

Chapter 273

(Senate Bill 460)

AN ACT concerning

Health Occupations – Physician Assistants – Authority to Practice

FOR the purpose of authorizing a physician assistant to complete a certain certificate that an individual of a certain age is pregnant or has given birth to a child; authorizing a physician assistant to provide certain information on a certificate of birth under certain circumstances; authorizing a physician assistant to fill out and sign a certificate of death under certain circumstances; requiring certain individuals to notify the medical examiner under certain circumstances if a deceased was not under treatment by a physician assistant during a terminal illness; authorizing a physician assistant to file a replacement death certificate under certain circumstances; authorizing a physician assistant to complete a “do not resuscitate order”; authorizing a physician assistant to serve as a witness to an advance directive; requiring that certain documentation of an oral advance directive be dated and signed by a physician assistant under certain circumstances; authorizing a physician assistant to provide an oral emergency medical services “do not resuscitate order”; requiring a certain form to be suitable for containing a physician assistant’s medical orders relating to a patient’s medical condition; requiring a health care facility on request of a patient to offer a physician assistant the opportunity to participate in updating or completing a “Medical Orders for Life-Sustaining Treatment” form; requiring a health care facility to comply with certain medical orders regardless of whether the physician assistant who signed the form has admitting privileges or is otherwise credentialed at the health care facility; providing that certain provisions of law may not be construed to require a physician assistant to prescribe or render medical treatment that is ethically inappropriate or medically ineffective; ~~authorizing a physician assistant to make a certain petition for an emergency evaluation of an individual; requiring a physician assistant to give a certain petition to a peace officer; requiring a peace officer to take an emergency evaluate to a certain emergency facility if the peace officer has a certain petition that is signed and submitted by a physician assistant;~~ authorizing a physician assistant to certify certain medical conditions of an applicant for a special disability registration number and plates for a certain vehicle; requiring a certain health occupation board to be responsible for the development and maintenance of certain database systems; authorizing a physician assistant to certify the existence of certain permanent disabilities for applicants for a certain parking placard; authorizing a physician assistant to certify the existence of a temporary disability of an applicant for a temporary parking placard; altering a certain definition; defining certain terms; making

certain stylistic and conforming changes; and generally relating to the authority to practice as a physician assistant.

BY repealing and reenacting, with amendments,

Article – Family Law

Section 2–301

Annotated Code of Maryland

(2012 Replacement Volume)

BY repealing and reenacting, without amendments,

Article – Health – General

Section 4–201(a), 4–208(a)(1), 4–212(a), and 5–601(a), ~~10–620(a), and 10–622(a)~~

Annotated Code of Maryland

(2009 Replacement Volume and 2012 Supplement)

BY adding to

Article – Health – General

Section 4–201(m) and 5–601(s)

Annotated Code of Maryland

(2009 Replacement Volume and 2012 Supplement)

BY repealing and reenacting, with amendments,

Article – Health – General

Section 4–201(m), (n), and (o), 4–208(a)(2), 4–212(b), (c), (e), and (h), 5–601(i), (s), and (t), 5–602(c) and (d), 5–608(c), 5–608.1(b), (c), and (f), ~~5–611(a) and (b), 10–620(c), 10–622(b) and (d), 10–623, 10–624(a), and 10–628~~ and 5–611(a) and (b)

Annotated Code of Maryland

(2009 Replacement Volume and 2012 Supplement)

BY repealing and reenacting, with amendments,

Article – Transportation

Section 13–616(a), (b)(1) and (2), and (m), 13–616.1(a) and (k), and 13–616.2(a), (b), (c), and (i)

Annotated Code of Maryland

(2012 Replacement Volume)

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

Article – Family Law

2–301.

(a) An individual 16 or 17 years old may not marry unless:

(1) the individual has the consent of a parent or guardian and the parent or guardian swears that the individual is at least 16 years old; or

(2) if the individual does not have the consent of a parent or guardian, either party to be married gives the clerk a certificate from a licensed physician, **LICENSED PHYSICIAN ASSISTANT**, or certified nurse practitioner stating that the physician, **PHYSICIAN ASSISTANT**, or nurse practitioner has examined the woman to be married and has found that she is pregnant or has given birth to a child.

(b) An individual 15 years old may not marry unless:

(1) the individual has the consent of a parent or guardian; and

(2) either party to be married gives the clerk a certificate from a licensed physician, **LICENSED PHYSICIAN ASSISTANT**, or certified nurse practitioner stating that the physician, **PHYSICIAN ASSISTANT**, or nurse practitioner has examined the woman to be married and has found that she is pregnant or has given birth to a child.

(c) An individual under the age of 15 may not marry.

Article – Health – General

4–201.

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

(M) “PHYSICIAN ASSISTANT” MEANS AN INDIVIDUAL WHO IS LICENSED UNDER TITLE 15 OF THE HEALTH OCCUPATIONS ARTICLE TO PRACTICE MEDICINE WITH PHYSICIAN SUPERVISION.

[(m)] (N) “Registration” means acceptance by the Secretary and incorporation in the records of the Department of any certificate, report, or other record of birth, death, fetal death, adoption, marriage, divorce, or dissolution or annulment of marriage for which this subtitle provides.

[(n)] (O) “Vital record” means a certificate or report of birth, death, fetal death, marriage, divorce, dissolution or annulment of marriage, adoption, or adjudication of paternity that is required by law to be filed with the Secretary.

[(o)] (P) “Vital statistics” means the data derived from certificates and reports of birth, death, fetal death, marriage, divorce, dissolution or annulment of marriage, and reports related to any of these certificates and reports.

4–208.

(a) (1) Within 72 hours after a birth occurs in an institution, or en route to the institution, the administrative head of the institution or a designee of the administrative head shall:

- (i) Prepare, on the form that the Secretary provides, a certificate of birth;
- (ii) Secure each signature that is required on the certificate; and
- (iii) File the certificate.

(2) The attending physician, **PHYSICIAN ASSISTANT**, nurse practitioner, or nurse midwife shall provide the date of birth and medical information that are required on the certificate within 72 hours after the birth.

4-212.

(a) This section does not apply to a fetal death.

(b) (1) A certificate of death regardless of age of decedent shall be filled out and signed by:

- (i) The medical examiner, if the medical examiner takes charge of the body; or
- (ii) If the medical examiner does not take charge of the body, the physician, **PHYSICIAN ASSISTANT**, or nurse practitioner who last attended the deceased.

(2) The medical examiner, physician, **PHYSICIAN ASSISTANT**, or nurse practitioner shall fill in only the following information on the certificate of death:

- (i) The name of the deceased[.];
- (ii) The cause of death and medical certification[.];
- (iii) The date and hour of death[.]; **AND**
- (iv) The place where death occurred.

(3) Any other information that is required on the certificate of death regardless of age of decedent shall be filled in:

- (i) By the person who has charge of the body; or

(ii) If the State Anatomy Board has charge of the body, by the person who last had charge of the body before it was sent to the State Anatomy Board.

(4) The medical certification shall be completed within 24 hours after receipt of the death certificate by the physician, **PHYSICIAN ASSISTANT**, or nurse practitioner in charge of the patient's care for the illness or condition which resulted in death, except when inquiry is required by the medical examiner.

(5) In the absence or inability of the attending physician, **PHYSICIAN ASSISTANT**, or nurse practitioner or with the attending physician's, **PHYSICIAN ASSISTANT'S**, or nurse practitioner's approval, the certificate may be completed by:

(i) The attending physician's associate;

(ii) The chief medical officer or designee of the institution in which death occurred; or

(iii) The physician who performed an autopsy upon the decedent, provided the individual has access to the medical history of the case and death is due to natural causes.

(6) The person completing the cause of death and medical certification shall attest to the accuracy by signature or by an approved electronic process.

(7) The funeral director or person acting as the funeral director shall in all cases obtain the medical certification from the person responsible for its completion or obtain assurance that the medical certification has been provided to the Secretary by an approved electronic process.

(c) Each individual concerned with carrying out this subtitle promptly shall notify the medical examiner if:

(1) The deceased was not under treatment by a physician, **PHYSICIAN ASSISTANT**, or nurse practitioner during the terminal illness;

(2) The cause of death is unknown; or

(3) The individual considers any of the following conditions to be the cause of death or to have contributed to the death:

(i) An accident, including a fall with a fracture or other injury[.];

(ii) Homicide[.];

(iii) Suicide[.];

- (iv) Other external manner of death[.];
- (v) Alcoholism[.]; **OR**
- (vi) Criminal or suspected criminal abortion.

(e) (1) A physician, **PHYSICIAN ASSISTANT**, or nurse practitioner who fills out a certificate of death shall give it or transmit it by approved electronic media, including facsimile, to the mortician within 24 hours after the death occurred.

(2) A medical examiner who fills out a certificate of death shall give it or transmit it by approved electronic media, including facsimile, to the mortician within 24 hours after the medical examiner took charge of the body.

(h) (1) Except as authorized under this subtitle, an individual who has a duty to fill out and sign a certificate of death may not execute more than one certificate for a death.

(2) The attending physician, **THE PHYSICIAN ASSISTANT**, the nurse practitioner, or a medical examiner who takes charge of a body may file a replacement death certificate if a correction that the physician, **THE PHYSICIAN ASSISTANT**, the nurse practitioner, or medical examiner authorizes cannot be entered legibly on the original certificate.

5-601.

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

(i) “Emergency medical services ‘do not resuscitate order’” means a physician’s, **PHYSICIAN ASSISTANT’S**, or nurse practitioner’s written order in a form established by protocol issued by the Maryland Institute for Emergency Medical Services in conjunction with the State Board of Physicians which, in the event of a cardiac or respiratory arrest of a particular patient, authorizes certified or licensed emergency medical services personnel to withhold or withdraw cardiopulmonary resuscitation including cardiac compression, endotracheal intubation, other advanced airway management techniques, artificial ventilation, defibrillation, and other related life-sustaining procedures.

(S) “PHYSICIAN ASSISTANT” MEANS AN INDIVIDUAL WHO IS LICENSED UNDER TITLE 15 OF THE HEALTH OCCUPATIONS ARTICLE TO PRACTICE MEDICINE WITH PHYSICIAN SUPERVISION.

[(s)] (T) “Signed” means bearing a manual or electronic signature.

[(t)] (U) “Terminal condition” means an incurable condition caused by injury, disease, or illness which, to a reasonable degree of medical certainty, makes death imminent and from which, despite the application of life–sustaining procedures, there can be no recovery.

5–602.

(c) (1) A written or electronic advance directive shall be dated, signed by or at the express direction of the declarant, and subscribed by two witnesses.

(2) (i) Except as provided in subparagraphs (ii) and (iii) of this paragraph, any competent individual may serve as a witness to an advance directive, including an employee of a health care facility, nurse practitioner, **PHYSICIAN ASSISTANT**, or physician caring for the declarant if acting in good faith.

(ii) The health care agent of the declarant may not serve as a witness.

(iii) At least one of the witnesses must be an individual who is not knowingly entitled to any portion of the estate of the declarant or knowingly entitled to any financial benefit by reason of the death of the declarant.

(d) (1) Any competent individual may make an oral advance directive to authorize the providing, withholding, or withdrawing of any life–sustaining procedure or to appoint an agent to make health care decisions for the individual.

(2) An oral advance directive shall have the same effect as a written or electronic advance directive if made in the presence of the attending physician, **PHYSICIAN ASSISTANT**, or nurse practitioner and one witness and if the substance of the oral advance directive is documented as part of the individual’s medical record. The documentation shall be dated and signed by the attending physician, **PHYSICIAN ASSISTANT**, or nurse practitioner and the witness.

5–608.

(c) This section does not authorize emergency medical services personnel in the outpatient setting to follow an emergency medical services “do not resuscitate order” that is in any form other than:

(1) An emergency medical services “do not resuscitate order” described in subsection (a) of this section;

(2) An oral emergency medical services “do not resuscitate order” provided by an online, emergency medical services medical command and control physician;

(3) An oral emergency medical services “do not resuscitate order” provided by a physician, [as defined in § 5–601 of this subtitle,] **A PHYSICIAN ASSISTANT**, or a nurse practitioner[, as defined in § 5–601 of this subtitle,] who is physically present on the scene with the patient and the emergency medical services personnel in the outpatient setting; or

(4) An order contained in a “Medical Orders for Life–Sustaining Treatment” form.

5–608.1.

(b) (1) (i) The Department, in conjunction with the Maryland Institute for Emergency Medical Services Systems and the State Board of Physicians, shall develop and revise periodically a “Medical Orders for Life–Sustaining Treatment” form and instructions for completing and using the form.

(ii) The “Medical Orders for Life–Sustaining Treatment” form and the instructions for its completion and use shall be developed in consultation with:

1. The Office of the Attorney General;
2. The State Board of Nursing;
3. The State Advisory Council on Quality Care at the End of Life; and
4. Any other individual or group the Department determines is appropriate.

(2) The “Medical Orders for Life–Sustaining Treatment” form developed under paragraph (1) of this subsection shall be suitable for containing a physician’s, **PHYSICIAN ASSISTANT’S**, or nurse practitioner’s written medical orders relating to a patient’s medical condition, including:

- (i) The use of life–sustaining procedures;
- (ii) The use of medical tests;
- (iii) Transfer of the patient to a hospital from a nonhospital setting; and

(iv) Any other matter considered appropriate by the Department to implement treatment preferences and orders regarding life–sustaining treatments across health care settings.

(3) The “Medical Orders for Life–Sustaining Treatment” form is not an advance directive.

(c) (1) A health care facility shall:

(i) 1. Accept a completed “Medical Orders for Life–Sustaining Treatment” form during the admission process for each patient being admitted to the health care facility; and

2. Update the form as indicated in the instructions for the completion and use of the form; or

(ii) Complete a “Medical Orders for Life–Sustaining Treatment” form:

1. For a health care facility that is not a hospital, during the admission process for each patient being admitted to the health care facility; or

2. For a hospital, during an inpatient hospital stay for patients who are being discharged to another health care facility.

(2) When a health care facility updates or completes a “Medical Orders for Life–Sustaining Treatment” form under paragraph (1) of this subsection, the health care facility shall:

(i) Offer the patient, health care agent, or surrogate decision maker the opportunity to participate in updating or completing the form;

(ii) Note in the medical record when a patient, health care agent, or surrogate decision maker declines to participate in updating or completing the form, indicating the date and with whom the form was discussed;

(iii) On request of the patient, offer any physician, **PHYSICIAN ASSISTANT**, or nurse practitioner selected by the patient the opportunity to participate in updating or completing the form; and

(iv) Inform the patient, health care agent, or surrogate decision maker that the form will become a part of the patient’s medical record and can be accessed through the procedures used to access a medical record.

(3) Except as provided for a treatment that has been certified as medically ineffective in accordance with § 5–611 of this subtitle, the “Medical Orders for Life–Sustaining Treatment” form shall be consistent with:

(i) The known decisions of:

1. The patient if the patient is a competent individual; or
2. A health care agent or surrogate decision maker as authorized by this subtitle; and

(ii) Any known advance directive of the patient if the patient is incapable of making an informed decision.

(f) Except as provided in § 5–611 or § 5–613 of this subtitle, a health care facility shall comply with all medical orders contained in a “Medical Orders for Life–Sustaining Treatment” form regardless of whether the physician, **PHYSICIAN ASSISTANT**, or nurse practitioner who signed the form has admitting privileges or is otherwise credentialed at the health care facility.

5–611.

(a) Except as provided in § 5–613(a)(3) of this subtitle, nothing in this subtitle may be construed to require a physician **OR PHYSICIAN ASSISTANT** to prescribe or render medical treatment to a patient that the physician **OR PHYSICIAN ASSISTANT** determines to be ethically inappropriate.

(b) (1) Except as provided in § 5–613(a)(3) of this subtitle, nothing in this subtitle may be construed to require a physician **OR PHYSICIAN ASSISTANT** to prescribe or render medically ineffective treatment.

(2) (i) Except as provided in subparagraph (ii) of this paragraph, a patient’s attending physician may withhold or withdraw as medically ineffective a treatment that under generally accepted medical practices is life–sustaining in nature only if the patient’s attending physician and a second physician certify in writing that the treatment is medically ineffective and the attending physician informs the patient or the patient’s agent or surrogate of the physician’s decision.

(ii) If the patient is being treated in the emergency department of a hospital and only one physician is available, the certification of a second physician is not required.

~~10–620.~~

~~(a) In Part IV of this subtitle the following words have the meanings indicated:~~

~~(e) (1) “Mental disorder” means the behavioral or other symptoms that indicate:~~

~~(i) To a lay petitioner who is submitting an emergency petition, a clear disturbance in the mental functioning of another individual; and~~

~~(ii) To the following health professionals doing an examination, at least one mental disorder that is described in the version of the American Psychiatric Association's "Diagnostic and Statistical Manual - Mental Disorders" that is current at the time of the examination:~~

~~1. Physician;~~

~~2. **PHYSICIAN ASSISTANT;**~~

~~[2.] 3. Psychologist;~~

~~[3.] 4. Clinical social worker;~~

~~[4.] 5. Licensed clinical professional counselor;~~

~~[5.] 6. Clinical nurse specialist in psychiatric and mental health nursing (APRN/PMH);~~

~~[6.] 7. Psychiatric nurse practitioner (CRNP-PMH);~~

~~[7.] 8. Licensed clinical marriage and family therapist.~~

~~(2) "Mental disorder" does not include intellectual disability.~~

~~10-622.~~

~~(a) A petition for emergency evaluation of an individual may be made under this section only if the petitioner has reason to believe that the individual:~~

~~(1) Has a mental disorder; and~~

~~(2) The individual presents a danger to the life or safety of the individual or of others.~~

~~(b) (1) The petition for emergency evaluation of an individual may be made by:~~

~~(i) A physician, **PHYSICIAN ASSISTANT**, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, licensed clinical marriage and family therapist, or health officer or designee of a health officer who has examined the individual;~~

~~(ii) A peace officer who personally has observed the individual or the individual's behavior; or~~

~~(iii) Any other interested person.~~

~~(2) An individual who makes a petition for emergency evaluation under paragraph (1)(i) or (ii) of this subsection may base the petition on:~~

~~(i) The examination or observation; or~~

~~(ii) Other information obtained that is pertinent to the factors giving rise to the petition.~~

~~(d) (1) A petitioner who is a physician, **PHYSICIAN ASSISTANT**, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, licensed clinical marriage and family therapist, health officer, or designee of a health officer shall give the petition to a peace officer.~~

~~(2) The peace officer shall explain to the petitioner:~~

~~(i) The serious nature of the petition; and~~

~~(ii) The meaning and content of the petition.~~

~~10-623.~~

~~(a) If the petitioner under Part IV of this subtitle is not a physician, **PHYSICIAN ASSISTANT**, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, licensed clinical marriage and family therapist, health officer or designee of a health officer, or peace officer, the petitioner shall present the petition to the court for immediate review.~~

~~(b) After review of the petition, the court shall endorse the petition if the court finds probable cause to believe that the emergency evaluatee has shown the symptoms of a mental disorder and that the individual presents a danger to the life or safety of the individual or of others.~~

~~(c) If the court does not find probable cause, the court shall indicate that fact on the petition, and no further action may be taken under the petition.~~

~~10-624.~~

~~(a) (1) A peace officer shall take an emergency evaluatee to the nearest emergency facility if the peace officer has a petition under Part IV of this subtitle that:~~

~~(i) Has been endorsed by a court within the last 5 days; or~~

~~(ii) Is signed and submitted by a physician, **PHYSICIAN ASSISTANT**, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, licensed clinical marriage and family therapist, health officer or designee of a health officer, or peace officer.~~

~~(2) After a peace officer takes the emergency evaluate to an emergency facility, the peace officer need not stay unless, because the emergency evaluate is violent, a physician asks the supervisor of the peace officer to have the peace officer stay.~~

~~(3) A peace officer shall stay until the supervisor responds to the request for assistance. If the emergency evaluate is violent, the supervisor shall allow the peace officer to stay.~~

~~(4) If a physician asks that a peace officer stay, a physician shall examine the emergency evaluate as promptly as possible.~~

~~10-628.~~

~~(a) (1) If an emergency evaluate cannot pay or does not have insurance that covers the charges for emergency services, an initial consultant examination by a physician, **PHYSICIAN ASSISTANT**, or nurse practitioner, and transportation to an emergency facility and, for an involuntary admission of the emergency evaluate, to the admitting facility, the Department shall pay the appropriate party the actual cost or a reasonable rate for this service, whichever is lower, except that hospitals shall be paid at rates approved by the Health Services Cost Review Commission.~~

~~(2) The reasonable rate for the services provided under an emergency petition shall be calculated by using a methodology established by regulation and reasonably related to the actual cost.~~

~~(b) With respect to emergency admissions, the Department shall be subrogated against any insurance coverage available to the patient for charges relating to emergency service, initial consultant examination by a physician, **PHYSICIAN ASSISTANT**, or nurse practitioner, and transportation to an emergency facility under Part IV of this subtitle.~~

Article – Transportation

~~13-616.~~

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

(2) “Certified nurse practitioner” means an individual who is licensed by the State Board of Nursing to practice registered nursing as described in § 8–101 of the Health Occupations Article and who is certified as a nurse practitioner by the State Board of Nursing.

(3) “Licensed chiropractor” means a chiropractor who is licensed by the State Board of Chiropractic and Massage Therapy Examiners to practice chiropractic or chiropractic with the right to practice physical therapy as described in § 3–301 of the Health Occupations Article.

(4) “Licensed optometrist” means an optometrist who is licensed by the State Board of Examiners in Optometry to practice optometry as described in § 11–101 of the Health Occupations Article.

(5) “Licensed physician” means a physician, including a doctor of osteopathy, who is licensed by the State Board of Physicians to practice medicine as described in § 14–101 of the Health Occupations Article.

(6) “LICENSED PHYSICIAN ASSISTANT” MEANS AN INDIVIDUAL WHO IS LICENSED UNDER TITLE 15 OF THE HEALTH OCCUPATIONS ARTICLE TO PRACTICE MEDICINE WITH PHYSICIAN SUPERVISION.

[(6)] (7) “Licensed podiatrist” means a podiatrist who is licensed by the State Board of Podiatric Medical Examiners to practice podiatry as described in § 16–101 of the Health Occupations Article.

(b) (1) The owner of any vehicle described in paragraph (3) of this subsection may apply to the Administration for the assignment to that vehicle of a special disability registration number and special disability registration plates, if a certified nurse practitioner, licensed physician, **LICENSED PHYSICIAN ASSISTANT**, licensed chiropractor, licensed optometrist, or licensed podiatrist certifies, in accordance with paragraph (2) of this subsection, that the applicant:

(i) Has lung disease to such an extent that forced (respiratory) expiratory volume for one second when measured by spirometry is less than one liter, or arterial oxygen tension (PO₂) is less than 60 mm/hg on room air at rest;

(ii) Has cardiovascular disease limitations classified in severity as Class III or Class IV according to standards accepted by the American Heart Association;

(iii) Is unable to walk 200 feet without stopping to rest;

(iv) Is unable to walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, or other assistive device;

- (v) Requires a wheelchair for mobility;
- (vi) Has lost a foot, leg, hand, or arm;
- (vii) Has lost the use of a foot, leg, hand, or arm;
- (viii) Has a permanent impairment of both eyes so that:

1. The central visual acuity is 20/200 or less in the better eye, with corrective glasses; or

2. There is a field defect in which the peripheral field has contracted to such an extent that the widest diameter of visual field subtends an angular distance no greater than 20 degrees in the better eye; or

(ix) Has a permanent disability that adversely impacts the ambulatory ability of the applicant and which is so severe that the person would endure a hardship or be subject to a risk of injury if the privileges accorded a person for whom a vehicle is specially registered under this section were denied.

(2) For the purposes of this section, the qualifying disabilities specified in paragraph (1) of this subsection shall be certified as follows:

(i) A licensed physician, **LICENSED PHYSICIAN ASSISTANT**, or certified nurse practitioner may certify conditions specified in paragraph (1)(i) through (ix) of this subsection;

(ii) A licensed chiropractor or a licensed podiatrist may certify conditions specified in paragraph (1)(iii) through (vii) and (ix) of this subsection;

(iii) A licensed optometrist may certify the condition specified in paragraph (1)(viii) of this subsection; and

(iv) Notwithstanding any provision of paragraph (1) of this subsection, the applicant may self-certify conditions specified in paragraph (1)(vi) of this subsection by appearing in person with proper identification at a full-service Motor Vehicle Administration office during normal business hours.

(m) In accordance with the provisions of this section, by July 1, 2001, each board for licensed physicians, **LICENSED PHYSICIAN ASSISTANTS**, licensed chiropractors, licensed optometrists, or licensed podiatrists shall be responsible for the development and maintenance of a database system with which the Administration can interface and verify licensure.

(a) A person may apply to the Administration for a parking placard on a form provided by the Administration if the applicant:

(1) Is a resident of the State; and

(2) (i) Has a permanent disability as described in § 13–616(b)(1) of this subtitle and as certified by a licensed physician, **LICENSED PHYSICIAN ASSISTANT**, licensed chiropractor, licensed optometrist, or licensed podiatrist, as defined in § 13–616(a) of this subtitle; or

(ii) Has a permanent disability as described in § 13–616(b)(1)(vi) of this subtitle and as self-certified as provided by § 13–616(b)(2)(iv) of this subtitle.

(k) In accordance with the provisions of this section, by July 1, 2001, each board for licensed physicians, **LICENSED PHYSICIAN ASSISTANTS**, licensed chiropractors, licensed optometrists, or licensed podiatrists shall be responsible for the development and maintenance of a database system, with which the Administration can interface and verify licensure.

13–616.2.

(a) A person may apply to the Administration for a temporary parking placard on a form provided by the Administration if:

(1) The applicant, a dependent of the applicant, or any individual who depends on the applicant for transportation has a disability, as described in § 13–616(b)(1) of this subtitle; and

(2) A licensed physician, **LICENSED PHYSICIAN ASSISTANT**, licensed chiropractor, licensed optometrist, or licensed podiatrist, as defined in § 13–616(a) of this subtitle, certifies that the disability is not permanent but would substantially impair the applicant’s mobility or limit or impair the applicant’s ability to walk for at least 3 weeks, and is so severe that the applicant would endure a hardship or be subject to risk of injury if the temporary parking placard were denied.

(b) An application under subsection (a) of this section shall be accompanied by:

(1) Proof satisfactory to the Administration that the applicant, the dependent of the applicant, or the individual who depends on the applicant for transportation is a person with a disability under subsection (a) of this section; and

(2) The certification of a licensed physician, **LICENSED PHYSICIAN ASSISTANT**, licensed chiropractor, licensed optometrist, or licensed podiatrist that the applicant, the dependent of the applicant, or the individual who depends on the

applicant for transportation is disabled, including an estimate of the length of time the disability will continue.

(c) (1) A temporary parking placard for a person with a disability issued under this section shall be valid for a period of time the licensed physician, **LICENSED PHYSICIAN ASSISTANT**, licensed chiropractor, licensed optometrist, or licensed podiatrist has determined that the applicant, the dependent of the applicant, or the individual who depends on the applicant for transportation is likely to have the disability, not to exceed 6 months.

(2) The person to whom a temporary parking placard was issued under this section shall return the placard to the Administration within 5 calendar days of the placard's expiration.

(i) In accordance with the provisions of this section, by July 1, 2001, each board for licensed physicians, **LICENSED PHYSICIAN ASSISTANTS**, licensed chiropractors, licensed optometrists, or licensed podiatrists shall be responsible for the development and maintenance of a database system with which the Administration can interface and verify licensure.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2013.

Approved by the Governor, May 2, 2013.