSISTANT'S SCOPE OF PRACTICE, SPECIFYING OFFICE PROCEDURES, OR OTHERWISE DETAILING THE PRACTICE OF THE PHYSICIAN ASSISTANT AS AGREED BY THE PHYSICIAN OR GROUP OF PHYSICIANS AND THE PHYSICIAN ASSISTANT.

(c) (1) The Board may not require [prior] approval of a [delegation agreement that includes advanced duties, if an advanced duty will be performed in a hospital or ambulatory surgical facility, provided that:

(i) A physician, with credentials that have been reviewed by the hospital or ambulatory surgical facility as a condition of employment, as an independent contractor, or as a member of the medical staff, supervises the physician assistant;

(ii) The physician assistant has credentials that have been reviewed by the hospital or ambulatory surgical facility as a condition of employment, as an independent contractor, or as a member of the medical staff; and

(iii) Each advanced duty to be delegated to the physician assistant is reviewed and approved within a process approved by the governing body of the health care facility before the physician assistant performs the advanced duties] **COLLABORATION AGREEMENT.**

[(2) (i) In any setting that does not meet the requirements of paragraph (1) of this subsection, a primary supervising physician shall obtain the Board's approval of a delegation agreement that includes advanced duties, before the physician assistant performs the advanced duties.

(ii) 1. Before a physician assistant may perform X-ray duties authorized under § 14-306(e) of this article in the medical office of the physician delegating the duties, a primary supervising physician shall obtain the Board's approval of a delegation agreement that includes advanced duties in accordance with subsubparagraph 2 of this subparagraph.

2. The advanced duties set forth in a delegation agreement under this subparagraph shall be limited to nonfluoroscopic X-ray procedures of the extremities, anterior-posterior and lateral, not including the head.]

[(3)] (2) [Notwithstanding paragraph (1) of this subsection, a primary supervising physician shall obtain the Board's approval of a delegation agreement before] **A PHYSICIAN ASSISTANT SHALL SUBMIT TO THE BOARD A COLLABORATION AGREEMENT THAT CONTAINS ANESTHESIA DUTIES BEFORE** the physician assistant may administer, monitor, or maintain general anesthesia or neuroaxial anesthesia, including spinal and epidural techniques, under the agreement.

[(d) For a delegation agreement containing advanced duties that require Board approval, the Committee shall review the delegation agreement and recommend to the Board that the delegation agreement be approved, rejected, or modified to ensure conformance with the requirements of this title.

(e) The Committee may conduct a personal interview of the primary supervising physician and the physician assistant.

(f) (1) On review of the Committee's recommendation regarding a primary supervising physician's request to delegate advanced duties as described in a delegation agreement, the Board:

(i) May approve the delegation agreement; or

(ii) 1. If the physician assistant does not meet the applicable education, training, and experience requirements to perform the specified delegated acts, may modify or disapprove the delegation agreement; and

2. If the Board takes an action under item 1 of this item:

A. Shall notify the primary supervising physician and the physician assistant in writing of the particular elements of the proposed delegation agreement that were the cause for the modification or disapproval; and

B. May not restrict the submission of an amendment to the delegation agreement.

(2) To the extent practicable, the Board shall approve a delegation agreement or take other action authorized under this subsection within 90 days after receiving a completed delegation agreement including any information from the physician assistant and primary supervising physician necessary to approve or take action.]

[(g)] (D) If the Board determines that a [primary or alternate supervising physician] **PHYSICIAN OR GROUP OF PHYSICIANS THAT DEVELOPS A COLLABORATION AGREEMENT WITH A PHYSICIAN ASSISTANT** or A physician assistant is practicing in a manner inconsistent with the requirements of this title or Title 14 of this article, the Board on its own initiative or on the recommendation of the Committee may demand modification of the practice[, withdraw the approval of the delegation agreement,] or refer the matter to a disciplinary panel for the purpose of taking other disciplinary action under § 14–404 **OF THIS ARTICLE** or § 15–314 of this [article] **SUBTITLE**.

[(h)] (E) [A primary supervising physician may not delegate medical acts under a delegation agreement to more than four physician assistants at any one time, except in a] **A PHYSICIAN OR GROUP OF PHYSICIANS MAY NOT ENTER INTO A COLLABORATION AGREEMENT THAT ALLOWS FOR COLLABORATION OF MORE THAN EIGHT PHYSICIAN ASSISTANTS FOR EACH PHYSICIAN IN THE AGREEMENT AT ONE TIME, EXCEPT IN A** hospital or in the following nonhospital settings:

(1) A correctional facility;

(2) A detention center; or

(3) A public health facility.

1 [(i)] (F) A person may not coerce another person to enter into a [delegation]
2 **COLLABORATION** agreement under this subtitle.

3 [(j)] A physician may supervise a physician assistant:

4 (1) As a primary supervising physician in accordance with a delegation
5 agreement approved by the Board under this subtitle; or

6 (2) As an alternate supervising physician if:

7 (i) The alternate supervising physician supervises in accordance
8 with a delegation agreement filed with the Board;

9 (ii) The alternate supervising physician supervises no more than
10 four physician assistants at any one time, except in a hospital, correctional facility,
11 detention center, or public health facility;

12 (iii) The alternate supervising physician's period of supervision, in
13 the temporary absence of the primary supervising physician, does not exceed:

14 1. The period of time specified in the delegation agreement;
15 and

16 2. A period of 45 consecutive days at any one time; and

17 (iv) The physician assistant performs only those medical acts that:

18 1. Have been delegated under the delegation agreement filed
19 with the Board; and

20 2. Are within the scope of practice of the primary supervising
21 physician and alternate supervising physician.]

22 [(k)] (G) Subject to the notice required under § 15–103 of this title, a physician
23 assistant may terminate a [delegation agreement filed with the Board under]
24 **COLLABORATION AGREEMENT DEVELOPED IN ACCORDANCE WITH** this subtitle at any
25 time.

26 [(l)] (H) (1) In the event of the sudden departure, incapacity, or death of [the
27 primary supervising physician of a physician assistant] **A PATIENT CARE TEAM**
28 **PHYSICIAN**, or change in license status that results in [the primary supervising physician]
29 **A PATIENT CARE TEAM PHYSICIAN** being unable to legally practice medicine, [an
30 alternate supervising physician designated under subsection (b) of this section may
31 supervise the physician assistant for not longer than 15 days following the event] **THE**
32 **COLLABORATION AGREEMENT SHALL REMAIN ACTIVE AND VALID UNDER THE**

1 **SUPERVISION OF THE REMAINING LISTED PATIENT CARE TEAM PHYSICIANS.**

2 (2) If there is no [designated alternate supervising physician] **REMAINING**
3 **PATIENT CARE TEAM PHYSICIAN LISTED ON THE COLLABORATION AGREEMENT** or
4 the [designated alternate supervising physician] **REMAINING PATIENT CARE TEAM**
5 **PHYSICIAN** does not agree to supervise the physician assistant, the physician assistant
6 may not practice until the physician assistant receives approval of a new [delegation]
7 **COLLABORATION** agreement under [§ 15–302.1 of] this subtitle.

8 [(3) An alternate supervising physician or other licensed physician may
9 assume the role of primary supervising physician by submitting a new delegation
10 agreement to the Board for approval under subsection (b) of this section.

11 (4) The Board may terminate a delegation agreement if:

12 (i) The physician assistant has a change in license status that
13 results in the physician assistant being unable to legally practice as a physician assistant;

14 (ii) At least 15 days have elapsed since an event listed under
15 paragraph (1) of this subsection if there is an alternate supervising physician designated
16 under subsection (b) of this section; or

17 (iii) Immediately after an event listed under paragraph (1) of this
18 subsection if there is no alternate supervising physician designated under subsection (b) of
19 this section.]

20 **(I) THE BOARD SHALL NOTIFY THE PHYSICIAN ASSISTANT AND PHYSICIAN**
21 **OR GROUP OF PHYSICIANS WHO HAVE ENTERED INTO A COLLABORATION**
22 **AGREEMENT WITH A PHYSICIAN ASSISTANT IMMEDIATELY IF:**

23 **(1) THE PHYSICIAN ASSISTANT HAS A CHANGE IN LICENSE**
24 **STATUS THAT RESULTS IN THE PHYSICIAN ASSISTANT BEING UNABLE TO LEGALLY**
25 **PRACTICE AS A PHYSICIAN ASSISTANT; OR**

26 **(2) AN EVENT DESCRIBED IN SUBSECTION (H) OF THIS SECTION**
27 **OCCURS.**

28 [(m)] **(J)** A physician assistant whose [delegation] **COLLABORATION** agreement
29 is terminated may not practice as a physician assistant until the physician assistant
30 [receives preliminary approval of a new delegation agreement under § 15–302.1 of this
31 subtitle] **SUBMITS A NEW COLLABORATION AGREEMENT TO THE BOARD.**

32 [(n) Individual members of the Board are not civilly liable for actions regarding
33 the approval, modification, or disapproval of a delegation agreement described in this
34 section.

(o) A physician assistant may practice in accordance with a delegation agreement filed with the Board under this subtitle.]

[15–302.1.

(a) If a delegation agreement does not include advanced duties or the advanced duties have been approved under § 15–302(c)(1) of this subtitle, a physician assistant may assume the duties under a delegation agreement on the date that the Board acknowledges receipt of the completed delegation agreement.

(b) In this section, “pending” means that a delegation agreement that includes delegation of advanced duties in a setting that does not meet the requirements under § 15–302(c)(1) of this subtitle has been executed and submitted to the Board for its approval, but:

(1) The Committee has not made a recommendation to the Board; or

(2) The Board has not made a final decision regarding the delegation agreement.

(c) Subject to subsection (d) of this section, if a delegation agreement is pending, on receipt of a temporary practice letter from the staff of the Board, a physician assistant may perform the advanced duty if:

(1) The primary supervising physician has been previously approved to supervise one or more physician assistants in the performance of the advanced duty; and

(2) The physician assistant has been previously approved by the Board to perform the advanced duty.

(d) If the Committee recommends a denial of the pending delegation agreement or the Board denies the pending delegation agreement, on notice to the primary supervising physician and the physician assistant, the physician assistant may no longer perform the advanced duty that has not received the approval of the Board.

(e) The Board may disapprove any delegation agreement if it believes that:

(1) The agreement does not meet the requirements of this subtitle; or

(2) The physician assistant is unable to perform safely the delegated duties.

(f) If the Board disapproves a delegation agreement or the delegation of any function under an agreement, the Board shall provide the primary supervising physician and the physician assistant with written notice of the disapproval.

(g) A physician assistant who receives notice that the Board has disapproved a delegation agreement or an advanced function under the delegation agreement shall immediately cease to practice under the agreement or to perform the disapproved function.]

[15–302.2.] 15–302.1.

[(a) A primary supervising physician may not delegate prescribing, dispensing, and administering of controlled dangerous substances, prescription drugs, or medical devices unless the primary supervising physician and physician assistant include in the delegation agreement:

(1) A notice of intent to delegate prescribing and, if applicable, dispensing of controlled dangerous substances, prescription drugs, or medical devices;

(2) An attestation that all prescribing and, if applicable, dispensing activities of the physician assistant will comply with applicable federal and State regulations;

(3) An attestation that all medical charts or records will contain a notation of any prescriptions written or dispensed by a physician assistant in accordance with this section;

(4) An attestation that all prescriptions written or dispensed under this section will include the physician assistant's name and the supervising physician's name, business address, and business telephone number legibly written or printed;

(5) An attestation that the physician assistant has:

(i) Passed the physician assistant national certification exam administered by the National Commission on the Certification of Physician Assistants within the previous 2 years; or

(ii) Successfully completed 8 category 1 hours of pharmacology education within the previous 2 years; and

(6) An attestation that the physician assistant has:

(i) A bachelor's degree or its equivalent; or

(ii) Successfully completed 2 years of work experience as a physician assistant.

(b) (1) A primary supervising physician may not delegate the prescribing or dispensing of substances that are identified as Schedule I controlled dangerous substances under § 5–402 of the Criminal Law Article.

(2) A primary supervising physician may delegate the prescribing or

dispensing of substances that are identified as Schedules II through V controlled dangerous substances under § 5–402 of the Criminal Law Article, including legend drugs as defined under § 503(b) of the Federal Food, Drug, and Cosmetic Act.

(3) A primary supervising physician may not delegate the prescribing or dispensing of controlled dangerous substances to a physician assistant unless the physician assistant has a valid:

(i) State controlled dangerous substance registration; and

(ii) Federal Drug Enforcement Agency (DEA) registration.]

(A) IN THIS SECTION, “PERSONALLY PREPARE AND DISPENSE” MEANS THAT A PHYSICIAN ASSISTANT:

(1) IS PHYSICALLY PRESENT ON THE PREMISES WHERE A PRESCRIPTION IS FILLED; AND

(2) PERFORMS A FINAL CHECK OF THE PRESCRIPTION BEFORE IT IS PROVIDED TO THE PATIENT.

(B) SUBJECT TO THE COLLABORATION AGREEMENT SUBMITTED UNDER § 15–302 OF THIS SUBTITLE, A PHYSICIAN ASSISTANT MAY PRESCRIBE, PROCURE, DISPENSE, ORDER, OR ADMINISTER:

(1) SUBJECT TO SUBSECTION (C)(2) OF THIS SECTION, DRUGS AND SUBSTANCES THAT ARE IDENTIFIED AS SCHEDULES II THROUGH V CONTROLLED DANGEROUS SUBSTANCES UNDER §§ 5–403 THROUGH 5–406 OF THE CRIMINAL LAW ARTICLE, INCLUDING LEGEND DRUGS AS DEFINED UNDER § 503(B) OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT;

(2) MEDICAL DEVICES; AND

(3) DURABLE MEDICAL EQUIPMENT.

(C) (1) A PHYSICIAN ASSISTANT MAY NOT PRESCRIBE OR DISPENSE SUBSTANCES THAT ARE IDENTIFIED AS SCHEDULE I CONTROLLED DANGEROUS SUBSTANCES UNDER § 5–402 OF THE CRIMINAL LAW ARTICLE.

(2) A PHYSICIAN ASSISTANT MAY NOT PRESCRIBE OR DISPENSE CONTROLLED DANGEROUS SUBSTANCES UNLESS THE PHYSICIAN ASSISTANT HAS A VALID:

(I) STATE CONTROLLED DANGEROUS SUBSTANCE

1 **REGISTRATION; AND**

2 **(II) FEDERAL DRUG ENFORCEMENT AGENCY (DEA)**
3 **REGISTRATION.**

4 **[(c)] (D) (1)** A physician assistant personally may prepare and dispense [a
5 drug that the physician assistant is authorized to prescribe under a delegation agreement
6 if]:

7 **[(1)** Except as otherwise provided under § 12–102(g) of this article, the
8 supervising physician possesses a dispensing permit; and

9 **(2)** The physician assistant dispenses drugs only within:

10 **(i)** The supervising physician’s scope of practice; and

11 **(ii)** The scope of the delegation agreement.]

12 **(I) A STARTER DOSAGE OF ANY DRUG THAT THE PHYSICIAN**
13 **ASSISTANT IS AUTHORIZED TO PRESCRIBE TO A PATIENT OF THE PHYSICIAN**
14 **ASSISTANT IF:**

15 **1. THE STARTER DOSAGE COMPLIES WITH THE**
16 **LABELING REQUIREMENTS OF § 12–505 OF THIS ARTICLE;**

17 **2. NO CHARGE IS MADE FOR THE STARTER DOSAGE; AND**

18 **3. THE PHYSICIAN ASSISTANT ENTERS AN APPROPRIATE**
19 **RECORD IN THE PATIENT’S MEDICAL RECORD; OR**

20 **(II) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, ANY**
21 **DRUG THAT A PHYSICIAN ASSISTANT MAY PRESCRIBE TO THE EXTENT AUTHORIZED**
22 **BY LAW IN THE COURSE OF TREATING A PATIENT AT:**

23 **1. A MEDICAL FACILITY OR CLINIC THAT SPECIALIZES IN**
24 **THE TREATMENT OF MEDICAL CASES REIMBURSABLE THROUGH WORKERS’**
25 **COMPENSATION INSURANCE;**

26 **2. A MEDICAL FACILITY OR CLINIC THAT IS OPERATED**
27 **ON A NONPROFIT BASIS;**

28 **3. A HEALTH CENTER THAT OPERATES ON A CAMPUS OF**
29 **AN INSTITUTION OF HIGHER EDUCATION;**

1 4. A PUBLIC HEALTH FACILITY, A MEDICAL FACILITY
2 UNDER CONTRACT WITH A STATE OR LOCAL HEALTH DEPARTMENT, OR A FACILITY
3 FUNDED WITH PUBLIC FUNDS; OR

4 5. A NONPROFIT HOSPITAL OR A NONPROFIT HOSPITAL
5 OUTPATIENT FACILITY AS AUTHORIZED UNDER THE POLICIES ESTABLISHED BY THE
6 HOSPITAL.

7 (2) A PHYSICIAN ASSISTANT WHO PERSONALLY PREPARES AND
8 DISPENSES A DRUG IN THE COURSE OF TREATING A PATIENT AS AUTHORIZED UNDER
9 THIS SUBSECTION SHALL:

10 (I) COMPLY WITH THE LABELING REQUIREMENTS OF § 12-505
11 OF THIS ARTICLE;

12 (II) RECORD THE DISPENSING OF THE PRESCRIPTION DRUG ON
13 THE PATIENT'S CHART;

14 (III) ALLOW THE OFFICE OF CONTROLLED SUBSTANCES
15 ADMINISTRATION TO ENTER AND INSPECT THE OFFICE IN WHICH THE PHYSICIAN
16 ASSISTANT PRACTICES AT ALL REASONABLE HOURS; AND

17 (IV) EXCEPT FOR STARTER DOSAGES OR SAMPLES DISPENSED
18 WITHOUT CHARGE, PROVIDE THE PATIENT WITH A WRITTEN PRESCRIPTION,
19 MAINTAIN PRESCRIPTION FILES, AND MAINTAIN A SEPARATE FILE FOR SCHEDULE
20 II PRESCRIPTIONS FOR A PERIOD OF AT LEAST 5 YEARS.

21 [(d)] (E) A physician assistant who personally dispenses a drug in the course of
22 treating a patient as authorized under subsections (b) and [(c)] (D) of this section shall
23 comply with the requirements under Titles 12 and 14 of this article and applicable federal
24 law and regulations.

25 [(e) Before a physician assistant may renew a license for an additional 2-year
26 term under § 15-307 of this subtitle, the physician assistant shall submit evidence to the
27 Board of successful completion of 8 category 1 hours of pharmacology education within the
28 previous 2 years.]

29 (F) A PRESCRIPTION DISPENSED UNDER THIS SECTION SHALL INCLUDE
30 THE PHYSICIAN ASSISTANT'S:

31 (1) NAME;

32 (2) BUSINESS ADDRESS; AND

(3) BUSINESS TELEPHONE NUMBER.

(G) A PHYSICIAN ASSISTANT STUDENT IN A TRAINING PROGRAM THAT IS ACCREDITED BY THE ACCREDITATION REVIEW COMMISSION ON EDUCATION FOR THE PHYSICIAN ASSISTANT MAY NOT EXERCISE PRESCRIPTIVE AUTHORITY.

[15–302.3.

(a) On a quarterly basis, the Board shall provide to the Board of Pharmacy a list of physician assistants whose delegation agreements include the delegation of prescriptive authority.

(b) The list required under subsection (a) of this section shall specify whether each physician assistant has been delegated the authority to prescribe controlled dangerous substances, prescription drugs, or medical devices.

(c) If a primary supervising physician who has delegated authority to exercise prescriptive authority to a physician assistant subsequently restricts or removes the delegation, the primary supervising physician shall notify the Board of the restriction or removal within 5 business days.]

15–303.

(a) To qualify for a license, an applicant shall:

(1) Complete a criminal history records check in accordance with § 14–308.1 of this article;

(2) Be of good moral character;

(3) Demonstrate oral and written competency in the English language as required by the Board;

(4) Be at least 18 years old; [and]

(5) [(i) Be a graduate of a physician assistant training program approved by the Board; or

(ii) Have passed the physician assistant national certifying examination administered by the National Commission on Certification of Physician Assistants prior to 1986, maintained all continuing education and recertification requirements, and been in continuous practice since passage of the examination] **EXCEPT AS PROVIDED IN SUBSECTION (B) OF THIS SECTION, HAVE SUCCESSFULLY COMPLETED AN EDUCATIONAL PROGRAM FOR PHYSICIAN ASSISTANTS ACCREDITED BY:**

1 **(I) THE ACCREDITATION REVIEW COMMISSION ON**
2 **EDUCATION FOR THE PHYSICIAN ASSISTANT; OR**

3 **(II) IF COMPLETED BEFORE 2001:**

4 1. **THE COMMITTEE ON ALLIED HEALTH EDUCATION**
5 **AND ACCREDITATION; OR**

6 2. **THE COMMISSION ON ACCREDITATION OF ALLIED**
7 **HEALTH EDUCATION PROGRAMS; AND**

8 **(6) HAVE PASSED THE PHYSICIAN ASSISTANT NATIONAL**
9 **CERTIFYING EXAMINATION ADMINISTERED BY THE NATIONAL COMMISSION ON**
10 **CERTIFICATION OF PHYSICIAN ASSISTANTS.**

11 [(b) Except as otherwise provided in this title, the applicant shall pass a national
12 certifying examination approved by the Board.]

13 [(c)] **(B)** An applicant who graduates from [a physician assistant training
14 program] **AN ACCREDITED EDUCATIONAL PROGRAM FOR PHYSICIAN ASSISTANTS**
15 **UNDER THIS SECTION** after October 1, 2003, shall have a bachelor's degree or its
16 equivalent.

17 15-306.

18 A license authorizes the licensee to practice as a physician assistant [under a
19 delegation agreement] while the license is effective.

20 15-309.

21 (a) Each licensee shall keep a license and [delegation] **COLLABORATION**
22 agreement for inspection at the primary place of business of the licensee.

23 15-310.

24 (a) In reviewing an application for licensure or in investigating an allegation
25 brought under § 15-314 of this subtitle, the Committee may request the Board to direct, or
26 the Board on its own initiative may direct, the physician assistant to submit to an
27 appropriate examination.

28 (b) In return for the privilege given to the physician assistant to [perform
29 delegated medical acts] **PRACTICE AS A PHYSICIAN ASSISTANT** in the State, the
30 physician assistant is deemed to have:

31 (1) Consented to submit to an examination under this section, if requested

1 by the Board in writing; and

2 (2) Waived any claim of privilege as to the testimony or examination
3 reports.

4 (c) The unreasonable failure or refusal of the licensed physician assistant or
5 applicant to submit to an examination is prima facie evidence of the licensed physician
6 assistant's inability to [perform delegated medical acts] **PRACTICE AS A PHYSICIAN**
7 **ASSISTANT** and is cause for denial of the application or immediate suspension of the
8 license.

9 (d) The Board shall pay the costs of any examination made under this section.

10 [15–313.

11 (a) (1) Except as otherwise provided under § 10–226 of the State Government
12 Article, before the Board takes any action to reject or modify a delegation agreement or
13 advanced duty, the Board shall give the licensee the opportunity for a hearing before the
14 Board.

15 (2) The Board shall give notice and hold the hearing under Title 10,
16 Subtitle 2 of the State Government Article.

17 (3) The Board may administer oaths in connection with any proceeding
18 under this section.

19 (4) At least 14 days before the hearing, the hearing notice shall be sent to
20 the last known address of the applicant or licensee.

21 (b) Any licensee aggrieved under this subtitle by a final decision of the Board
22 rejecting or modifying a delegation agreement or advanced duty may petition for judicial
23 review as allowed by the Administrative Procedure Act.]

24 15–314.

25 (a) Subject to the hearing provisions of § 15–315 of this subtitle, a disciplinary
26 panel, on the affirmative vote of a majority of the quorum, may reprimand any physician
27 assistant, place any physician assistant on probation, or suspend or revoke a license if the
28 physician assistant:

29 (41) Performs [delegated] medical acts beyond the scope of the [delegation]
30 **COLLABORATION** agreement filed with the Board [or after notification from the Board
31 that an advanced duty has been disapproved];

32 [(42) Performs delegated medical acts without the supervision of a
33 physician;]

**(42) PRACTICES AS A PHYSICIAN ASSISTANT WITHOUT FIRST
SUBMITTING A COLLABORATION AGREEMENT TO THE BOARD;**

15–317.

(a) A physician assistant **WHO IS LICENSED** in this State or in any other state **OR WHO IS AN EMPLOYEE OF THE FEDERAL GOVERNMENT** is authorized to perform acts, tasks, or functions as a physician assistant [under the supervision of a physician licensed to practice medicine in the State] during a disaster as defined by the Governor, within a county in which a state of disaster has been declared, or counties contiguous to a county in which a state of disaster has been declared.

(b) The physician assistant shall notify the Board in writing of the names, practice locations, and telephone numbers for the physician assistant [and each primary supervising physician] within 30 days [of] **AFTER** the first performance of medical acts, tasks, or functions as a physician assistant during the disaster.

(c) A team of physicians and physician assistants or physician assistants practicing under this section may not be required to maintain on-site documentation describing [supervisory arrangements] **COLLABORATION AGREEMENTS** as otherwise required under this title.

15–401.

[(a)] Except as otherwise provided in this title, a person may not practice, attempt to practice, or offer to practice as a physician assistant in the State unless the person has [a]:

(1) A license issued by the Board TO PRACTICE AS A PHYSICIAN ASSISTANT; AND

(2) SUBMITTED A COLLABORATION AGREEMENT TO THE BOARD.

[(b)] Except as otherwise provided in this title, a person may not perform, attempt to perform, or offer to perform any delegated medical act beyond the scope of the license and which is consistent with a delegation agreement filed with the Board.]

15–402.1.

(a) Except as otherwise provided in this subtitle, a licensed physician may not employ [or supervise] an individual practicing as a physician assistant who does not have a license **OR WHO HAS NOT SUBMITTED A COLLABORATION AGREEMENT TO THE BOARD.**

Article – Transportation

13–616.

(a) (1) In this subtitle the following words have the meanings indicated.

(7) “Licensed physician assistant” means an individual who is licensed under Title 15 of the Health Occupations Article to practice [medicine with physician supervision] **AS A PHYSICIAN ASSISTANT.**

SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) A physician assistant authorized to practice under a delegation agreement on October 1, 2024, may continue to practice as a physician assistant under the delegation agreement.

(b) The delegation agreement in effect on October 1, 2024, shall be treated the same as the collaboration agreement required under § 15–302 of the Health Occupations Article, as enacted by Section 1 of this Act, until an initial collaboration agreement is submitted to the State Board of Physicians by the physician assistant.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2024.