

HOUSE BILL 533

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2002 Regular Session
(2r1323)

ENROLLED BILL

-- *Environmental Matters/Education, Health, and Environmental Affairs* --

Introduced by **Delegates Redmer, Petzold, Ports, Morhaim, Klausmeier, and Hammen**

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this
____ day of _____ at _____ o'clock, ____ M.

Speaker.

CHAPTER _____

1 AN ACT concerning

2 **Maryland Physician Assistants Act - Revisions**

3 FOR the purpose of clarifying the practice responsibilities of a physician assistant
4 and a supervising physician; adding to the list of items required to be included
5 in a delegation agreement between the physician assistant and supervising
6 physician; altering the actions that the State Board of Physician Quality
7 Assurance may take after reviewing a delegation agreement; altering the
8 manner in which a physician may supervise a physician assistant; exempting
9 individual members of the Board from civil liability for certain actions;
10 authorizing the Board to assess a certain fee and providing for the use of the fees
11 assessed; authorizing the Board to assess a civil penalty for a violation of the
12 law regulating the delegation of duties to physician assistants; providing for the
13 use of the civil penalties assessed; altering certain provisions pertaining to
14 physician assistants and medication orders; adding certain clarifying language;
15 defining a certain term; altering certain definitions; making stylistic changes;
16 providing that this Act may not be construed to prevent certain physician

1 assistants from performing certain medical acts involving general anesthesia
2 under certain circumstances; requiring certain organizations to submit a certain
3 report to certain committees of the General Assembly on or before a certain date;
4 and generally relating to the Maryland Physician Assistants Act.

5 BY repealing and reenacting, with amendments,
6 Article - Health Occupations
7 Section 15-101, 15-301, 15-302, 15-302.3, and 15-403
8 Annotated Code of Maryland
9 (2000 Replacement Volume and 2001 Supplement)

10 BY repealing
11 Article - Health Occupations
12 Section 15-302.1
13 Annotated Code of Maryland
14 (2000 Replacement Volume and 2001 Supplement)

15 BY adding to
16 Article - Health Occupations
17 Section 15-310(e)
18 Annotated Code of Maryland
19 (2000 Replacement Volume and 2001 Supplement)

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

22 **Article - Health Occupations**

23 15-101.

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

25 (B) "ALTERNATE SUPERVISING PHYSICIAN" MEANS ONE OR MORE
26 PHYSICIANS DESIGNATED BY THE SUPERVISING PHYSICIAN TO PROVIDE
27 SUPERVISION OF A PHYSICIAN ASSISTANT DURING THE ABSENCE OF THE
28 SUPERVISING PHYSICIAN AND IN ACCORDANCE WITH THE DELEGATION
29 AGREEMENT ON FILE WITH THE BOARD.

30 [(b)] (C) "Board" means the State Board of Physician Quality Assurance,
31 established under § 14-201 of this article.

32 [(c)] (D) "Certificate" means a certificate issued by the Board to a physician
33 assistant under this title.

34 [(d)] (E) "Committee" means the Physician Assistant Advisory Committee.

1 [(e)] (F) "Controlled dangerous substances" has the meaning stated in Art. 27,
2 § 277 of the Code.

3 [(f)] (G) "Correctional facility" includes a State or local correctional facility.

4 [(g)] (H) "Delegated medical acts" means activities that constitute the practice
5 of medicine delegated by a physician under Title 14 of this article.

6 [(h)] (I) "Delegation agreement" means a document that is executed by a
7 supervising physician and a physician assistant containing the requirements of §
8 15-302 of this title [and:

9 (1) § 15-302.1 of this title; or

10 (2) § 15-302.2 of this title].

11 [(i)] (J) "Designated pharmacy" means a pharmacy that has an agreement to
12 supply medications for a hospital, public health facility, correctional facility, or
13 detention center if:

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

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

19 [(j)] (K) "Hospital" means:

20 (1) A hospital as defined under § 19-301(g) of the Health - General
21 Article;

22 (2) A comprehensive care facility that:

23 (i) Meets the requirements of a hospital-based skilled nursing
24 facility under federal law;

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

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

28 (3) An emergency room that is physically connected to a hospital.

29 [(k)] "Medication order" means a directive written in a medical chart:

30 (1) For controlled dangerous substances, noncontrolled substances, or
31 nonprescription medications; and

32 (2) In accordance with the protocols of a hospital, public health facility,
33 correctional facility, or detention center.]

1 (l) "National certifying examination" means an examination offered by a
2 national organization, which certifies physician assistants as having achieved a
3 certain level of training.

4 (m) "Physician assistant" means an individual who is certified under this title
5 to perform delegated medical acts under the supervision of a physician.

6 (n) "Practice as a physician assistant" means the performance of medical acts
7 that are:

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

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

10 (3) Appropriate to the physician assistant's education, training, and
11 experience.

12 (o) "Prescriptive authority" means the authority delegated by a supervising
13 physician to a physician assistant to prescribe and administer controlled dangerous
14 substances, prescription drugs, [and] medical devices, AND THE ORAL, WRITTEN, OR
15 ELECTRONIC ORDERING OF MEDICATIONS.

16 (p) "Protocols" means written policies, bylaws, rules, or regulations
17 established by a hospital, public health facility, correctional facility, or detention
18 center that:

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

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

23 (3) Specify the minimum requirements for supervision by a physician.

24 (q) "Public health facility" means a fixed site where clinical public health
25 services are rendered under the auspices of the Department, a local health
26 department in a county, or the Baltimore City Health Department.

27 (r) "Supervising physician" means a physician who has been approved by the
28 Board to supervise [1] ONE or more physician assistants.

29 (s) (1) "Supervision" means the responsibility of a physician to exercise [on
30 site] ON-SITE supervision or immediately available direction for physician assistants
31 performing delegated medical acts.

32 (2) "Supervision" includes physician oversight of and acceptance of direct
33 responsibility for the patient services and care rendered by a physician assistant,
34 including continuous availability to the physician assistant in person, through
35 written instructions, or by electronic means AND BY DESIGNATION OF ONE OR MORE
36 ALTERNATE SUPERVISING PHYSICIANS.

1 15-301.

2 (a) Nothing in this title may be construed to authorize a physician assistant to
3 practice independent of a supervising physician.

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

6 (1) Delegated by the supervising physician;

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

9 (3) Customary to the practice of the supervising physician; and

10 (4) Consistent with the delegation agreement submitted to the Board.

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

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

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

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

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

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

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

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

27 (i) Recording patient progress notes;

28 (ii) Issuing diagnostic orders that must be countersigned by the
29 supervising physician within [48 hours] A PERIOD REASONABLE AND APPROPRIATE
30 TO THE PRACTICE SETTING AND CONSISTENT WITH CURRENT STANDARDS OF
31 ACCEPTABLE MEDICAL PRACTICE; and

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

1 (7) [(i) Writing medication orders under an approved delegation
2 agreement and in accordance with § 15-302.1 of this subtitle; or

3 (ii)] Exercising prescriptive authority under an approved delegation
4 agreement and in accordance with § 15-302.2 of this subtitle.

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

7 (2) Except as otherwise provided in this title, a physician may not
8 supervise a physician assistant in the performance of delegated medical acts without
9 the approval of the Board.

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

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

13 (ii) The medical acts have not been delegated by a supervising
14 physician.

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

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

20 (1) A physician assistant student in a physician assistant training
21 program that is accredited by the Commission on Allied Health Education Programs
22 and approved by the Board; or

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

25 (g) A physician may not delegate the authority to write medication orders or
26 the ability to exercise prescriptive authority to a physician assistant student in a
27 training program approved by the Board.

28 (h) (1) Except as prohibited by § 15-102(a) of this title, if a duty that is to be
29 delegated under this section is a part of the practice of a health occupation that is
30 regulated under this article by another board, any rule or regulation concerning that
31 duty shall be adopted jointly by the Board of Physician Quality Assurance and the
32 board that regulates the other health occupation.

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

35 (i) Notwithstanding the provisions of this section, a patient being treated
36 regularly for a life threatening, chronic, degenerative, or disabling condition shall be

1 seen initially by the supervising physician and as frequently as the patient's condition
2 requires, but no less than within every five appointments or within 180 days,
3 whichever occurs first.

4 15-302.

5 (a) Subject to the provisions of subsection (i) of this section, the Board may
6 authorize a physician to delegate medical acts to a physician assistant only after:

7 (1) A delegation agreement has been executed and submitted to the
8 Committee for review to ensure the delegation agreement contains the requirements
9 of this subtitle; and

10 (2) The Board has reviewed and approved a favorable recommendation
11 by the Committee that the requirements of this subtitle have been met.

12 (b) The delegation agreement shall contain:

13 (1) A description of the qualifications of the supervising physician and
14 physician assistant;

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

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

19 (4) A DESCRIPTION OF THE DELEGATED MEDICAL ACTS THAT ARE
20 WITHIN THE SUPERVISING PHYSICIAN'S SCOPE OF PRACTICE AND REQUIRE
21 SPECIALIZED EDUCATION OR TRAINING THAT IS CONSISTENT WITH ACCEPTED
22 MEDICAL PRACTICE;

23 [(4)] (5) An attestation that all medical acts to be delegated to the
24 physician assistant are within the scope of practice of the supervising physician and
25 appropriate to the physician assistant's education, training, and level of competence;

26 [(5)] (6) An attestation of continuous supervision of the physician
27 assistant by the supervising physician through the mechanisms described in the
28 delegation agreement;

29 [(6)] (7) An attestation by the supervising physician of the physician's
30 acceptance of responsibility for any care given by the physician assistant;

31 [(7)] (8) An attestation by the supervising physician that the physician
32 will respond in a timely manner when contacted by the physician assistant; and

33 [(8)] (9) Any other information deemed necessary by the Board or
34 Committee to carry out the provisions of this subtitle.

35 (c) (1) The delegation agreement shall be submitted with the application fee
36 established by the Board and the supervising physician and physician assistant shall

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

3 (2) The Board shall set the application fee so as to produce funds to
4 approximate the cost of reviewing and approving delegation agreements and any
5 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 [or, for good cause, modify or disapprove the
15 Committee's recommendation; and

16 (2) Shall notify the supervising physician and physician assistant in
17 writing of the reasons for a Board decision to modify or disapprove the physician's
18 request to delegate medical acts as described in] THE DELEGATION AGREEMENT; OR

19 (2) (I) IF THE PHYSICIAN ASSISTANT DOES NOT MEET THE
20 APPLICABLE EDUCATION, TRAINING, AND EXPERIENCE REQUIREMENTS TO
21 PERFORM THE SPECIFIED DELEGATED ACTS, MAY MODIFY OR DISAPPROVE THE
22 DELEGATION AGREEMENT; AND

23 (II) IF THE BOARD TAKES AN ACTION UNDER ITEM (I) OF THIS ITEM:

24 1. SHALL NOTIFY THE SUPERVISING PHYSICIAN AND THE
25 PHYSICIAN ASSISTANT IN WRITING OF THE PARTICULAR ELEMENTS OF THE
26 PROPOSED DELEGATION AGREEMENT THAT WERE THE CAUSE FOR THE
27 MODIFICATION OR DISAPPROVAL; AND

28 2. MAY NOT RESTRICT THE SUBMISSION OF AN AMENDMENT
29 TO the delegation agreement.

30 (g) If the Board determines that a supervising physician or physician
31 assistant is practicing in a manner inconsistent with the requirements of this title or
32 Title 14 of this article, the Board on its own initiative or on the recommendation of the
33 Committee may demand modification of the practice, withdraw the approval of the
34 delegation agreement, or take other disciplinary action under § 14-404 or § 15-314 of
35 this article.

36 (h) (1) A delegation agreement approved under this subtitle may be
37 reviewed as a component of the certificate renewal process established under §
38 15-307 of this subtitle.

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

3 (i) The Board may not authorize a physician to delegate medical acts under a
4 delegation agreement to more than two physician assistants AT ANY ONE TIME,
5 EXCEPT in a [nonhospital setting] HOSPITAL, ~~CORRECTIONAL FACILITY, DETENTION~~
6 ~~CENTER, OR PUBLIC HEALTH FACILITY~~ OR IN THE FOLLOWING NONHOSPITAL
7 SETTINGS:

8 (1) A CORRECTIONAL FACILITY;

9 (2) A DETENTION CENTER; OR

10 (3) A PUBLIC HEALTH FACILITY.

11 (j) A person may not coerce another person to enter into a delegation
12 agreement under this subtitle.

13 (K) A PHYSICIAN MAY SUPERVISE A PHYSICIAN ASSISTANT:

14 (1) IN ACCORDANCE WITH A DELEGATION AGREEMENT APPROVED BY
15 THE BOARD UNDER THIS SUBTITLE; OR

16 (2) AS AN ALTERNATE SUPERVISING PHYSICIAN IF:

17 (I) THE ALTERNATE SUPERVISING PHYSICIAN SUPERVISES IN
18 ACCORDANCE WITH A DELEGATION AGREEMENT FILED WITH THE BOARD;

19 (II) THE ALTERNATE SUPERVISING PHYSICIAN SUPERVISES NO
20 MORE THAN FOUR PHYSICIAN ASSISTANTS AT ANY ONE TIME, EXCEPT IN A
21 HOSPITAL, CORRECTIONAL FACILITY, DETENTION CENTER, OR PUBLIC HEALTH
22 FACILITY; ~~AND~~

23 (III) THE ALTERNATE SUPERVISING PHYSICIAN'S PERIOD OF
24 SUPERVISION, IN THE ABSENCE OF THE PRIMARY SUPERVISING PHYSICIAN, DOES
25 NOT EXCEED:

26 1. THE PERIOD OF TIME SPECIFIED IN THE DELEGATION
27 AGREEMENT; AND

28 2. A PERIOD OF 45 CONSECUTIVE DAYS AT ANY ONE TIME;
29 AND

30 ~~(III)~~ (IV) THE PHYSICIAN ASSISTANT PERFORMS ONLY THOSE
31 MEDICAL ACTS THAT:

32 1. HAVE BEEN DELEGATED UNDER THE DELEGATION
33 AGREEMENT FILED WITH THE BOARD; AND

34 2. ARE WITHIN THE SCOPE OF PRACTICE OF THE
35 ALTERNATE SUPERVISING PHYSICIAN.

1 (L) INDIVIDUAL MEMBERS OF THE BOARD ARE NOT CIVILLY LIABLE FOR
2 ACTIONS REGARDING THE APPROVAL, MODIFICATION, OR DISAPPROVAL OF A
3 DELEGATION AGREEMENT DESCRIBED IN THIS SECTION.

4 [15-302.1.

5 (a) A physician may delegate the authority to write medication orders under
6 an approved delegation agreement if:

7 (1) The supervising physician and the physician assistant include in the
8 delegation agreement:

9 (i) A statement of whether controlled dangerous substances,
10 noncontrolled substances, or nonprescription medications may be ordered by the
11 physician assistant;

12 (ii) Evidence of:

13 1. Certification by the National Commission on the
14 Certification of Physician Assistants, Inc. within the previous 2 years; or

15 2. Successful completion of 8 category 1 hours in
16 pharmacology education within the previous 2 years; and

17 (iii) Attestation that the physician assistant will comply with:

18 1. State and federal laws governing the prescribing of
19 medications; and

20 2. The protocols established by the hospital, public health
21 facility, correctional facility, or detention center where the physician assistant is
22 requesting permission to write medication orders;

23 (2) The hospital, public health facility, correctional facility, or detention
24 center where the physician assistant is requesting permission to write medication
25 orders:

26 (i) Examines the physician assistant's qualifications to write
27 medication orders as part of an established credentialing process; and

28 (ii) Attests to having established minimum criteria for protocols
29 that:

30 1. Allow a physician assistant to write medication orders
31 only in accordance with clinical privileges and the delegation agreement approved by
32 the Board;

33 2. Require a physician who has been approved by the Board
34 to supervise a physician assistant to countersign all medication orders in accordance
35 with this section;

- 1
2 prescriptions;
- 3
4 medications;
- 5
6 medication order or set of medication orders with the name of the physician assistant,
7 the initials "PA-C", and any other notation mandated by the hospital, public health
8 facility, correctional facility, or detention center;
- 9
10 transmitted by facsimile or other nonverbal electronic communication only to a
11 pharmacy within the hospital, public health facility, correctional facility, or detention
12 center or to the pharmacy designated by the hospital, public health facility,
13 correctional facility, or detention center;
- 14
15 a medication order over the telephone from outside the hospital, public health facility,
16 correctional facility, or detention center, which shall not be construed to prohibit
17 verbal orders by a physician assistant within a hospital, public health facility,
18 correctional facility, or detention center; and
- 19
20 to supervise a physician assistant to notify the Board if the physician assistant's
21 authority to write medication orders has been restricted, removed by the supervising
22 physician, revoked by disciplinary measures of a hospital, public health facility,
23 correctional facility, or detention center, or if the physician assistant no longer
24 provides care in a setting where medication order writing has been authorized;
- 25 (3) In a hospital, correctional facility, or detention center, the authority
26 of a physician assistant to write medication orders complies with the following
27 limitations:
 - 28 (i) A physician assistant may write medication orders only for
29 Schedule II, Schedule III, Schedule IV, and Schedule V medications, noncontrolled
30 substances, and nonprescription medications; and
 - 31 (ii) Medication orders must be administered on-site;
- 32 (4) In a public health facility, the authority of a physician assistant to
33 write medication orders complies with the following limitations:
 - 34 (i) A physician assistant may not write medication orders for
35 controlled dangerous substances; and
 - 36 (ii) A physician assistant may write a medication order for the
37 treatment of:

1 1. Human immunodeficiency virus (HIV) or an infectious
2 disease other than a sexually transmitted disease only after a patient is evaluated by
3 a physician and if the medication order is written in accordance with protocols
4 established by the Department; and

5 2. A sexually transmitted disease only after the physician
6 assistant determines, based on diagnostic parameters, that a patient has a sexually
7 transmitted disease and if the medication order is written in accordance with
8 protocols;

9 (5) In a hospital, correctional facility, or detention center, each
10 medication order is countersigned by a supervising physician within 48 hours;

11 (6) In a public health facility, each medication order is countersigned by
12 a supervising physician within 72 hours;

13 (7) The supervising physician:

14 (i) Attests that the physician assistant has been credentialed by
15 the hospital, public health facility, correctional facility, or detention center to write
16 medication orders for controlled dangerous substances, noncontrolled substances, or
17 nonprescription medications; and

18 (ii) Notifies the Board if the physician assistant's authority to write
19 medication orders has been restricted or removed by the supervising physician,
20 revoked by disciplinary measures of a hospital, public health facility, correctional
21 facility, or detention center, or if the physician assistant no longer provides care in a
22 setting where medication order writing has been authorized; and

23 (8) In an emergency room, a physician assistant discusses a patient's
24 treatment plan, including medication orders, with a supervising physician prior to
25 patient discharge.

26 (b) The Board shall adopt regulations to carry out the provisions of this
27 section.

28 (c) A physician assistant who has been approved by the Board to write
29 medication orders may not write medication orders for controlled dangerous
30 substances in accordance with this section unless the physician assistant has a valid:

31 (1) State controlled dangerous substances registration; and

32 (2) Federal Drug Enforcement Agency (DEA) registration unless the
33 registration is waived by the DEA.]

34 15-302.3.

35 (a) On a quarterly basis, the Board shall provide to the Board of Pharmacy a
36 list of physician assistants whose delegation agreements include the delegation of
37 authority to [write medication orders or to] exercise prescriptive authority.

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

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

8 15-310.

9 (E) (1) (I) THE BOARD SHALL ASSESS EACH APPLICANT FOR A
10 CERTIFICATE OR THE RENEWAL OF A CERTIFICATE TO PRACTICE AS A PHYSICIAN
11 ASSISTANT, A FEE SET BY THE BOARD.

12 (II) THE FEE SHALL BE SUFFICIENT TO FUND THE ACTIVITIES OF
13 THE FACULTY IN CONDUCTING A PHYSICIAN ASSISTANT REHABILITATION PROGRAM.

14 (III) THE FEE SHALL BE SET BY THE SECRETARY EACH YEAR AFTER
15 THE SUBMISSION BY THE FACULTY TO THE BOARD OF THE ANNUAL BUDGET FOR
16 THE PHYSICIAN ASSISTANT REHABILITATION PROGRAM.

17 (2) AS PROVIDED UNDER § 2-1220 OF THE STATE GOVERNMENT ARTICLE,
18 THE LEGISLATIVE AUDITOR, EVERY 2 YEARS, SHALL AUDIT THE ACCOUNTS AND
19 TRANSACTIONS OF THE FACULTY IN CONDUCTING THE PHYSICIAN ASSISTANT
20 REHABILITATION PROGRAM.

21 15-403.

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

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

25 (2) Shall lose certification as a physician assistant under this title.

26 (B) (1) IN ADDITION TO THE PENALTIES UNDER SUBSECTION (A) OF THIS
27 SECTION, A PERSON WHO VIOLATES § 15-401 OF THIS SUBTITLE MAY BE SUBJECT TO
28 A CIVIL PENALTY ASSESSED BY THE BOARD IN AN AMOUNT NOT EXCEEDING \$5,000.

29 (2) THE BOARD SHALL PAY ANY CIVIL PENALTY COLLECTED UNDER
30 THIS SUBSECTION INTO THE STATE BOARD OF PHYSICIAN QUALITY ASSURANCE
31 FUND.

32 SECTION 2. AND BE IT FURTHER ENACTED, That this Act may not be
33 construed to prevent a physician assistant who, on or before January 1, 2002, was a
34 participant in a board-approved delegation agreement that included delegation of
35 medical acts involving general anesthesia from performing the terms of that
36 agreement or modifications of that agreement or from performing medical acts
37 involving general anesthesia under any future delegation agreement.

1 SECTION 3. AND BE IT FURTHER ENACTED, That the State Board of
2 Physician Quality Assurance, the Maryland State Board of Nursing, the faculty of the
3 University of Maryland School of Nursing, the Maryland Association of Nurse
4 Anesthetists, the Maryland Society of Anesthesiologists, and the Maryland Academy
5 of Physician Assistants, shall meet in order to discuss a process by which physician
6 assistants can administer general anesthesia. The State Board of Physician Quality
7 Assurance shall report to the Senate Education, Health, and Environmental Affairs
8 Committee and the House Environmental Matters Committee on or before April 1,
9 2003, in accordance with § 2-1246 of the State Government Article, on the topics
10 discussed and progress made towards resolution of the issues related to the
11 administration of general anesthesia by physician assistants propose regulations or
12 legislation, with regard to the approval of delegation agreements by the Board of
13 Physician Quality Assurance pertaining to the administration of anesthesia. This
14 proposal shall include specifications regarding the education and training required
15 before a physician assistant may administer anesthesia, both within the scope, and
16 beyond the scope, of routine duties. The State Board of Physician Quality Assurance
17 shall report to the Senate Education, Health, and Environmental Affairs Committee
18 and the House Environmental Matters Committee on or before December 1, 2002, in
19 accordance with § 2-1246 of the State Government Article, on the topics discussed and
20 progress made towards resolution of the issues related to the administration of
21 anesthesia by physician assistants.

22 ~~SECTION 2.~~ 4. AND BE IT FURTHER ENACTED, That this Act shall take
23 effect October 1, 2002.