

HOUSE BILL 533

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HB 1068/01 - ENV

2002 Regular Session  
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By: **Delegates Redmer, Petzold, Ports, Morhaim, Klausmeier, and Hammen**  
Introduced and read first time: January 31, 2002  
Assigned to: Environmental Matters

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A BILL ENTITLED

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 and generally relating to the Maryland Physician Assistants Act.

17 BY repealing and reenacting, with amendments,  
18 Article - Health Occupations  
19 Section 15-101, 15-301, 15-302, 15-302.3, and 15-403  
20 Annotated Code of Maryland  
21 (2000 Replacement Volume and 2001 Supplement)

22 BY repealing  
23 Article - Health Occupations  
24 Section 15-302.1  
25 Annotated Code of Maryland  
26 (2000 Replacement Volume and 2001 Supplement)

27 BY adding to  
28 Article - Health Occupations  
29 Section 15-310(e)  
30 Annotated Code of Maryland

1 (2000 Replacement Volume and 2001 Supplement)

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

4 **Article - Health Occupations**

5 15-101.

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

7 (B) "ALTERNATE SUPERVISING PHYSICIAN" MEANS ONE OR MORE  
8 PHYSICIANS DESIGNATED BY THE SUPERVISING PHYSICIAN TO PROVIDE  
9 SUPERVISION OF A PHYSICIAN ASSISTANT DURING THE ABSENCE OF THE  
10 SUPERVISING PHYSICIAN AND IN ACCORDANCE WITH THE DELEGATION  
11 AGREEMENT ON FILE WITH THE BOARD.

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

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

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

17 [(e)] (F) "Controlled dangerous substances" has the meaning stated in Art. 27,  
18 § 277 of the Code.

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

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

22 [(h)] (I) "Delegation agreement" means a document that is executed by a  
23 supervising physician and a physician assistant containing the requirements of §  
24 15-302 of this title [and:

25 (1) § 15-302.1 of this title; or

26 (2) § 15-302.2 of this title].

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

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

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

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

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

4                   (2)       A comprehensive care facility that:

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

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

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

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

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

12                   (1)       For controlled dangerous substances, noncontrolled substances, or  
13 nonprescription medications; and

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

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

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

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

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

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

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

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

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

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

3 (2) Describe the delegated medical acts a physician assistant may  
4 execute; and

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

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

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

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

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

19 15-301.

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

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

24 (1) Delegated by the supervising physician;

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

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

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

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

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

31 (ii) Reviewing patient records to develop comprehensive medical  
32 status reports;

33 (2) Performing physical examinations and recording all pertinent  
34 patient data;

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

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

6 (5) Providing instructions and guidance regarding medical care matters  
7 to patients;

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

11 (i) Recording patient progress notes;

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

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

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

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

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

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

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

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

30 (ii) The medical acts have not been delegated by a supervising  
31 physician.

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

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

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

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

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

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

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

16       (i)     Notwithstanding the provisions of this section, a patient being treated  
17 regularly for a life threatening, chronic, degenerative, or disabling condition shall be  
18 seen initially by the supervising physician and as frequently as the patient's condition  
19 requires, but no less than within every five appointments or within 180 days,  
20 whichever occurs first.

21 15-302.

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

24           (1)     A delegation agreement has been executed and submitted to the  
25 Committee for review to ensure the delegation agreement contains the requirements  
26 of this subtitle; and

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

29       (b)     The delegation agreement shall contain:

30           (1)     A description of the qualifications of the supervising physician and  
31 physician assistant;

32           (2)     A description of the settings in which the physician assistant will  
33 practice;

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

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

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

8 [(5)] (6) An attestation of continuous supervision of the physician  
9 assistant by the supervising physician through the mechanisms described in the  
10 delegation agreement;

11 [(6)] (7) An attestation by the supervising physician of the physician's  
12 acceptance of responsibility for any care given by the physician assistant;

13 [(7)] (8) An attestation by the supervising physician that the physician  
14 will respond in a timely manner when contacted by the physician assistant; and

15 [(8)] (9) Any other information deemed necessary by the Board or  
16 Committee to carry out the provisions of this subtitle.

17 (c) (1) The delegation agreement shall be submitted with the application fee  
18 established by the Board and the supervising physician and physician assistant shall  
19 comply with all other requirements established by the Board in accordance with this  
20 title.

21 (2) The Board shall set the application fee so as to produce funds to  
22 approximate the cost of reviewing and approving delegation agreements and any  
23 other related services provided.

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

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

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

32 (1) May approve [or, for good cause, modify or disapprove the  
33 Committee's recommendation; and

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

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

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

6 1. SHALL NOTIFY THE SUPERVISING PHYSICIAN AND THE  
7 PHYSICIAN ASSISTANT IN WRITING OF THE PARTICULAR ELEMENTS OF THE  
8 PROPOSED DELEGATION AGREEMENT THAT WERE THE CAUSE FOR THE  
9 MODIFICATION OR DISAPPROVAL; AND

10 2. MAY NOT RESTRICT THE SUBMISSION OF AN AMENDMENT  
11 TO the delegation agreement.

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

18 (h) (1) A delegation agreement approved under this subtitle may be  
19 reviewed as a component of the certificate renewal process established under §  
20 15-307 of this subtitle.

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

23 (i) The Board may not authorize a physician to delegate medical acts under a  
24 delegation agreement to more than two physician assistants AT ANY ONE TIME,  
25 EXCEPT in a [nonhospital setting] HOSPITAL, CORRECTIONAL FACILITY, DETENTION  
26 CENTER, OR PUBLIC HEALTH FACILITY.

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

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

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

32 (2) AS AN ALTERNATE SUPERVISING PHYSICIAN IF:

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

35 (II) THE ALTERNATE SUPERVISING PHYSICIAN SUPERVISES NO  
36 MORE THAN FOUR PHYSICIAN ASSISTANTS AT ANY ONE TIME, EXCEPT IN A



1 HOSPITAL, CORRECTIONAL FACILITY, DETENTION CENTER, OR PUBLIC HEALTH  
2 FACILITY; AND

3 (III) THE PHYSICIAN ASSISTANT PERFORMS ONLY THOSE MEDICAL  
4 ACTS THAT:

5 1. HAVE BEEN DELEGATED UNDER THE DELEGATION  
6 AGREEMENT FILED WITH THE BOARD; AND

7 2. ARE WITHIN THE SCOPE OF PRACTICE OF THE  
8 ALTERNATE SUPERVISING PHYSICIAN.

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

12 [15-302.1.

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

15 (1) The supervising physician and the physician assistant include in the  
16 delegation agreement:

17 (i) A statement of whether controlled dangerous substances,  
18 noncontrolled substances, or nonprescription medications may be ordered by the  
19 physician assistant;

20 (ii) Evidence of:

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

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

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

26 1. State and federal laws governing the prescribing of  
27 medications; and

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

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

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

1 (ii) Attests to having established minimum criteria for protocols  
2 that:

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

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

9 3. Prohibit a physician assistant from using presigned  
10 prescriptions;

11 4. Prohibit a physician assistant from dispensing  
12 medications;

13 5. Require a physician assistant to legibly sign each  
14 medication order or set of medication orders with the name of the physician assistant,  
15 the initials "PA-C", and any other notation mandated by the hospital, public health  
16 facility, correctional facility, or detention center;

17 6. Allow a physician assistant's medication orders to be  
18 transmitted by facsimile or other nonverbal electronic communication only to a  
19 pharmacy within the hospital, public health facility, correctional facility, or detention  
20 center or to the pharmacy designated by the hospital, public health facility,  
21 correctional facility, or detention center;

22 7. Prohibit a physician assistant from verbally transmitting  
23 a medication order over the telephone from outside the hospital, public health facility,  
24 correctional facility, or detention center, which shall not be construed to prohibit  
25 verbal orders by a physician assistant within a hospital, public health facility,  
26 correctional facility, or detention center; and

27 8. Require a physician who has been approved by the Board  
28 to supervise a physician assistant to notify the Board if the physician assistant's  
29 authority to write medication orders has been restricted, removed by the supervising  
30 physician, revoked by disciplinary measures of a hospital, public health facility,  
31 correctional facility, or detention center, or if the physician assistant no longer  
32 provides care in a setting where medication order writing has been authorized;

33 (3) In a hospital, correctional facility, or detention center, the authority  
34 of a physician assistant to write medication orders complies with the following  
35 limitations:

36 (i) A physician assistant may write medication orders only for  
37 Schedule II, Schedule III, Schedule IV, and Schedule V medications, noncontrolled  
38 substances, and nonprescription medications; and

39 (ii) Medication orders must be administered on-site;

1 (4) In a public health facility, the authority of a physician assistant to  
2 write medication orders complies with the following limitations:

3 (i) A physician assistant may not write medication orders for  
4 controlled dangerous substances; and

5 (ii) A physician assistant may write a medication order for the  
6 treatment of:

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

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

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

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

19 (7) The supervising physician:

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

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

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

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

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

37 (1) State controlled dangerous substances registration; and

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

3 15-302.3.

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

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

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

14 15-310.

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

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

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

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

27 15-403.

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

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

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

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

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

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