

HOUSE BILL 312

J2

4lr2034

By: **Delegate Bagnall**

Introduced and read first time: January 15, 2024

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Physician Assistants – Collaboration Agreements**

3 FOR the purpose of requiring a physician assistant to have a collaboration agreement with
4 a patient care team physician, rather than a delegation agreement with a primary
5 supervising physician, in order to practice as a physician assistant; increasing the
6 number of physician assistants to whom a patient care team physician may delegate
7 medical acts under a collaboration agreement; altering the circumstances under
8 which and settings at which a physician assistant is authorized to perform advanced
9 duties without the approval of the State Board of Physicians; and generally relating
10 to physician assistant collaboration agreements.

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)
24 Annotated Code of Maryland
25 (2022 Replacement Volume and 2023 Supplement)

26 BY repealing and reenacting, with amendments,
27 Article – Health Occupations

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



Section 12–102(c)(2)(iv), 14–306(e)(3)(iii)2.B., 15–101, 15–103(b), 15–202(b),
15–205(a), 15–301, 15–302, 15–302.1, 15–302.2, 15–302.3, 15–306, 15–309(a),
15–313, 15–314(a)(41), 15–317(b), and 15–401(b)

Annotated Code of Maryland

(2021 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;

2. has an active [delegation] **COLLABORATION** agreement
with a [primary supervising] **PATIENT CARE TEAM** 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] **COLLABORATION**
agreement [approved by the State Board of Physicians] **THAT MEETS THE**
REQUIREMENTS OF § 15–302 OF THE HEALTH OCCUPATIONS ARTICLE; or

(3) A certified nurse practitioner.

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] **COLLABORATION** agreement that 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;

14–306.

(e) Except as otherwise provided in this section, an individual may perform X-ray duties without a license only if the duties:

(3) Are performed:

(iii) 2. By a licensed physician assistant who has completed a course that includes anterior–posterior and lateral radiographic studies of extremities on at least 20 separate patients under the direct supervision of the delegating physician or radiologist using a mini C–arm or similar low–level radiation machine to perform nonfluoroscopic X–ray procedures, if the duties:

B. Are performed pursuant to a [Board–approved delegation] **COLLABORATION** agreement that includes a request to perform advanced duties under § 15–302(c)(2) 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)] “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

1 Organizations; or

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

4 [(d)] (C) “Board” means the State Board of Physicians, established under §
5 14–201 of this article.

6 (D) **“COLLABORATION AGREEMENT” MEANS A DOCUMENT THAT:**

7 (1) **IS EXECUTED BY ONE OR MORE PATIENT CARE TEAM PHYSICIANS**
8 **AND ONE OR MORE PHYSICIAN ASSISTANTS; AND**

9 (2) **MEETS THE REQUIREMENTS OF § 15–302 OF THIS TITLE.**

10 (e) “Committee” means the Physician Assistant Advisory Committee.

11 (f) “Controlled dangerous substances” has the meaning stated in § 5–101 of the
12 Criminal Law Article.

13 (g) “Correctional facility” includes a State or local correctional facility.

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

16 (i) [“Delegation agreement” means a document that is executed by a primary
17 supervising physician and a physician assistant containing the requirements of § 15–302
18 of this title.

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

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

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

24 (l) “Hospital” means:

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

26 (2) A comprehensive care facility that:

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

(ii) Offers acute care in the same building; [and] **OR**

(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 PHYSICIAN” MEANS A PHYSICIAN WHO:

(1) COMPLETES A COLLABORATION AGREEMENT THAT MEETS THE REQUIREMENTS UNDER §§ 15–301(D) AND (E) AND 15–302 OF THIS TITLE;

(2) ACTS AS AN AGENT OF OR IS EMPLOYED BY THE EMPLOYER OF THE PHYSICIAN ASSISTANTS LISTED IN THE COLLABORATION AGREEMENT;

(3) IS RESPONSIBLE FOR ENSURING THAT THE PHYSICIAN ASSISTANTS LISTED IN THE COLLABORATION AGREEMENT PRACTICE MEDICINE IN ACCORDANCE WITH THIS TITLE AND THE REGULATIONS ADOPTED UNDER THIS TITLE; AND

(4) ENSURES THAT THE PHYSICIAN ASSISTANTS PRACTICE WITHIN THE SCOPE OF PRACTICE OF THE PHYSICIAN.

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

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

(1) Delegated by a [supervising] **PATIENT CARE TEAM** physician to a physician assistant;

(2) Within the [supervising physician’s] scope of practice **OF THE PATIENT CARE TEAM PHYSICIAN**; and

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

[(q)] (R) “Prescriptive authority” means the authority delegated by a [primary

or alternate supervising] **PATIENT CARE TEAM** physician to 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) 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) “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) “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 **PATIENT CARE TEAM** physician to exercise on-site supervision or immediately available direction for physician assistants performing delegated medical acts.

(2) “Supervision” includes [physician] **THE** oversight of and acceptance of direct responsibility **BY A PATIENT CARE TEAM PHYSICIAN** 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.

(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

1 of employment of the physician assistant if the cause of termination is related to a quality
2 of care issue.

3 (2) Subject to subsection (d) of this section, a [supervising] **PATIENT CARE**
4 **TEAM** physician or an employer of a physician assistant shall notify the Board within 10
5 days of the termination of employment of the physician assistant for reasons that would be
6 grounds for discipline under this title.

7 (3) A [supervising] **PATIENT CARE TEAM** physician and a physician
8 assistant shall notify the Board within 10 days of the termination of the relationship under
9 a [delegation] **COLLABORATION** agreement for any reason.

10 15–202.

11 (b) Of the three physician members of the Committee, two shall be previously or
12 currently serving as [supervising] **PATIENT CARE TEAM** physicians of a physician
13 assistant under a [Board–approved delegation] **COLLABORATION** agreement.

14 15–205.

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

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

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

21 (3) Report to the Board any conduct of a [supervising] **PATIENT CARE**
22 **TEAM** physician or a physician assistant that may be cause for disciplinary action under
23 this title or under § 14–404 of this article; and

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

26 15–301.

27 (a) Nothing in this title may be construed to authorize a physician assistant to
28 practice independent of a [primary or alternate supervising] **PATIENT CARE TEAM**
29 physician.

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

32 (1) Delegated by [the primary or alternate supervising] **A PATIENT CARE**

1 **TEAM** physician;

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

4 (3) Customary to the practice of the [primary or alternate supervising]
5 **PATIENT CARE TEAM** physician; and

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

8 (c) Patient services that may be provided by a physician assistant include:

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

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

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

14 (3) Interpreting and evaluating patient data as authorized by [the primary
15 or alternate supervising] **A PATIENT CARE TEAM** physician for the purpose of determining
16 management and treatment of patients;

17 (4) Initiating requests for or performing diagnostic procedures as indicated
18 by pertinent data and as authorized by [the supervising] **A PATIENT CARE TEAM**
19 physician;

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

22 (6) Assisting [the primary or alternate supervising] **A PATIENT CARE**
23 **TEAM** physician in the delivery of services to patients who require medical care in the home
24 and in health care institutions, including:

25 (i) Recording patient progress notes;

26 (ii) Issuing diagnostic orders; and

27 (iii) Transcribing or executing specific orders at the direction of [the
28 primary or alternate supervising] **A PATIENT CARE TEAM** physician; and

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

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

3 (2) (I) Except as otherwise provided in this title, a physician may not
4 supervise a physician assistant in the performance of delegated medical acts [without filing
5 a completed delegation agreement with the Board] **UNLESS THE PHYSICIAN IS LISTED**
6 **AS A PATIENT CARE TEAM PHYSICIAN ON A COLLABORATION AGREEMENT WITH THE**
7 **PHYSICIAN ASSISTANT.**

8 (II) **A COLLABORATION AGREEMENT MAY LIST ONE OR MORE**
9 **PHYSICIANS AS PATIENT CARE TEAM PHYSICIANS FOR A PHYSICIAN ASSISTANT.**

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

12 (i) The individual has not been licensed; and

13 (ii) The medical acts have not been delegated by a [primary or
14 alternate supervising] **PATIENT CARE TEAM** physician.

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

19 (f) Except as provided in subsection (g) of this section, the following individuals
20 may practice as a physician assistant without a license:

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

24 (2) A physician assistant employed in the service of the federal government
25 while performing duties incident to that employment.

26 (g) A **PATIENT CARE TEAM** physician may not delegate prescriptive authority to
27 a physician assistant student in a training program that is accredited by the Accreditation
28 Review Commission on Education for the Physician Assistant or its successor.

29 (h) (1) If a medical act that is to be delegated under this section is a part of the
30 practice of a health occupation that is regulated under this article by another board, any
31 rule or regulation concerning that medical act shall be adopted jointly by the State Board
32 of Physicians and the board that regulates the other health occupation.

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

1 15-302.

2 (a) A **PATIENT CARE TEAM** physician may delegate medical acts to a physician
3 assistant only after:

4 (1) A [delegation] **COLLABORATION** agreement has been executed [and
5 filed with the Board]; [and]

6 (2) Any advanced duties have been authorized as required under
7 subsection (c) of this section; **AND**

8 **(3) THE BOARD HAS BEEN NOTIFIED OF THE EXECUTED**
9 **COLLABORATION AGREEMENT AND OF EACH PATIENT CARE TEAM PHYSICIAN**
10 **LISTED ON THE AGREEMENT.**

11 (b) The [delegation] **COLLABORATION** agreement shall contain:

12 (1) A description of the qualifications of the [primary supervising physician
13 and] physician assistant **AND EACH PATIENT CARE TEAM PHYSICIAN LISTED ON THE**
14 **COLLABORATION AGREEMENT;**

15 (2) A description of the settings in which the physician assistant will
16 practice;

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

19 (4) **[A] FOR EACH PATIENT CARE TEAM PHYSICIAN LISTED ON THE**
20 **COLLABORATION AGREEMENT,** A description of the delegated medical acts that are
21 within the [primary or alternate supervising] **PATIENT CARE TEAM** physician's scope of
22 practice and require specialized education or training that is consistent with accepted
23 medical practice;

24 (5) An attestation that all medical acts to be delegated to the physician
25 assistant are within the scope of practice of the [primary or alternate supervising]
26 **DELEGATING PATIENT CARE TEAM** physician and appropriate to the physician
27 assistant's education, training, and level of competence;

28 (6) An attestation of continuous supervision of the physician assistant by
29 [the primary supervising] **EACH PATIENT CARE TEAM** physician through the mechanisms
30 described in the [delegation] **COLLABORATION** agreement;

31 (7) An attestation by [the primary supervising] **EACH PATIENT CARE**
32 **TEAM** physician of the physician's acceptance of responsibility for any care given by the

1 physician assistant;

2 (8) A description prepared by [the primary supervising] **EACH PATIENT**
3 **CARE TEAM** physician of the process by which the physician assistant's practice is reviewed
4 appropriate to the practice setting and consistent with current standards of acceptable
5 medical practice;

6 (9) An attestation by [the primary supervising] **EACH PATIENT CARE**
7 **TEAM** physician that the physician will respond in a timely manner when contacted by the
8 physician assistant;

9 (10) The following statement:

10 "The [primary supervising physician and the] physician assistant **AND EACH**
11 **PATIENT CARE TEAM PHYSICIAN** attest that:

12 (i) They will establish a plan for the types of cases that require a
13 physician plan of care or require that the patient initially or periodically be seen by [the
14 supervising physician] **A PATIENT CARE TEAM PHYSICIAN**; and

15 (ii) The patient will be provided access to [the supervising physician]
16 **A PATIENT CARE TEAM PHYSICIAN** on request"; and

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

19 (c) (1) [The Board may not require prior approval of a delegation agreement
20 that includes] **A PHYSICIAN ASSISTANT MAY PERFORM** advanced duties **WITHOUT**
21 **BOARD APPROVAL**, if an advanced duty will be performed in a hospital, [or] ambulatory
22 surgical facility, [provided that] **OR ANOTHER PRACTICE SETTING LISTED ON A**
23 **DELINEATION OF PRIVILEGES DOCUMENT AND:**

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

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

30 (iii) Each advanced duty to be delegated to the physician assistant is
31 reviewed and approved within a process approved by the governing body of the health care
32 facility before the physician assistant performs the advanced duties; **AND**

33 **(IV) THE PHYSICIAN ASSISTANT KEEPS THE DOCUMENTS**

DEMONSTRATING COMPLIANCE WITH ITEMS (I) THROUGH (III) OF THIS PARAGRAPH ON FILE AT THE HOSPITAL, AMBULATORY SURGICAL FACILITY, OR OTHER PRACTICE SETTING.

(2) (i) In any setting that does not meet the requirements of paragraph (1) of this subsection, a [primary supervising] **PATIENT CARE TEAM** physician shall obtain the Board's approval of a [delegation] **COLLABORATION** 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] **PATIENT CARE TEAM** physician shall obtain the Board's approval of a [delegation] **COLLABORATION** agreement that includes advanced duties in accordance with subsubparagraph 2 of this subparagraph.

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

(3) Notwithstanding paragraph (1) of this subsection, a [primary supervising] **PATIENT CARE TEAM** physician shall obtain the Board's approval of a [delegation] **COLLABORATION** agreement before the physician assistant may administer, monitor, or maintain general anesthesia or neuroaxial anesthesia, including spinal and epidural techniques, under the **COLLABORATION** agreement.

(4) A PHYSICIAN ASSISTANT DOES NOT NEED PRIOR APPROVAL TO PERFORM AN ADVANCED DUTY IN COLLABORATION WITH A PATIENT CARE TEAM PHYSICIAN IF:

(I) THE PHYSICIAN ASSISTANT HAS PREVIOUSLY OBTAINED BOARD APPROVAL TO PERFORM THE ADVANCED DUTY IN COLLABORATION WITH A PATIENT CARE TEAM PHYSICIAN; AND

(II) THE ADVANCED DUTY IS WITHIN THE SCOPE OF PRACTICE OF A PATIENT CARE TEAM PHYSICIAN LISTED IN THE COLLABORATION AGREEMENT.

(d) For a [delegation] **COLLABORATION** agreement containing advanced duties that require Board approval, the Committee shall review the [delegation] **COLLABORATION** agreement and recommend to the Board that the [delegation] **COLLABORATION** 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] **PATIENT CARE TEAM PHYSICIANS** and the physician assistant.

(f) (1) On review of the Committee's recommendation regarding [a primary supervising physician's] **THE** request **OF ONE OR MORE PATIENT CARE TEAM PHYSICIANS** to delegate advanced duties as described in a [delegation] **COLLABORATION** agreement, the Board:

(i) May approve the [delegation] **COLLABORATION** 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] **COLLABORATION** agreement; and

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

A. Shall notify the [primary supervising] **DELEGATING PATIENT CARE TEAM** physician and the physician assistant in writing of the particular elements of the proposed [delegation] **COLLABORATION** agreement that were the cause for the modification or disapproval; and

B. May not restrict the submission of an amendment to the [delegation] **COLLABORATION** agreement.

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

(g) If the Board determines that a [primary or alternate supervising physician] **PATIENT CARE TEAM PHYSICIAN** or 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] **ADVANCED DUTIES**, or refer the matter to a disciplinary panel for the purpose of taking other disciplinary action under § 14–404 or § 15–314 of this article.

(h) A [primary supervising] **PATIENT CARE TEAM** physician may not delegate medical acts under a [delegation] **COLLABORATION** agreement to more than [four] **EIGHT** physician assistants at any 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.

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

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

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

(2) As an alternate supervising physician if:

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

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

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

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

and

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

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

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

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

(k)] Subject to the notice required under § 15–103 of this title, a physician assistant may terminate a [delegation] **COLLABORATION** agreement [filed with the Board] under this subtitle at any time.

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

1 **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 agreement under § 15–302.1 of this subtitle] **HAS EXECUTED A NEW COLLABORATION**
8 **AGREEMENT AND, IF APPLICABLE, HAS BOARD APPROVAL TO PERFORM ANY**
9 **ADVANCED DUTIES DELEGATED TO THE PHYSICIAN ASSISTANT UNDER THE NEW**
10 **COLLABORATION AGREEMENT.**

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

14 (4) The Board may terminate a [delegation] **COLLABORATION** agreement
15 if:

16 (i) The physician assistant has a change in license status that
17 results in the physician assistant being unable to legally practice as a physician assistant;
18 **OR**

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

22 (iii) Immediately after an event listed under paragraph (1) of this
23 subsection if there is no [alternate supervising] **REMAINING PATIENT CARE TEAM**
24 **physician [designated under subsection (b) of this section] LISTED ON THE**
25 **COLLABORATION AGREEMENT.**

26 [(m)] (L) A physician assistant whose [delegation] **COLLABORATION** agreement
27 is terminated may not practice as a physician assistant until the physician assistant
28 [receives preliminary approval of] **EXECUTES** a new [delegation] **COLLABORATION**
29 agreement under [§ 15–302.1 of this subtitle] **THIS SECTION.**

30 [(n)] (M) Individual members of the Board are not civilly liable for actions
31 regarding the approval, modification, or disapproval of a [delegation] **COLLABORATION**
32 agreement described in this section.

33 [(o)] (N) A physician assistant may practice in accordance with a [delegation]
34 **COLLABORATION** agreement [filed with the Board] under this subtitle.

35 (O) **A PATIENT CARE TEAM PHYSICIAN MAY BE ADDED TO OR REMOVED**

1 FROM A COLLABORATION AGREEMENT BY PROVIDING NOTIFICATION TO THE
2 BOARD.

3 (P) A COLLABORATION AGREEMENT SHALL BE MAINTAINED AT THE
4 PRACTICE SETTING AND MADE AVAILABLE TO THE BOARD ON REQUEST.

5 15-302.1.

6 (a) If a [delegation] COLLABORATION agreement does not include advanced
7 duties or the advanced duties have been approved under § 15-302(c)(1) of this subtitle, a
8 physician assistant may assume the duties under a [delegation] COLLABORATION
9 agreement on the date that the [Board acknowledges receipt of the completed delegation]
10 PHYSICIAN ASSISTANT PROVIDES NOTIFICATION TO THE BOARD OF AN EXECUTED
11 COLLABORATION agreement AS REQUIRED UNDER § 15-302(A)(3) OF THIS SUBTITLE.

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

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

17 (2) The Board has not made a final decision regarding the [delegation]
18 COLLABORATION agreement.

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

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

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

26 (d) If the Committee recommends a denial of the pending [delegation]
27 COLLABORATION agreement or the Board denies the pending [delegation]
28 COLLABORATION agreement, on notice to [the primary supervising] EACH PATIENT
29 CARE TEAM physician and the physician assistant, the physician assistant may no longer
30 perform the advanced duty that has not received the approval of the Board.

31 [(e)] (D) The Board may disapprove any [delegation] COLLABORATION
32 agreement if it believes that:

33 (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)] (E) If the Board disapproves a **[delegation] COLLABORATION** agreement or the delegation of any function under **[an] A COLLABORATION** agreement, the Board shall provide **[the primary supervising] EACH PATIENT CARE TEAM** physician and the physician assistant with written notice of the disapproval.

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

15–302.2.

(a) A **[primary supervising] PATIENT CARE TEAM** physician may not delegate prescribing, dispensing, and administering of controlled dangerous substances, prescription drugs, or medical devices unless the **[primary supervising] PATIENT CARE TEAM** physician and physician assistant include in the **[delegation] COLLABORATION** 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] PATIENT CARE TEAM** 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] **PATIENT CARE TEAM** 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] **PATIENT CARE TEAM** 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] **PATIENT CARE TEAM** 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.

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

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

(2) The physician assistant dispenses drugs only within:

(i) The [supervising] **PATIENT CARE TEAM** physician's scope of practice; and

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

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

(e) Before a physician assistant may renew a license for an additional 2-year term under § 15–307 of this subtitle, the physician assistant shall submit evidence to the

1 Board of successful completion of 8 category 1 hours of pharmacology education within the
2 previous 2 years.

3 15-302.3.

4 (a) On a quarterly basis, the Board shall provide to the Board of Pharmacy a list
5 of physician assistants whose [delegation] **COLLABORATION** agreements include the
6 delegation of prescriptive authority.

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

10 (c) If a [primary supervising] **PATIENT CARE TEAM** physician who has delegated
11 authority to exercise prescriptive authority to a physician assistant subsequently restricts
12 or removes the delegation, the [primary supervising] **PATIENT CARE TEAM** physician shall
13 notify the Board of the restriction or removal within 5 business days.

14 15-306.

15 A license authorizes the licensee to practice as a physician assistant under a
16 [delegation] **COLLABORATION** agreement while the license is effective.

17 15-309.

18 (a) Each licensee shall keep a license [and delegation agreement] for inspection
19 at the primary place of business of the licensee.

20 15-313.

21 (a) (1) Except as otherwise provided under § 10-226 of the State Government
22 Article, before the Board takes any action to reject or modify a [delegation]
23 **COLLABORATION** agreement or advanced duty, the Board shall give the licensee the
24 opportunity for a hearing before the Board.

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

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

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

31 (b) Any licensee aggrieved under this subtitle by a final decision of the Board
32 rejecting or modifying a [delegation] **COLLABORATION** agreement or advanced duty may

petition for judicial review as allowed by the Administrative Procedure Act.

15–314.

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

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

15–317.

(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] **PATIENT CARE TEAM** physician within 30 days of the first performance of medical acts, tasks, or functions as a physician assistant during the disaster.

15–401.

(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] **COLLABORATION** agreement filed with the Board.

SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) A delegation agreement in effect on October 1, 2024, shall be treated the same as a collaboration agreement required under § 15–302 of the Health Occupations Article, as enacted by Section 1 of this Act.

(b) 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.

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