

HOUSE BILL 323

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By: **Delegates Morhaim and Hammen**
Introduced and read first time: January 27, 2010
Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Health Occupations – Licensure of Physician Assistants**

3 FOR the purpose of requiring an individual to be licensed rather than certified by the
4 State Board of Physicians before the individual may practice as a physician
5 assistant; repealing certain language prohibiting a physician assistant from
6 practicing within the scope of certain health occupations; requiring hospitals,
7 related institutions, alternative health care systems and employers to report to
8 the State Board certain changes in the terms of employment of physician
9 assistants; making certain exceptions for alcohol- or drug-impaired physician
10 assistants; authorizing the State Board to impose a certain civil penalty for
11 failure to make a certain report; repealing the Physician Assistant Advisory
12 Committee within the State Board and certain provisions of law relating to the
13 Committee; repealing certain obsolete language; limiting the scope of practice
14 of physician assistants to certain medical acts; repealing the authority of the
15 State Board to review and approve certain delegation agreements; requiring
16 physicians to file completed delegation agreements with the State Board in
17 order to supervise physician assistants; authorizing physician assistants to
18 perform certain functions that are delegated by primary or alternate
19 supervising physicians; requiring primary or alternate supervising physicians
20 to provide certain supervision; requiring primary supervising physicians to
21 execute certain delegation agreements and file certain agreements with the
22 State Board; repealing a requirement that certain patients be seen by
23 supervising physicians within a certain number of appointments or days;
24 authorizing certain physicians to delegate certain medical acts to physician
25 assistants under certain circumstances; requiring the State Board to set a
26 certain fee in a certain manner; authorizing physician assistants to practice in
27 accordance with certain delegation agreements; authorizing primary or
28 alternate supervising physicians to delegate dispensing of certain controlled
29 dangerous substances, prescription drugs, or medical devices under certain
30 circumstances; altering certain circumstances when primary or alternate
31 supervising physicians may delegate prescribing and administering of certain

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 controlled dangerous substances, prescription drugs, and medical devices to
2 physician assistants; authorizing physician assistants to prepare and dispense
3 starter dosages of certain drugs under certain circumstances; establishing
4 certain qualifications for licensure of physician assistants; making a certain
5 exception; authorizing the State Board to place certain licensees on inactive
6 status; requiring licensees to keep licenses for inspection at their primary place
7 of business and notify the State Board of certain changes; authorizing the
8 Physician Assistant Rehabilitation Board to request the State Board to direct
9 physician assistants to submit to certain examinations under certain
10 circumstances; repealing certain language relating to entities with whom the
11 State Board contracts under the Physician Assistant Rehabilitation Program;
12 altering certain provisions relating to the discipline of physician assistants;
13 adding certain grounds for the discipline of physicians; authorizing certain
14 physician assistants to respond to a need for medical care without supervision
15 or with any available supervision under certain emergency circumstances;
16 exempting physicians who supervise physician assistants under certain
17 emergency circumstances from certain requirements; authorizing the State
18 Board to assess a certain civil penalty under certain circumstances; repealing
19 certain definitions; altering certain definitions; making certain stylistic and
20 technical changes; and generally relating to the licensure of physician
21 assistants.

22 BY repealing and reenacting, with amendments,
23 Article – Health Occupations
24 Section 15–101, 15–102, 15–103, 15–205, 15–206, 15–301, 15–302, 15–302.2,
25 15–303, 15–304, 15–305, 15–306, 15–307, 15–308, 15–309, 15–310,
26 15–311, 15–312, 15–313, 15–314, 15–315, 15–401, 15–402, and 15–403
27 Annotated Code of Maryland
28 (2009 Replacement Volume)

29 BY repealing
30 Article – Health Occupations
31 Section 15–201, 15–202, 15–203, 15–204, and 15–302.1
32 Annotated Code of Maryland
33 (2009 Replacement Volume)

34 BY adding to
35 Article – Health Occupations
36 Section 15–308.1 and 15–316
37 Annotated Code of Maryland
38 (2009 Replacement Volume)

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

41 **Article – Health Occupations**

42 15–101.

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

2 (b) “Alternate supervising physician” means one or more physicians
3 designated by the **PRIMARY** supervising physician to provide supervision of a
4 physician assistant [during the absence of the supervising physician and] in
5 accordance with the delegation agreement on file with the Board.

6 (c) “Board” means the State Board of Physicians, established under § 14–201
7 of this article.

8 [(d) “Certificate” means a certificate issued by the Board to a physician
9 assistant under this title.

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

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

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

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

16 [(i)] (G) “Delegation agreement” means a document that is executed by a
17 **PRIMARY** supervising physician and a physician assistant containing the
18 requirements of [§ 15–302] §§ 15–302 AND 15–302.1 of this title.

19 [(j) “Designated pharmacy” means a pharmacy that has an agreement to
20 supply medications for a hospital, public health facility, correctional facility, or
21 detention center if:

22 (1) The hospital, public health facility, correctional facility, or
23 detention center does not have an on-site pharmacy; or

24 (2) The on-site pharmacy at the hospital, public health facility,
25 correctional facility, or detention center is closed or does not have a particular
26 medication in stock.]

27 [(k)] (H) “Hospital” means:

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

30 (2) A comprehensive care facility that:

1 (i) Meets the requirements of a hospital-based skilled nursing
2 facility under federal law; AND

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

4 (iii) Has the same protocols and degree of supervision of
5 physician assistants as it does in its acute care area]; and

6 (3) An emergency room that is physically connected to a hospital OR A
7 **FREESTANDING MEDICAL FACILITY THAT IS LICENSED UNDER TITLE 19,**
8 **SUBTITLE 3B OF THE HEALTH – GENERAL ARTICLE.**

9 **(I) “LICENSE” MEANS A LICENSE ISSUED BY THE BOARD TO A**
10 **PHYSICIAN ASSISTANT UNDER THIS TITLE.**

11 **[(l)] (J) “National certifying examination” means [an examination offered**
12 **by a national organization, which certifies physician assistants as having achieved a**
13 **certain level of training] THE PHYSICIAN ASSISTANT NATIONAL CERTIFYING**
14 **EXAMINATION ADMINISTERED BY THE NATIONAL COMMISSION ON**
15 **CERTIFICATION OF PHYSICIAN ASSISTANTS.**

16 **[(m)] (K) “Physician assistant” means an individual who is [certified]**
17 **LICENSED under this title to [perform delegated medical acts under the supervision of**
18 **a] PRACTICE MEDICINE WITH physician SUPERVISION.**

19 **[(n)] (L) “Practice as a physician assistant” means the performance of**
20 **medical acts that are:**

21 (1) Delegated by a **PRIMARY OR ALTERNATE** supervising physician to
22 a physician assistant;

23 (2) Within the **PRIMARY OR ALTERNATE** supervising physician’s
24 scope of practice; and

25 (3) Appropriate to the physician assistant’s education, training, and
26 experience **AS DETERMINED BY THE PRIMARY SUPERVISING PHYSICIAN.**

27 **[(o)] (M) “Prescriptive authority” means the authority delegated by a**
28 **PRIMARY OR ALTERNATE** supervising physician to a physician assistant to
29 **[prescribe]:**

30 **(1) PRESCRIBE** and administer controlled dangerous substances,
31 prescription drugs, medical devices, and the oral, written, or electronic ordering of
32 medications; AND

1 **(2) DISPENSE AS PROVIDED UNDER § 15-301.1(C), (D), AND (E)**
2 **OF THIS TITLE.**

3 **(N) “PRIMARY SUPERVISING PHYSICIAN” MEANS A PHYSICIAN WHO:**

4 **(1) COMPLETES A DELEGATION AGREEMENT THAT MEETS THE**
5 **REQUIREMENTS UNDER §§ 15-301(D) AND (E) AND 15-302 OF THIS TITLE AND**
6 **FILES A COPY WITH THE BOARD;**

7 **(2) ACTS AS THE PHYSICIAN RESPONSIBLE TO ENSURE THAT A**
8 **PHYSICIAN ASSISTANT PRACTICES MEDICINE IN ACCORDANCE WITH THIS TITLE**
9 **AND THE REGULATIONS ADOPTED UNDER THIS TITLE;**

10 **(3) SEEKS TO ENSURE THAT A PHYSICIAN ASSISTANT PRACTICES**
11 **WITHIN THE SCOPE OF PRACTICE OF THE PRIMARY SUPERVISING PHYSICIAN OR**
12 **ANY DESIGNATED ALTERNATE SUPERVISING PHYSICIAN; AND**

13 **(4) SEEKS TO ENSURE THAT A LIST OF ALTERNATE SUPERVISING**
14 **PHYSICIANS IS MAINTAINED AT THE PRACTICE SETTING.**

15 **[(p) “Protocols” means written policies, bylaws, rules, or regulations**
16 **established by a hospital, public health facility, correctional facility, or detention**
17 **center that:**

18 **(1) Are established in consultation with and with the approval of its**
19 **medical staff;**

20 **(2) Describe the delegated medical acts a physician assistant may**
21 **execute; and**

22 **(3) Specify the minimum requirements for supervision by a physician.]**

23 **[(q) (O) “Public health facility” means a [fixed] site where clinical public**
24 **health services are rendered under the auspices of the Department, a local health**
25 **department in a county, or the Baltimore City Health Department.**

26 **[(r) “Supervising physician” means a physician who has been approved by the**
27 **Board to supervise one or more physician assistants.]**

28 **[(s)(P) (1) “Supervision” means [the responsibility of a physician to**
29 **exercise on-site supervision or immediately available direction for physician**
30 **assistants performing delegated medical acts] PHYSICIAN OVERSIGHT OF AND**
31 **ACCEPTANCE OF RESPONSIBILITY FOR THE MEDICAL SERVICES AND CARE**
32 **RENDERED BY A PHYSICIAN ASSISTANT.**

1 (2) “Supervision” [includes physician oversight of and acceptance of
2 direct responsibility for the patient services and care rendered by a physician
3 assistant, including continuous availability to the physician assistant in person,
4 through written instructions, or by electronic means and by designation of one or more
5 alternate supervising physicians] **DOES NOT REQUIRE THE ON-SITE PHYSICAL
6 PRESENCE OF A PRIMARY SUPERVISING PHYSICIAN PROVIDED THAT THE
7 PRIMARY SUPERVISING PHYSICIAN AND THE PHYSICIAN ASSISTANT ARE ABLE
8 TO BE IN CONTACT WITH EACH OTHER BY TELECOMMUNICATION.**

9 15–102.

10 [(a) A physician assistant may not practice within the scope of practice of any
11 of the following health occupations authorized under this article:

12 (1) Nursing;

13 (2) Optometry;

14 (3) Physical therapy; or

15 (4) Psychology.

16 (b)] This title does not limit the right of an individual to practice a health
17 occupation that the individual is authorized to practice under this article.

18 15–103.

19 **(A) IN THIS SECTION, “ALTERNATIVE HEALTH CARE SYSTEM” HAS THE
20 MEANING STATED IN § 1–401 OF THIS ARTICLE.**

21 [(a)] **(B)** An employer of a physician assistant shall report to the Board, on
22 the form prescribed by the Board, any termination of employment of the physician
23 assistant if the cause of termination **IS** related to a quality of care issue.

24 **(C) EXCEPT AS OTHERWISE PROVIDED UNDER SUBSECTIONS (B) AND
25 (D) OF THIS SECTION, A HOSPITAL, A RELATED INSTITUTION, AN ALTERNATIVE
26 HEALTH CARE SYSTEM, OR AN EMPLOYER OF A PHYSICIAN ASSISTANT SHALL
27 REPORT TO THE BOARD, ON THE FORM PRESCRIBED BY THE BOARD, ANY
28 LIMITATION, REDUCTION, OR OTHER CHANGE OF THE TERMS OF EMPLOYMENT
29 OF THE PHYSICIAN ASSISTANT OR ANY TERMINATION OF EMPLOYMENT OF THE
30 PHYSICIAN ASSISTANT FOR ANY REASON THAT MIGHT BE GROUNDS FOR
31 DISCIPLINARY ACTION UNDER § 15–314 OF THIS TITLE.**

32 **(D) A HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH
33 SYSTEM, OR EMPLOYER THAT HAS REASON TO KNOW THAT A PHYSICIAN
34 ASSISTANT HAS COMMITTED AN ACTION OR HAS A CONDITION THAT MIGHT BE**

1 GROUND FOR REPRIMAND OR PROBATION OF THE PHYSICIAN ASSISTANT OR
2 SUSPENSION OR REVOCATION OF THE LICENSE OF THE PHYSICIAN ASSISTANT
3 UNDER § 15-314 OF THIS TITLE BECAUSE THE PHYSICIAN ASSISTANT IS
4 ALCOHOL- OR DRUG-IMPAIRED IS NOT REQUIRED TO REPORT TO THE BOARD
5 IF:

6 (1) THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE
7 HEALTH SYSTEM, OR EMPLOYER KNOWS THAT THE PHYSICIAN ASSISTANT IS:

8 (I) IN AN ALCOHOL OR DRUG TREATMENT PROGRAM THAT
9 IS ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF
10 HEALTHCARE ORGANIZATIONS OR IS CERTIFIED BY THE DEPARTMENT; OR

11 (II) UNDER THE CARE OF A HEALTH CARE PRACTITIONER
12 WHO IS COMPETENT AND CAPABLE OF DEALING WITH ALCOHOLISM AND DRUG
13 ABUSE;

14 (2) THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE
15 HEALTH SYSTEM, OR EMPLOYER IS ABLE TO VERIFY THAT THE PHYSICIAN
16 ASSISTANT REMAINS IN THE TREATMENT PROGRAM UNTIL DISCHARGE; AND

17 (3) THE ACTION OR CONDITION OF THE PHYSICIAN ASSISTANT
18 HAS NOT CAUSED INJURY TO ANY PERSON WHILE THE PHYSICIAN ASSISTANT IS
19 PRACTICING AS A LICENSED PHYSICIAN ASSISTANT.

20 (E) (1) IF THE PHYSICIAN ASSISTANT ENTERS, OR IS CONSIDERING
21 ENTERING, AN ALCOHOL OR DRUG TREATMENT PROGRAM THAT IS ACCREDITED
22 BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE
23 ORGANIZATIONS OR THAT IS CERTIFIED BY THE DEPARTMENT, THE PHYSICIAN
24 ASSISTANT SHALL NOTIFY THE HOSPITAL, RELATED INSTITUTION,
25 ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER OF THE PHYSICIAN ASSISTANT'S
26 DECISION TO ENTER THE TREATMENT PROGRAM.

27 (2) IF THE PHYSICIAN ASSISTANT FAILS TO PROVIDE THE NOTICE
28 REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION, AND THE HOSPITAL,
29 RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER LEARNS
30 THAT THE PHYSICIAN ASSISTANT HAS ENTERED A TREATMENT PROGRAM, THE
31 HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR
32 EMPLOYER SHALL REPORT TO THE BOARD THAT THE PHYSICIAN ASSISTANT
33 HAS ENTERED A TREATMENT PROGRAM AND HAS FAILED TO PROVIDE THE
34 REQUIRED NOTICE.

35 (3) IF THE PHYSICIAN ASSISTANT IS FOUND TO BE
36 NONCOMPLIANT WITH THE TREATMENT PROGRAM'S POLICIES AND

1 PROCEDURES WHILE IN THE TREATMENT PROGRAM, THE TREATMENT
2 PROGRAM SHALL NOTIFY THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE
3 HEALTH SYSTEM, OR EMPLOYER OF THE PHYSICIAN ASSISTANT'S
4 NONCOMPLIANCE.

5 (4) ON RECEIPT OF THE NOTIFICATION REQUIRED UNDER
6 PARAGRAPH (3) OF THIS SUBSECTION, THE HOSPITAL, RELATED INSTITUTION,
7 ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER OF THE PHYSICIAN ASSISTANT
8 SHALL REPORT THE PHYSICIAN ASSISTANT'S NONCOMPLIANCE TO THE BOARD.

9 (F) A PERSON IS NOT REQUIRED UNDER THIS SECTION TO MAKE ANY
10 REPORT THAT WOULD BE IN VIOLATION OF ANY FEDERAL OR STATE LAW, RULE,
11 OR REGULATION CONCERNING THE CONFIDENTIALITY OF ALCOHOL- AND
12 DRUG-ABUSE PATIENT RECORDS.

13 (G) THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH
14 SYSTEM, OR EMPLOYER SHALL SUBMIT THE REPORT WITHIN 10 DAYS OF ANY
15 ACTION DESCRIBED IN THIS SECTION.

16 (H) A REPORT UNDER THIS SECTION IS NOT SUBJECT TO SUBPOENA OR
17 DISCOVERY IN ANY CIVIL ACTION OTHER THAN A PROCEEDING ARISING OUT OF
18 A HEARING AND DECISION OF THE BOARD UNDER THIS TITLE.

19 (I) (1) THE BOARD MAY IMPOSE A CIVIL PENALTY OF UP TO \$1,000
20 FOR FAILURE TO REPORT UNDER THIS SECTION.

21 (2) THE BOARD SHALL PAY ANY FEES COLLECTED UNDER THIS
22 SUBSECTION INTO THE GENERAL FUND OF THE STATE.

23 [(b)] (J) An employer shall make the report required under this section to
24 the Board within 5 days after the date of termination of employment.

25 [(c)] (K) The Board shall adopt regulations to implement the provisions of
26 this section.

27 [15-201.

28 (a) There is a Physician Assistant Advisory Committee within the Board.

29 (b) The Committee shall function as a subunit of the Board.]

30 [15-202.

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

1 (2) Of the 7 Committee members:

2 (i) 3 shall be licensed physicians;

3 (ii) 3 shall be certified physician assistants; and

4 (iii) 1 shall be a consumer.

5 (3) Of the licensed physician members:

6 (i) At least 1 shall specialize in general surgery or a surgical
7 subspecialty; and

8 (ii) At least 1 shall specialize in internal medicine, family
9 practice, or a similar primary care specialty.

10 (4) The Board shall:

11 (i) Appoint the physician assistant members from a list of
12 names submitted by:

13 1. The Maryland Academy of Physician Assistants; and

14 2. The State institutions of higher education with
15 approved physician assistant programs;

16 (ii) Appoint the consumer member selected by the Secretary of
17 the Department of Health and Mental Hygiene; and

18 (iii) Assign a physician member of the Board to serve as a voting
19 Board representative at all meetings of the Advisory Committee.

20 (5) The consumer member:

21 (i) Shall be a member of the general public;

22 (ii) May not be a physician, former physician, physician
23 assistant, or a person in training to become a physician or physician assistant;

24 (iii) May not have a household member who is a physician or
25 physician assistant, or a person in training to become a physician assistant; and

26 (iv) May not have had within 2 years before appointment a
27 substantial financial interest in a process regulated by the Board.

28 (6) Each member of the Committee shall be a resident of the State.

1 (b) Of the three physician members of the Committee, two shall be
2 previously or currently serving as supervising physicians of a physician assistant
3 under a Board–approved delegation agreement.

4 (c) The physician assistant members shall be certified as a physician
5 assistant under this title.

6 (d) The physician assistant members shall be currently practicing as a
7 physician assistant or employed as a faculty member of an accredited physician
8 assistant program.

9 (e) A Committee chairperson and a secretary shall be selected every 2 years
10 by a majority vote of the membership of the Committee.

11 (f) The chairperson shall serve in an advisory capacity to the Board as a
12 representative of the Committee.]

13 [15–203.

14 (a) The Board shall adopt regulations governing:

15 (1) The term of office for Committee members;

16 (2) The procedure for filling vacancies on the Committee;

17 (3) The removal of Committee members; and

18 (4) The duties of each officer.

19 (b) In addition to the regulations on removal of members adopted by the
20 Board, upon the recommendation of the Secretary the Governor may remove a
21 member whom the Secretary finds to have been absent from 2 successive Committee
22 meetings without adequate reason.]

23 [15–204.

24 Funds for compensation, expenses, and staff for the Committee shall be
25 allocated to the Board in the State budget.]

26 [15–205.] **15–201.**

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

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

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

3 (3) Report to the Board any conduct of a supervising physician or a
4 physician assistant that may be cause for disciplinary action under this title or under
5 § 14–404 of this article; and

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

8 (b) (1)] In addition to the duties set forth elsewhere in this title, the Board
9 shall adopt regulations to carry out the provisions of this title.

10 [(2) The Board shall:

11 (i) Consider all recommendations of the Committee; and

12 (ii) Provide a written explanation of the Board’s reasons for
13 rejecting or modifying the Committee’s recommendations.]

14 [(3)] (B) The Board may:

15 [(i)] (1) Investigate any alleged unauthorized practice of a
16 physician assistant;

17 [(ii)] (2) Investigate any conduct that may be cause for
18 disciplinary action under this title; and

19 [(iii)] (3) On receipt of a written and signed complaint,
20 including a referral from the Commissioner of Labor and Industry, conduct an
21 unannounced inspection of the office of a physician assistant, other than an office of a
22 physician assistant in a hospital, related institution, freestanding medical facility, or
23 [a] freestanding birthing center, to determine compliance at that office with the
24 Centers for Disease [Control’s] **CONTROL AND PREVENTION’S** guidelines on
25 universal precautions.

26 [15–206.] **15–202.**

27 (a) The Board shall set reasonable fees for:

28 (1) The issuance and renewal of [certificates] **LICENSES**; and

29 (2) The other services rendered by the Board in connection with
30 physician assistants.

31 (b) (1) The Board shall pay all fees collected under this title to the
32 Comptroller of the State.

1 (2) (i) If the Governor does not include in the State budget at least
2 \$750,000 for the operation of the Health Personnel Shortage Incentive Grant Program
3 under § 18–803 of the Education Article and the Maryland Loan Assistance
4 Repayment Program for Physicians under Title 18, Subtitle 28 of the Education
5 Article, as administered by the Maryland Higher Education Commission, the
6 Comptroller shall distribute:

7 1. [Except as provided in subparagraph (ii) of this
8 paragraph,] 12 percent of the fees received from the Board to the Office of Student
9 Financial Assistance to be used as follows:

10 A. One–half to make grants under the Health Personnel
11 Shortage Incentive Grant Program under § 18–803 of the Education Article; and

12 B. One–half to make grants under the Maryland Loan
13 Assistance Repayment Program for Physicians under Title 18, Subtitle 28 of the
14 Education Article to physicians engaged in primary care or to medical residents
15 specializing in primary care who agree to practice for at least 2 years as primary care
16 physicians in a geographic area of the State that has been designated by the Secretary
17 of Health and Mental Hygiene as being medically underserved; and

18 2. The balance of the fees to the Board of Physicians
19 Fund.

20 (ii) [For fiscal 2008, if the Governor does not include in the
21 State budget the funds specified under subparagraph (i) of this paragraph, the
22 Comptroller shall distribute 14 percent of the fees received from the Board to the
23 Office of Student Financial Assistance to be used as provided under subparagraph (i)
24 of this paragraph.

25 (iii)] If the Governor includes in the State budget at least
26 \$750,000 for the operation of the Health Personnel Shortage Incentive Grant Program
27 under § 18–803 of the Education Article and the Maryland Loan Assistance
28 Repayment Program for Physicians under Title 18, Subtitle 28 of the Education
29 Article, as administered by the Maryland Higher Education Commission, the
30 Comptroller shall distribute the fees to the Board of Physicians Fund.

31 15–301.

32 (a) Nothing in this title may be construed to authorize a physician assistant
33 to practice independent of a **PRIMARY OR ALTERNATE** supervising physician.

34 (b) A [certificate] **LICENSE** issued to a physician assistant shall limit the
35 physician assistant’s scope of practice to medical acts:

1 (1) Delegated by the **PRIMARY OR ALTERNATE** supervising
2 physician;

3 (2) Appropriate to the education, training, and experience of the
4 physician assistant **AS DETERMINED BY THE PRIMARY SUPERVISING PHYSICIAN**;

5 (3) Customary to the practice of the **PRIMARY OR ALTERNATE**
6 supervising physician; and

7 (4) Consistent with the delegation agreement [submitted to] **FILED**
8 **WITH** the Board.

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

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

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

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

16 (3) Interpreting and evaluating patient data as authorized by the
17 supervising physician for the purpose of determining management and treatment of
18 patients;

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

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

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

26 (i) Recording patient progress notes;

27 (ii) Issuing diagnostic orders; and

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

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

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

4 (2) Except as otherwise provided in this title, a physician may not
5 supervise a physician assistant in the performance of delegated medical acts without
6 **[the approval of] FILING A COMPLETED DELEGATION AGREEMENT WITH** the
7 Board.

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

10 (i) The individual has not been **[certified] LICENSED**; and

11 (ii) The medical acts have not been delegated by a **PRIMARY OR**
12 **ALTERNATE** supervising physician.

13 **(D) (1) A PHYSICIAN ASSISTANT IS AN INDIVIDUAL WHO PRACTICES**
14 **MEDICINE ONLY WITH PHYSICIAN SUPERVISION.**

15 **(2) A PHYSICIAN ASSISTANT MAY PERFORM THE FUNCTIONS AND**
16 **RESPONSIBILITIES, INCLUDING ORDERING, PRESCRIBING AND DISPENSING,**
17 **AND ADMINISTERING DRUGS AND MEDICAL DEVICES, THAT ARE DELEGATED BY**
18 **A PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN.**

19 **(3) A PHYSICIAN ASSISTANT MAY PERFORM ANY MEDICAL ACT**
20 **THAT IS DELEGATED BY THE PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN**
21 **WHEN THE ACT IS WITHIN THE SKILLS OF THE PHYSICIAN ASSISTANT AS**
22 **DETERMINED BY THE PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN,**
23 **FORMS A COMPONENT OF THE PRIMARY OR ALTERNATE SUPERVISING**
24 **PHYSICIAN'S SCOPE OF PRACTICE, AND IS PROVIDED WITH SUPERVISION.**

25 **(E) (1) A PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN SHALL**
26 **PROVIDE CONTINUOUS SUPERVISION OF A PHYSICIAN ASSISTANT.**

27 **(2) CONTINUOUS SUPERVISION DOES NOT REQUIRE THE**
28 **PHYSICAL PRESENCE OF THE PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN**
29 **AT THE TIME AND PLACE THAT THE PATIENT SERVICES AND CARE ARE**
30 **RENDERED.**

31 **(3) (I) A PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN**
32 **SHALL ENSURE THAT ALL MEDICAL ACTS TO BE DELEGATED TO A PHYSICIAN**
33 **ASSISTANT ARE APPROPRIATE TO THE PHYSICIAN ASSISTANT'S EDUCATION,**
34 **TRAINING, AND LEVEL OF COMPETENCE, AS DETERMINED BY THE PRIMARY**
35 **SUPERVISING PHYSICIAN.**

1 **(II) A PHYSICIAN ASSISTANT AND A PRIMARY SUPERVISING**
2 **PHYSICIAN SHALL:**

3 **1. DEFINE THE RELATIONSHIP OF THE PHYSICIAN**
4 **ASSISTANT TO THE PRIMARY SUPERVISING PHYSICIAN AND THE ACCESS OF THE**
5 **PHYSICIAN ASSISTANT TO THE PRIMARY SUPERVISING PHYSICIAN; AND**

6 **2. ESTABLISH A PROCESS TO EVALUATE THE**
7 **PERFORMANCE OF THE PHYSICIAN ASSISTANT.**

8 **(F) A PRIMARY SUPERVISING PHYSICIAN:**

9 **(1) SHALL BE LICENSED BY THE BOARD TO PRACTICE MEDICINE**
10 **IN THE STATE;**

11 **(2) MAY NOT BE ENCUMBERED BY ANY RESTRICTION ON THE**
12 **PHYSICIAN'S LICENSE AS A RESULT OF DISCIPLINARY ACTION BY THE BOARD;**
13 **AND**

14 **(3) SHALL EXECUTE A DELEGATION AGREEMENT WITH EACH**
15 **PHYSICIAN ASSISTANT ON THE FORM THAT THE BOARD REQUIRES THAT IS**
16 **POSTED BY THE BOARD ON ITS WEBSITE OR PROVIDED BY THE BOARD ON**
17 **WRITTEN REQUEST, STATING THAT THE PHYSICIAN WILL SUPERVISE EACH**
18 **PHYSICIAN ASSISTANT AND RETAIN PROFESSIONAL RESPONSIBILITY FOR THE**
19 **CARE RENDERED BY THE PHYSICIAN ASSISTANT.**

20 **(G) A PRIMARY SUPERVISING PHYSICIAN SHALL:**

21 **(1) KEEP A COPY OF EACH DELEGATION AGREEMENT ON FILE AT**
22 **THE PRACTICE SITE; AND**

23 **(2) FILE A COPY WITH THE BOARD.**

24 **[(e)] (H) A physician assistant is the agent of the PRIMARY OR**
25 **ALTERNATE supervising physician in the performance of all practice-related**
26 **activities, including the oral, written, or electronic ordering of diagnostic, therapeutic,**
27 **and other medical services.**

28 **[(f)] (I) Except as provided in subsection (g) of this section, the following**
29 **individuals may practice as a physician assistant without a [certificate] LICENSE:**

30 **(1) A physician assistant student ENROLLED in a physician assistant**
31 **[training] EDUCATIONAL program that is accredited by the [Commission on Allied**

1 Health Education Programs] **ACCREDITATION REVIEW COMMISSION ON**
2 **EDUCATION FOR THE PHYSICIAN ASSISTANT** and approved by the Board; or

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

5 [(g)] **(J)** A physician may not delegate [the authority to write medication
6 orders or the ability to exercise] prescriptive authority to a physician assistant student
7 in a training program [approved by the Board] **THAT IS ACCREDITED BY THE**
8 **ACCREDITATION REVIEW COMMISSION ON EDUCATION FOR THE PHYSICIAN**
9 **ASSISTANT.**

10 [(h)] **(K)** (1) [Except as prohibited by § 15–102(a) of this title, if] **IF** a
11 [duty] **MEDICAL ACT** that is to be delegated under this section is a part of the practice
12 of a health occupation that is regulated under this article by another board, any rule
13 or regulation concerning that [duty] **MEDICAL ACT** shall be adopted jointly by the
14 **STATE** Board of Physicians and the board that regulates the other health occupation,
15 **EXCEPT IF THE PHYSICIAN ASSISTANT PRACTICES THE HEALTH OCCUPATION**
16 **THAT IS REGULATED UNDER THIS ARTICLE BY ANOTHER BOARD AND THE**
17 **PHYSICIAN ASSISTANT DOES NOT REPRESENT OR IMPLY TO THE PUBLIC BY USE**
18 **OF THE TITLE “LICENSED PHYSICIAN ASSISTANT”, BY OTHER TITLE, OR BY**
19 **DESCRIPTION OF SERVICES, METHODS, OR PROCEDURES THAT THE PERSON IS**
20 **LICENSED AS A PHYSICIAN ASSISTANT IN THE STATE.**

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

23 [(i)] Notwithstanding the provisions of this section, a patient being treated
24 regularly for a life-threatening, chronic, degenerative, or disabling condition shall be
25 seen initially by the supervising physician and as frequently as the patient’s condition
26 requires, but no less than within every five appointments or within 180 days,
27 whichever occurs first.]

28 15–302.

29 (a) [Subject to the provisions of subsection (i) of this section, the Board may
30 authorize a] **A** physician [to] **MAY** delegate medical acts to a physician assistant only
31 after:

32 (1) A delegation agreement has been executed and [submitted to]
33 **FILED WITH** the [Committee for review to ensure the delegation agreement contains
34 the requirements of this subtitle; and

1 (2) Except as provided in § 15–302.1 of this subtitle, the Board has
2 reviewed and approved a favorable recommendation by the Committee that the
3 requirements of this subtitle have been met] **BOARD**.

4 (b) The delegation agreement shall contain:

5 (1) A description of the qualifications of the **PRIMARY** supervising
6 physician and physician assistant;

7 (2) A description of the settings in which the physician assistant will
8 practice;

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

11 (4) A description of the delegated medical acts that are within the
12 **PRIMARY OR ALTERNATE** supervising physician’s scope of practice and require
13 specialized education or training that is consistent with accepted medical practice;

14 (5) An attestation that all medical acts to be delegated to the
15 physician assistant are within the scope of practice of the **PRIMARY OR ALTERNATE**
16 supervising physician and appropriate to the physician assistant’s education, training,
17 and level of competence **AS DETERMINED BY THE PRIMARY OR ALTERNATE**
18 **SUPERVISING PHYSICIAN**;

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

22 (7) An attestation by the **PRIMARY** supervising physician of the
23 physician’s acceptance of responsibility for any care given by the physician assistant;

24 (8) A description prepared by the **PRIMARY** supervising physician of
25 the process by which the physician assistant’s practice is reviewed appropriate to the
26 practice setting and consistent with current standards of acceptable medical practice;

27 (9) An attestation by the **PRIMARY** supervising physician that the
28 physician will respond in a timely manner when contacted by the physician assistant;
29 and

30 (10) Any other information deemed necessary by the Board [or
31 Committee] to carry out the provisions of this subtitle.

32 (c) (1) The delegation agreement shall be [submitted] **FILED** with the
33 application fee established by the Board and the **PRIMARY** supervising physician and

1 physician assistant shall comply with all other requirements established by the Board
2 in accordance with this title.

3 (2) The Board shall set the application fee so as to produce funds to
4 approximate the cost of [reviewing and approving] **RECEIVING** delegation agreements
5 **FILED WITH THE BOARD** and any other related services provided.

6 [(d) The Committee shall review the delegation agreement and recommend to
7 the Board that the delegation agreement be approved, rejected, or modified to ensure
8 conformance with the requirements of this title.

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

11 (f) On review of the Committee's recommendation regarding a supervising
12 physician's request to delegate medical acts as described in a delegation agreement,
13 the Board:

14 (1) May approve the delegation agreement; or

15 (2) (i) If the physician assistant does not meet the applicable
16 education, training, and experience requirements to perform the specified delegated
17 acts, may modify or disapprove the delegation agreement; and

18 (ii) If the Board takes an action under item (i) of this item:

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

22 2. May not restrict the submission of an amendment to
23 the delegation agreement.]

24 [(g) (D) If the Board determines that a **PRIMARY** supervising physician or
25 physician assistant is practicing in a manner inconsistent with the requirements of
26 this title or Title 14 of this article, the Board [on its own initiative or on the
27 recommendation of the Committee] may demand modification of the practice[,
28 withdraw the approval of the delegation agreement,] or take other disciplinary action
29 under § 14-404 or § 15-314 of this article.

30 [(h) (1) A delegation agreement approved under this subtitle may be
31 reviewed as a component of the certificate renewal process established under § 15-307
32 of this subtitle.

33 (2) A delegation agreement shall expire when a physician assistant's
34 certificate expires.

1 (i) The Board may not authorize a physician to delegate medical acts under
2 a delegation agreement to more than two physician assistants at any one time, except
3 in a hospital or in the following nonhospital settings:

4 (1) A correctional facility;

5 (2) A detention center; or

6 (3) A public health facility.]

7 [(j)] (E) A person may not coerce another person to enter into a delegation
8 agreement under this subtitle.

9 [(k) A physician may supervise a physician assistant:

10 (1) In accordance with a delegation agreement approved by the Board
11 under this subtitle; or

12 (2) As an alternate supervising physician if:

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

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

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

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

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

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

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

27 2. Are within the scope of practice of the alternate
28 supervising physician.

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

1 **(F) A PHYSICIAN ASSISTANT MAY PRACTICE IN ACCORDANCE WITH A**
2 **DELEGATION AGREEMENT FILED WITH THE BOARD UNDER THIS SUBTITLE.**

3 [15-302.1.

4 (a) In this section, “pending” means that a delegation agreement has been
5 executed and submitted to the Committee for review, but:

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

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

9 (b) Subject to subsection (c) of this section, if a delegation agreement is
10 pending, on receipt of a temporary practice letter from the staff of the Board, a
11 physician assistant may practice in accordance with the pending delegation agreement
12 if:

13 (1) The supervising physician has been previously approved to
14 supervise one or more physician assistants in the proposed practice setting for the
15 same scope of practice; and

16 (2) The physician assistant has been previously approved for the same
17 scope of practice in a different practice setting.

18 (c) If the Committee recommends a denial of the pending delegation
19 agreement or the Board denies the pending delegation agreement, on notice to the
20 physician and the physician assistant, the physician assistant may no longer practice
21 in accordance with the delegation agreement.]

22 [15-302.2.] **15-302.1.**

23 **(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE**
24 **MEANINGS INDICATED.**

25 **(2) “PERSONALLY PREPARE AND DISPENSE” MEANS THAT A**
26 **PHYSICIAN ASSISTANT:**

27 **(I) IS PHYSICALLY PRESENT ON THE PREMISES WHERE THE**
28 **PRESCRIPTION IS FILLED; AND**

29 **(II) PERFORMS A FINAL CHECK OF THE PRESCRIPTION**
30 **BEFORE IT IS PROVIDED TO THE PATIENT.**

1 **(3) “STARTER DOSAGE” MEANS AN AMOUNT OF A DRUG**
2 **SUFFICIENT TO BEGIN THERAPY:**

3 **(I) OF SHORT DURATION OF 72 HOURS OR LESS; OR**

4 **(II) PRIOR TO OBTAINING A LARGER QUANTITY OF THE**
5 **DRUG TO COMPLETE THERAPY.**

6 **[(a)] (B)** A supervising physician may not delegate prescribing,
7 **DISPENSING**, and administering of controlled dangerous substances, prescription
8 drugs, or medical devices unless the **PRIMARY** supervising physician and physician
9 assistant include in the delegation agreement:

10 (1) A notice of intent to delegate prescribing of controlled dangerous
11 substances, prescription drugs, or medical devices;

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

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

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

20 (5) Evidence demonstrating:

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

24 (ii) Successful completion of 8 category 1 hours of pharmacology
25 education within the previous 2 years; and

26 (6) Evidence demonstrating:

27 (i) A bachelor’s degree or its equivalent;

28 (ii) 2 years of work experience as a physician assistant; or

29 (iii) Prior approval by the Board of a delegation agreement,
30 including approval for writing medication orders].

1 **[(b)] (C)** (1) A **PRIMARY OR ALTERNATE** supervising physician may not
2 delegate the prescribing of substances that are identified as Schedule I controlled
3 dangerous substances under § 5–402 of the Criminal Law Article.

4 **(2)** A **PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN MAY**
5 **DELEGATE THE PRESCRIBING OF SUBSTANCES THAT ARE IDENTIFIED AS**
6 **SCHEDULES II THROUGH V CONTROLLED DANGEROUS SUBSTANCES UNDER §**
7 **5–402 OF THE CRIMINAL LAW ARTICLE, INCLUDING LEGEND DRUGS AS**
8 **DEFINED UNDER § 503(B) OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT.**

9 **[(2)] (3)** A **PRIMARY OR ALTERNATE** supervising physician may not
10 delegate the prescribing of controlled dangerous substances to a physician assistant
11 unless the physician assistant has a valid:

12 (i) State controlled dangerous substance registration; and

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

14 **(D)** A **PHYSICIAN ASSISTANT PERSONALLY MAY PREPARE AND**
15 **DISPENSE A STARTER DOSAGE OF ANY DRUG THE PHYSICIAN ASSISTANT IS**
16 **AUTHORIZED TO PRESCRIBE TO A PATIENT OF THE PHYSICIAN ASSISTANT IF:**

17 **(1)** **(I)** **PHARMACY SERVICES ARE NOT REASONABLY**
18 **AVAILABLE;**

19 **(II)** **IT IS IN THE BEST INTERESTS OF THE PATIENT; OR**

20 **(III)** **IT IS AN EMERGENCY;**

21 **(2)** **THE STARTER DOSAGE COMPLIES WITH THE LABELING**
22 **REQUIREMENTS OF § 12–509 OF THIS ARTICLE;**

23 **(3)** **NO CHARGE IS MADE FOR THE STARTER DOSAGE; AND**

24 **(4)** **THE PHYSICIAN ASSISTANT ENTERS AN APPROPRIATE**
25 **RECORD IN THE PATIENT’S MEDICAL RECORD.**

26 **(E)** A **PHYSICIAN ASSISTANT WHO PERSONALLY PREPARES AND**
27 **DISPENSES A DRUG IN THE COURSE OF TREATING A PATIENT AS AUTHORIZED**
28 **UNDER SUBSECTION (B) OF THIS SECTION SHALL COMPLY WITH THE**
29 **REQUIREMENTS UNDER TITLES 12 AND 14 OF THIS ARTICLE AND APPLICABLE**
30 **FEDERAL LAW AND REGULATIONS.**

31 **(F)** **BEFORE A PHYSICIAN ASSISTANT MAY RENEW A LICENSE FOR AN**
32 **ADDITIONAL 2–YEAR TERM UNDER § 15–307 OF THIS SUBTITLE, THE PHYSICIAN**

1 ASSISTANT SHALL SUBMIT EVIDENCE TO THE BOARD OF SUCCESSFUL
2 COMPLETION OF 8 CATEGORY 1 HOURS OF PHARMACOLOGY EDUCATION WITHIN
3 THE PREVIOUS 2 YEARS.

4 15-303.

5 (a) To qualify for a [certificate] LICENSE, an applicant shall be:

- 6 (1) Of good moral character;
- 7 (2) Fluent in the English language;
- 8 (3) At least 18 years old; and

9 (4) A graduate of a physician assistant [training] EDUCATIONAL
10 program [approved by the Board] ACCREDITED BY THE ACCREDITATION REVIEW
11 COMMISSION ON EDUCATION FOR THE PHYSICIAN ASSISTANT OR, ON OR
12 BEFORE DECEMBER 31, 2000, ACCREDITED BY THE COMMITTEE ON ALLIED
13 HEALTH EDUCATION AND ACCREDITATION OR THE COMMISSION ON
14 ACCREDITATION OF ALLIED HEALTH EDUCATION PROGRAMS.

15 (b) [Except as otherwise provided in this title, the] THE applicant shall pass
16 [a national certifying examination approved by the Board] THE PHYSICIAN
17 ASSISTANT NATIONAL CERTIFYING EXAMINATION ADMINISTERED BY THE
18 NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS.

19 (c) An applicant who graduates from a physician assistant training program
20 after October 1, 2003 shall have a bachelor's degree or its equivalent.

21 [(d) The Board shall adopt regulations governing the issuance of temporary
22 certificates to applicants who:

- 23 (1) Have met all other requirements of this section; but
- 24 (2) Have not yet passed the national certifying examination.]

25 (D) THE BOARD MAY GRANT A LICENSE TO AN APPLICANT WHO DOES
26 NOT MEET THE EDUCATIONAL REQUIREMENTS OF SUBSECTION (A)(4) OF THIS
27 SECTION BUT WHO PASSED THE PHYSICIAN ASSISTANT NATIONAL CERTIFYING
28 EXAMINATION ADMINISTERED BY THE NATIONAL COMMISSION ON
29 CERTIFICATION OF PHYSICIAN ASSISTANTS BEFORE 1986 AND HAS
30 COMPLETED ALL CONTINUING EDUCATION AND RENEWAL OF CERTIFICATION
31 REQUIREMENTS.

32 15-304.

1 An applicant for a [certificate] LICENSE shall:

2 (1) Submit an application to the Board on the form that the Board
3 requires; and

4 (2) Pay to the Board the application fee set by the Board.

5 15-305.

6 (a) If an applicant qualifies for a [certificate] LICENSE under this subtitle,
7 the Board shall send the applicant a notice that specifies that:

8 (1) The applicant has qualified for a [certificate] LICENSE; and

9 (2) On receipt of the [certificate] LICENSE fee set by the Board, the
10 Board will issue a [certificate] LICENSE to the applicant.

11 (b) On payment of the [certificate] LICENSE fee, the Board shall issue a
12 [certificate] LICENSE to any applicant who meets the requirements of this subtitle.

13 (c) The Board shall include on each [certificate] LICENSE that the Board
14 issues:

15 (1) The full name of the [certificate holder] LICENSEE;

16 (2) A serial number assigned by the Board to the [certificate holder]
17 LICENSEE; and

18 (3) The signature of the Secretary under seal of the Board.

19 15-306.

20 A [certificate] LICENSE authorizes the [certificate holder] LICENSEE to
21 practice as a physician assistant while the [certificate] LICENSE is effective.

22 15-307.

23 (a) (1) Unless a [certificate] LICENSE is renewed for an additional term
24 as provided in this section, the [certificate] LICENSE expires on the date set by the
25 Board.

26 (2) A [certificate] LICENSE may not be renewed for a term longer than
27 2 years.

1 (b) At least 1 month before a [certificate] LICENSE expires, the Board shall
2 send to the [certificate holder] LICENSEE, by first-class mail to the last known
3 address of the [certificate holder] LICENSEE, a renewal notice that states:

4 (1) The date on which the current [certificate] LICENSE expires;

5 (2) The date by which the Board must receive the renewal application
6 for the renewal to be issued and mailed before the [certificate] LICENSE expires; and

7 (3) The amount of the renewal fee.

8 (c) Before a [certificate] LICENSE expires, the [certificate holder] LICENSEE
9 periodically may renew it for an additional 2-year term, if the [certificate holder]
10 LICENSEE:

11 (1) Is otherwise entitled to be issued a [certificate] LICENSE;

12 (2) Pays to the Board the renewal fee, set by the Board; and

13 (3) Submits to the Board:

14 (i) A renewal application on the form that the Board requires;
15 and

16 (ii) Satisfactory evidence of compliance with the continuing
17 education requirements for [certificate] LICENSE renewal set by the Board under this
18 section.

19 (d) [(1)] In addition to any other qualifications and requirements
20 established by the Board, the Board shall establish continuing education requirements
21 as a condition for the renewal of [certificates] LICENSES under this section.

22 [(2)] In establishing the continuing education requirements under
23 paragraph (1) of this subsection, the Board shall include a requirement for a course on
24 the special care needs of terminally ill individuals and their families which shall
25 include topics related to:

26 (i) Pain and symptom management;

27 (ii) The psycho-social dynamics of death;

28 (iii) Dying and bereavement; and

29 (iv) Hospice care.]

1 (e) The Board shall renew the [certificate] LICENSE of each [certificate
2 holder] LICENSEE who meets the requirements of this section.

3 15-308.

4 The Board, in accordance with its regulations, shall reinstate the [certificate]
5 LICENSE of a physician assistant who has failed to renew the [certificate] LICENSE
6 for any reason if the physician assistant:

7 (1) Meets the renewal requirements of § 15-307 of this subtitle;

8 (2) Pays to the Board the reinstatement fee set by the Board; and

9 (3) Submits to the Board satisfactory evidence of compliance with the
10 qualifications and requirements established under this subtitle for [certificate]
11 LICENSE reinstatements.

12 **15-308.1.**

13 **(A) THE BOARD MAY PLACE A LICENSEE ON INACTIVE STATUS, IF THE**
14 **LICENSEE SUBMITS TO THE BOARD:**

15 **(1) AN APPLICATION FOR INACTIVE STATUS ON THE FORM**
16 **REQUIRED BY THE BOARD; AND**

17 **(2) THE INACTIVE STATUS FEE SET BY THE BOARD.**

18 **(B) THE BOARD SHALL ISSUE A LICENSE TO AN INDIVIDUAL WHO IS ON**
19 **INACTIVE STATUS IF THE INDIVIDUAL:**

20 **(1) SUBMITS TO THE BOARD:**

21 **(I) SATISFACTORY EVIDENCE OF COMPLIANCE WITH THE**
22 **CONTINUING EDUCATION REQUIREMENTS THE BOARD ADOPTS FOR THIS**
23 **PURPOSE; AND**

24 **(II) A REINSTATEMENT FEE SET BY THE BOARD; AND**

25 **(2) IS OTHERWISE ENTITLED TO BE LICENSED.**

26 15-309.

27 (a) Each [certificate holder] LICENSEE shall [produce] KEEP a [valid
28 certificate and delegation agreement when requested to do so by an existing or

1 potential employer or client] **LICENSE FOR INSPECTION AT THE PRIMARY PLACE**
2 **OF BUSINESS OF THE LICENSEE.**

3 (b) Each [certificate holder] **LICENSEE** shall give the Board written notice of
4 any change of **NAME OR** address **WITHIN 60 DAYS OF THE DATE OF THE CHANGE.**

5 15–310.

6 (a) In reviewing an application for [certification] **LICENSURE** or in
7 investigating an allegation brought under § 15–314 of this subtitle, the [Committee]
8 **PHYSICIAN ASSISTANT REHABILITATION PROGRAM** may request the Board to
9 direct, or the Board on its own initiative may direct the physician assistant to submit
10 to an appropriate examination.

11 (b) In return for the privilege given to the physician assistant to perform
12 delegated medical acts in the State, the physician assistant is deemed to have:

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

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

17 (c) The unreasonable failure or refusal of the **LICENSED** physician assistant
18 to submit to an examination is [grounds] **PRIMA FACIE EVIDENCE OF THE**
19 **LICENSED PHYSICIAN ASSISTANT’S INABILITY TO PERFORM DELEGATED**
20 **MEDICAL ACTS AND IS CAUSE** for denial of the application or immediate suspension
21 of the [certification] **LICENSE, UNLESS THE BOARD FINDS THAT THE FAILURE OR**
22 **REFUSAL WAS BEYOND THE CONTROL OF THE LICENSED PHYSICIAN ASSISTANT.**

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

25 (e) [(1) (i)] The Board shall assess each applicant for a [certificate]
26 **LICENSE** or the renewal of a [certificate] **LICENSE** to practice as a physician
27 assistant, a fee set by the Board[.

28 (ii) The fee shall be] sufficient to fund the activities of the
29 [entity or entities with whom the Board contracts under § 14–401(e)] **BOARD’S**
30 **REHABILITATION PROGRAM UNDER § 14–401(G)** of this article in conducting a
31 physician assistant rehabilitation program.

32 [(iii) The fee shall be set by the Secretary each year after the
33 submission by the entity or entities with whom the Board contracts under § 14–401(e)
34 of this article to the Board of the annual budget for the Physician Assistant
35 Rehabilitation Program.

1 (2) As provided under § 2–1220 of the State Government Article, the
2 Legislative Auditor, every 2 years, shall audit the accounts and transactions of the
3 entity or entities with whom the Board contracts under § 14–401(e) of this article in
4 conducting the Physician Assistant Rehabilitation Program.]

5 15–311.

6 Subject to the hearing provisions of § 15–313 of this subtitle, the Board, on the
7 affirmative vote of a majority of its members then serving, may deny a [certificate]
8 LICENSE to any applicant for:

9 (1) Failure to meet the qualifications for [certification] LICENSURE;
10 or

11 (2) Any of the reasons that are grounds for disciplinary action under §
12 15–314 of this subtitle.

13 15–312.

14 (a) Unless the Board agrees to accept the surrender of a [certification]
15 LICENSE of A physician assistant, the physician assistant may not surrender the
16 [certification] LICENSE nor may the [certification] LICENSURE lapse by operation of
17 law while the physician assistant is under investigation or while charges are pending.

18 (b) The Board may set conditions on its agreement to accept surrender of a
19 [certification] LICENSE.

20 15–313.

21 (a) (1) Except as otherwise provided under § 10–226 of the State
22 Government Article, before the Board takes any action to deny a [certificate or to
23 reject or modify a delegation agreement] LICENSE, the Board shall give the applicant
24 or [certificate holder] LICENSSEE the 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
28 proceeding under this section.

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

1 (b) Any applicant aggrieved under this subtitle by a final decision of the
2 Board denying a [certificate or denying or modifying a delegation agreement]
3 LICENSE may:

4 (1) Appeal that decision to the Board of Review; and

5 (2) Then take any further appeal allowed under Title 10, Subtitle 2 of
6 the State Government Article.

7 15–314.

8 Subject to the hearing provisions of § 15–315 of this subtitle, the Board, on the
9 affirmative vote of a majority of its members then serving, may reprimand any
10 [certificate holder] LICENSEE, **LIMIT OR OTHERWISE RESTRICT A LICENSE,**
11 **IMPOSE CORRECTIVE MEASURES ON A LICENSEE,** or suspend or revoke a
12 [certificate] LICENSE if the [certificate holder] LICENSEE:

13 (1) Fraudulently or deceptively obtains or attempts to obtain a
14 [certificate] LICENSE for the applicant or [certificate holder] LICENSEE or for another
15 individual;

16 (2) Fraudulently or deceptively uses a [certificate] LICENSE;

17 (3) Violates any provision of this title or any regulations adopted
18 under this title [or], commits any act which could serve as the basis for disciplinary
19 action against a [physician] **PERSON WHO IS LICENSED, CERTIFIED, OR**
20 **OTHERWISE AUTHORIZED TO PRACTICE A HEALTH OCCUPATION** under [§ 14–404
21 of] this article, **OR A STIPULATION OR AGREEMENT OF THE BOARD;**

22 (4) [Performs delegated medical acts beyond the scope of the
23 certificate not within a delegation agreement approved by the Board;

24 (5)] Performs delegated medical acts without the supervision of a
25 physician;

26 (5) **IS CONVICTED OF A FELONY;**

27 (6) **IS HABITUALLY INTOXICATED;**

28 (7) **IS ADDICTED TO, OR HABITUALLY ABUSES, ANY NARCOTIC OR**
29 **CONTROLLED DANGEROUS SUBSTANCE, AS DEFINED IN § 5–101 OF THE**
30 **CRIMINAL LAW ARTICLE, OR OTHER DRUG THAT IS IN EXCESS OF THERAPEUTIC**
31 **AMOUNTS OR WITHOUT VALID MEDICAL INDICATION;**

32 (8) **HAS BEEN ADJUDICATED AS MENTALLY INCOMPETENT;**

1 **(9) IS PHYSICALLY OR MENTALLY UNABLE TO ENGAGE SAFELY IN**
2 **PRACTICE AS A PHYSICIAN ASSISTANT;**

3 **(10) DEMONSTRATES PROFESSIONAL INCOMPETENCE;**

4 **(11) VIOLATES PATIENT CONFIDENTIALITY, EXCEPT AS**
5 **OTHERWISE REQUIRED OR PERMITTED BY LAW;**

6 **(12) ENGAGES IN CONDUCT INTENDED TO OR WITH A**
7 **SUBSTANTIAL LIKELIHOOD TO DECEIVE, DEFRAUD, OR HARM THE PUBLIC;**

8 **(13) ENGAGES IN UNPROFESSIONAL OR IMMORAL CONDUCT IN**
9 **THE PRACTICE OF MEDICINE;**

10 **(14) PRESCRIBES, SELLS, ADMINISTERS, DISTRIBUTES, ORDERS,**
11 **OR GIVES AWAY ANY DRUG CLASSIFIED AS A CONTROLLED DANGEROUS**
12 **SUBSTANCE FOR OTHER THAN MEDICALLY ACCEPTED THERAPEUTIC PURPOSES;**

13 **(15) HAS COMMITTED AN ACT OF MORAL TURPITUDE;**

14 **(16) IS DISCIPLINED BY A LICENSING OR DISCIPLINARY**
15 **AUTHORITY OF ANY STATE OR COUNTRY FOR AN ACT THAT WOULD BE GROUNDS**
16 **FOR DISCIPLINARY ACTION UNDER THIS SECTION;**

17 **(17) FAILS TO COOPERATE WITH AN INVESTIGATION CONDUCTED**
18 **BY THE BOARD;**

19 **(18) REPRESENTS THAT THE PERSON IS A PHYSICIAN;**

20 **[(6)] (19) Refuses, withholds from, denies, or discriminates against an**
21 **individual with regard to the provision of professional services for which the**
22 **[certificate holder] LICENSEE is [certified] LICENSED and qualified to render because**
23 **the individual is HIV positive;**

24 **[(7)] (20) Except in an emergency life-threatening situation where it**
25 **is not feasible or practicable, fails to comply with the Centers for Disease [Control's]**
26 **CONTROL AND PREVENTION'S guidelines on universal precautions; or**

27 **[(8)] (21) Is in breach of a service obligation resulting from the**
28 **applicant's or [certificate holder's] LICENSEE'S receipt of State or federal funding for**
29 **the applicant's or [certificate holder's] LICENSEE'S physician assistant education.**

1 (a) (1) Except as otherwise provided under § 10–226 of the State
2 Government Article, before the Board takes any action under § 15–314 of this subtitle,
3 the Board shall give the individual against whom the action is contemplated an
4 opportunity for a hearing before a hearing officer.

5 (2) The hearing officer shall give notice and hold the hearing in
6 accordance with Title 10, Subtitle 2 of the State Government Article.

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

9 (4) At least 14 days before the hearing, the hearing notice required
10 under this subtitle shall be sent by certified mail to the last known address of the
11 individual.

12 (b) (1) Any [certificate holder] LICENSEE who is aggrieved by a final
13 decision of the Board under this subtitle may not appeal to the Board of Review but
14 may take a direct judicial appeal.

15 (2) The appeal shall be as provided for judicial review of the final
16 decision in Title 10, Subtitle 2 of the State Government Article.

17 (c) An order of the Board under this subtitle may not be stayed pending
18 review.

19 (d) All of the findings and orders of the Board that relate to physician
20 assistants are subject to the provisions of Title 14, Subtitle 4 of this article.

21 **15–316.**

22 (A) A PHYSICIAN ASSISTANT WHO IS LICENSED IN THIS STATE OR
23 AUTHORIZED TO PRACTICE IN ANY OTHER STATE OR WHO IS CREDENTIALLED AS
24 A PHYSICIAN ASSISTANT BY A FEDERAL EMPLOYER WHO RESPONDS TO A NEED
25 FOR MEDICAL CARE IN AN EMERGENCY OR A STATE OR LOCAL DISASTER MAY
26 PERFORM A MEDICAL ACT WITHOUT SUPERVISION OR WITH ANY SUPERVISION
27 THAT IS AVAILABLE.

28 (B) A PHYSICIAN WHO SUPERVISES A PHYSICIAN ASSISTANT WHO
29 PERFORMS A MEDICAL ACT IN RESPONSE TO AN EMERGENCY OR A STATE OR
30 LOCAL DISASTER IS NOT REQUIRED TO MEET THE REQUIREMENTS FOR A
31 PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN UNDER THIS TITLE.

32 **15–401.**

1 (a) Except as otherwise provided in this title, a person may not practice,
2 attempt to practice, or offer to practice as a physician assistant in the State unless the
3 person has a [certificate] LICENSE issued by the Board.

4 (b) Except as otherwise provided in this title, a person may not perform,
5 attempt to perform, or offer to perform any delegated medical act beyond the scope of
6 the [certificate] LICENSE and which is consistent with a delegation agreement
7 [approved by] FILED WITH the Board.

8 15-402.

9 (a) Except as otherwise provided under this title, a person may not represent
10 or imply to the public by use of the title ["certified"] "LICENSED physician assistant",
11 by other title, by description of services, methods, or procedures that the person is
12 [certified] LICENSED to practice as a physician assistant in the State.

13 (b) Unless [certified] LICENSED to practice as a physician assistant under
14 this title, a person may not use the words or terms "physician assistant", ["certified"]
15 "LICENSED physician assistant", or "P.A."

16 15-403.

17 (a) A person who violates § 15-401 or § 15-402 of this subtitle:

18 (1) Is guilty of a misdemeanor and on conviction is subject to a fine not
19 exceeding \$5,000 or imprisonment not exceeding 5 years or both; and

20 (2) Shall lose [certification] LICENSURE as a physician assistant
21 under this title.

22 (b) (1) In addition to the penalties under subsection (a) of this section, a
23 person who violates § 15-401 of this subtitle may be subject to a civil penalty assessed
24 by the Board in an amount not exceeding \$5,000.

25 **(2) IN ADDITION TO THE PENALTIES UNDER PARAGRAPH (1) OF**
26 **THIS SUBSECTION, A PERSON WHO VIOLATES § 15-309 OF THIS TITLE MAY BE**
27 **SUBJECT TO A CIVIL PENALTY ASSESSED BY THE BOARD IN AN AMOUNT NOT**
28 **EXCEEDING \$100.**

29 **[(2)] (3)** The Board shall pay any civil penalty collected under this
30 subsection into the Board of Physicians Fund.

31 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
32 October 1, 2010.