

# HOUSE BILL 806

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HB 727/23 – HGO

4lr2422  
CF SB 167

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By: **Delegate Kerr**

Introduced and read first time: January 31, 2024

Assigned to: Health and Government Operations

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## 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,  
27 Article – Education

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



- 1 Section 18–802(a)(1)  
2 Annotated Code of Maryland  
3 (2022 Replacement Volume and 2023 Supplement)
- 4 BY repealing and reenacting, without amendments,  
5 Article – Health – General  
6 Section 4–201(a) and 5–601(a)  
7 Annotated Code of Maryland  
8 (2023 Replacement Volume)
- 9 BY repealing and reenacting, with amendments,  
10 Article – Health – General  
11 Section 4–201(s) and 5–601(v)  
12 Annotated Code of Maryland  
13 (2023 Replacement Volume)
- 14 BY repealing and reenacting, with amendments,  
15 Article – Health Occupations  
16 Section 12–102(c)(2)(iv), (v), and (vi), 15–101, 15–103, 15–202(b), 15–205(a), 15–301,  
17 15–302, 15–302.2, 15–303, 15–306, 15–309(a), 15–310, 15–314(a)(41), 15–317,  
18 15–401, and 15–402.1(a)  
19 Annotated Code of Maryland  
20 (2021 Replacement Volume and 2023 Supplement)
- 21 BY adding to  
22 Article – Health Occupations  
23 Section 12–102(c)(2)(vii) and 15–314(a)(42)  
24 Annotated Code of Maryland  
25 (2021 Replacement Volume and 2023 Supplement)
- 26 BY repealing and reenacting, without amendments,  
27 Article – Health Occupations  
28 Section 15–202(a)(1) and (2)  
29 Annotated Code of Maryland  
30 (2021 Replacement Volume and 2023 Supplement)
- 31 BY repealing  
32 Article – Health Occupations  
33 Section 15–302.1, 15–302.3, 15–313, and 15–314(a)(42)  
34 Annotated Code of Maryland  
35 (2021 Replacement Volume and 2023 Supplement)
- 36 BY repealing and reenacting, without amendments,  
37 Article – Transportation  
38 Section 13–616(a)(1)  
39 Annotated Code of Maryland  
40 (2020 Replacement Volume and 2023 Supplement)

1 BY repealing and reenacting, with amendments,  
2 Article – Transportation  
3 Section 13–616(a)(7)  
4 Annotated Code of Maryland  
5 (2020 Replacement Volume and 2023 Supplement)

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

8 **Article – Alcoholic Beverages and Cannabis**

9 36–101.

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

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

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

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

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

18 **Article – Education**

19 7–402.

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

22 (1) A licensed physician;

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

25 (3) A certified nurse practitioner.

26 18–802.

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

28 (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**

1 AND DISPENSING A PRESCRIPTION IN ACCORDANCE WITH § 15-302.1 OF THIS  
2 ARTICLE.

3 15-101.

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

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

8 [(c)] (B) "Ambulatory surgical facility" means a facility:

9 (1) Accredited by:

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

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

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

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

17 [(d)] (C) "Board" means the State Board of Physicians, established under §  
18 14-201 of this article.

19 (D) (1) "COLLABORATION" MEANS THE COMMUNICATION AND  
20 DECISION-MAKING PROCESS AMONG HEALTH CARE PROVIDERS WHO ARE MEMBERS  
21 OF A PATIENT CARE TEAM RELATED TO THE TREATMENT OF A PATIENT THAT  
22 INCLUDES THE DEGREE OF COOPERATION NECESSARY TO PROVIDE TREATMENT  
23 AND CARE TO THE PATIENT AND INCLUDES:

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

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

29 1. DECISIONS REGARDING THE HEALTH CARE  
30 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.

29                              (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 WITH THE LEADERSHIP OF 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 LEADERSHIP 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

1 and capable of dealing with alcoholism and drug abuse;

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

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

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

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

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

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

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

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

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

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

35 (2) The Board shall pay any fees collected under this subsection into the  
36 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]

1 **INDEPENDENTLY.**

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

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

5 [(2)] (1) Appropriate to the education, training, and experience of the  
6 physician assistant;

7 [(3)] (2) Customary to the practice of the [primary or alternate  
8 supervising] physician; and

9 [(4)] (3) Consistent with the [delegation] **COLLABORATION** agreement  
10 filed with the Board.

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

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

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

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

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

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

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

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

28 (i) Recording patient progress notes;

29 (ii) Issuing diagnostic orders; and

30 (iii) Transcribing or executing specific orders at the direction of the

1 primary or alternate supervising physician; and

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

4 (1) OBTAINING COMPREHENSIVE HEALTH HISTORIES;

5 (2) PERFORMING PHYSICAL EXAMINATIONS;

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

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

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

12 (6) EXERCISING PRESCRIPTIVE AUTHORITY IN ACCORDANCE WITH §  
13 15–302.1 OF THIS SUBTITLE;

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

16 (8) PROVIDING CONSULTATIONS;

17 (9) WRITING MEDICAL ORDERS;

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

21 (11) OBTAINING INFORMED CONSENT;

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

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

28 (14) AUTHENTICATING ANY DOCUMENT THAT A PHYSICIAN MAY  
29 AUTHENTICATE THROUGH SIGNATURE, CERTIFICATION, STAMP VERIFICATION,

1 **AFFIDAVIT, OR ENDORSEMENT.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

11 15-302.

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

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

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

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

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

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

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

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

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

32 (5) An attestation that all medical acts to be delegated to the physician  
33 assistant are within the scope of practice of the primary or alternate supervising physician

1 and appropriate to the physician assistant's education, training, and level of competence;

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

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

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

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

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

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

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

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

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

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

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



1 ambulatory surgical facility, provided that:

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

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

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

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

16 (ii) 1. Before a physician assistant may perform X-ray duties  
17 authorized under § 14-306(e) of this article in the medical office of the physician delegating  
18 the duties, a primary supervising physician shall obtain the Board's approval of a  
19 delegation agreement that includes advanced duties in accordance with subsubparagraph  
20 2 of this subparagraph.

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

24 [(3)] (2) [Notwithstanding paragraph (1) of this subsection, a primary  
25 supervising physician shall obtain the Board's approval of a delegation agreement before]  
26 **A PHYSICIAN ASSISTANT SHALL SUBMIT TO THE BOARD A COLLABORATION**  
27 **AGREEMENT THAT CONTAINS ANESTHESIA DUTIES BEFORE** the physician assistant  
28 may administer, monitor, or maintain general anesthesia or neuroaxial anesthesia,  
29 including spinal and epidural techniques, under the agreement.

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

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

36 (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.

[(i)] (F) A person may not coerce another person to enter into a [delegation]

1 **COLLABORATION** agreement under this subtitle.

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

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

5               (2) As an alternate supervising physician if:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(o) A physician assistant may practice in accordance with a delegation agreement

1 filed with the Board under this subtitle.]

2 [15–302.1.

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

7 (b) In this section, “pending” means that a delegation agreement that includes  
8 delegation of advanced duties in a setting that does not meet the requirements under §  
9 15–302(c)(1) of this subtitle has been executed and submitted to the Board for its approval,  
10 but:

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

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

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

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

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

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

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

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

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

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

32 (g) A physician assistant who receives notice that the Board has disapproved a  
33 delegation agreement or an advanced function under the delegation agreement shall

1 immediately cease to practice under the agreement or to perform the disapproved function.]

2 [15-302.2.] **15-302.1.**

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

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

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

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

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

18 (5) An attestation that the physician assistant has:

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

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

24 (6) An attestation that the physician assistant has:

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

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

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

31 (2) A primary supervising physician may delegate the prescribing or  
32 dispensing of substances that are identified as Schedules II through V controlled dangerous  
33 substances under § 5-402 of the Criminal Law Article, including legend drugs as defined

1 under § 503(b) of the Federal Food, Drug, and Cosmetic Act.

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

5 (i) State controlled dangerous substance registration; and

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

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

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

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

13 (B) SUBJECT TO THE COLLABORATION AGREEMENT SUBMITTED UNDER §  
14 15–302 OF THIS SUBTITLE, A PHYSICIAN ASSISTANT MAY PRESCRIBE, PROCURE,  
15 DISPENSE, ORDER, OR ADMINISTER:

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

21 (2) MEDICAL DEVICES; AND

22 (3) DURABLE MEDICAL EQUIPMENT.

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

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

29 (I) STATE CONTROLLED DANGEROUS SUBSTANCE  
30 REGISTRATION; AND

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**4. A PUBLIC HEALTH FACILITY, A MEDICAL FACILITY UNDER CONTRACT WITH A STATE OR LOCAL HEALTH DEPARTMENT, OR A FACILITY**





(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:**

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

(II) IF COMPLETED BEFORE 2001:

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

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

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

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

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

15-306.

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

15-309.

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

15-310.

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

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

(1) Consented to submit to an examination under this section, if requested by the Board in writing; and

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

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

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

[15–313.

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

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

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

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

(b) Any licensee aggrieved under this subtitle by a final decision of the Board rejecting or modifying a delegation 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];

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

**(42) PRACTICES AS A PHYSICIAN ASSISTANT WITHOUT FIRST**

1 **SUBMITTING A COLLABORATION AGREEMENT TO THE BOARD;**

2 15–317.

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

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

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

17 15–401.

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

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

23 (2) **SUBMITTED A COLLABORATION AGREEMENT TO THE BOARD.**

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

27 15–402.1.

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

1 13–616.

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

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

6 SECTION 2. AND BE IT FURTHER ENACTED, That:

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

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

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