HOUSE BILL 323

J2 (0lr1224)

ENROLLED BILL

— Health and Government Operations/Education, Health, and Environmental Affairs —

Introduced by Delegates Morhaim and Hammen

mined by Proofreaders:
Proofreader.
Proofreader.
sented to the Governor, for his approval this
o'clock,M.
Speaker.
PTER
censure of Physician Assistants
idual to be licensed rather than certified by the re the individual may practice as a physician guage prohibiting a physician assistant from tertain health occupations; requiring hospitals, health care systems and employers to report to res in the terms of employment of physician ptions for alcohol— or drug—impaired physician be Board to impose a certain civil penalty for repealing the Physician Assistant Advisory and certain provisions of law relating to the the terms and qualifications for members of the Committee within the Board; authorizing the

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

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Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.

Italics indicate opposite chamber/conference committee amendments



Board, rather than the Secretary of Health and Mental Hygiene, to recommend the removal of certain members of the Committee; authorizing the Executive Director of the Board and certain agents or investigators to enter certain premises under certain circumstances; prohibiting a person from denying or interfering with the entry on premises under certain circumstances; providing for a certain criminal penalty; repealing certain obsolete language; limiting the scope of practice of physician assistants to certain medical acts; repealing altering the authority of the State Board to review and approve certain delegation agreements; requiring physicians to file completed delegation agreements with the State Board in order to supervise physician assistants; authorizing physician assistants to perform certain functions that are delegated by primary or alternate supervising physicians; requiring primary or alternate supervising physicians to provide certain supervision; requiring primary supervising physicians to execute certain delegation agreements and file certain agreements with the State Board; repealing a requirement that certain patients be seen by supervising physicians within a certain number of appointments or days: altering requirements for the content, review, and approval of certain delegation agreements; prohibiting under certain circumstances, the Board from requiring prior approval of delegation agreements that include certain advanced duties if the duties will be performed in certain hospitals or ambulatory surgical facilities; requiring certain prior approval of a delegation agreement if certain advanced duties are to be performed in certain settings or certain anesthesia is to be administered, monitored, or maintained; increasing the number of physician assistants a primary supervising physician may supervise at one time in certain settings; requiring a new delegation agreement to be submitted within a certain period of time under certain circumstances; authorizing certain physicians to delegate certain medical acts to physician assistants under certain circumstances; requiring the State Board to set a certain fee in a certain manner; authorizing physician assistants to practice in accordance with certain delegation agreements; authorizing primary or alternate supervising physicians to delegate dispensing of certain controlled dangerous substances, prescription drugs, or medical devices under certain circumstances; altering certain circumstances when primary or alternate supervising physicians may delegate prescribing and administering of certain controlled dangerous substances, prescription drugs, and medical devices to physician assistants; authorizing physician assistants to prepare and dispense a sample or starter dosages of certain drugs under certain circumstances; establishing certain qualifications for licensure of physician assistants; making a certain exception; authorizing the State Board to place certain licensees on inactive status; requiring licensees to keep licenses and delegation agreements for inspection at their primary place of business and notify the State Board of certain changes; authorizing the Physician Assistant Rehabilitation Board to request the State Board to direct physician assistants to submit to certain examinations under certain eircumstances; establishing a certain administrative penalty for failure to report certain changes; repealing certain language relating to entities with whom the State Board contracts under the Physician Assistant Rehabilitation Program; altering certain provisions relating to the discipline of physician

1	assistants; adding certain grounds for the discipline of physicians; authorizing
2	certain physician assistants to respond to a need for medical care without
3	supervision or with any available supervision under certain emergency
4	circumstances; authorizing certain physician assistants to perform under
5	certain supervision during certain disasters without being required to maintain
6	certain documentation; exempting physicians who supervise physician
7	assistants under certain emergency circumstances from certain requirements;
8	authorizing the State Board to assess a certain civil penalty under certain
9	circumstances; repealing certain definitions; altering certain definitions;
10	making certain stylistic and technical changes; and generally relating to the
11	licensure of physician assistants.
12	BY repealing and reenacting, with amendments,
13	Article – Health Occupations
14	Section 15–101, $\frac{15-102}{15-103}$, 15–103, $\frac{15-202}{15-203}$, 15–205, 15–206, 15–301,
15	$15-302, \ \underline{15-302.1}, \ 15-302.2, \ \underline{15-302.3}, \ 15-303, \ 15-304, \ \underline{15-305}, \ 15-306,$
16	15-307, $15-308$, $15-309$, $15-310$, $15-311$, $15-312$, $15-313$, $15-314$,
17	15–315, 15–401, 15–402, and 15–403
18	Annotated Code of Maryland
19	(2009 Replacement Volume)
20	BY repealing
21	Article – Health Occupations
22	Section 15-201, 15-202, 15-203, 15-204, and 15-302.1 <u>Section 15-305 and</u>
23	$\underline{15-314}$
24	Annotated Code of Maryland
25	(2009 Replacement Volume)
26	BY repealing and reenacting, without amendments,
27	<u>Article – Health Occupations</u>
28	Section 15–102, 15–201, and 15–204
29	Annotated Code of Maryland
30	(2009 Replacement Volume)
31	BY adding to
32	Article – Health Occupations
33	Section 15–308.1 and 15–316 <u>15–305</u> , <u>15–314</u> , <u>15–316</u> , <u>15–317</u> , and <u>15–402.1</u>
34	Annotated Code of Maryland
35	(2009 Replacement Volume)
36	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
37	MARYLAND, That the Laws of Maryland read as follows:
38	Article - Health Occupations

39 15–101.

1	(a) In this title the following words have the meanings indicated.
2 3 4 5	(b) "Alternate supervising physician" means one or more physicians designated by the PRIMARY supervising physician to provide supervision of a physician assistant [during the absence of the supervising physician and] in accordance with the delegation agreement on file with the Board.
6	(C) "AMBULATORY SURGICAL FACILITY" MEANS A FACILITY:
7	(1) ACCREDITED BY:
8 9	(I) THE AMERICAN ASSOCIATION FOR ACCREDITATION OF AMBULATORY SURGICAL FACILITIES;
10 11	(II) THE ACCREDITATION ASSOCIATION FOR AMBULATORY HEALTH CARE; OR
12 13	(III) THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTH CARE ORGANIZATIONS; OR
14 15	(2) CERTIFIED TO PARTICIPATE IN THE MEDICARE PROGRAM, AS ENACTED BY TITLE XVIII OF THE SOCIAL SECURITY ACT.
16 17	(e) (D) "Board" means the State Board of Physicians, established under § 14–201 of this article.
18 19	[(d) "Certificate" means a certificate issued by the Board to a physician assistant under this title.]
20	(e) "Committee" means the Physician Assistant Advisory Committee.
21 22	{ (f) }(D) "Controlled dangerous substances" has the meaning stated in § 5−101 of the Criminal Law Article.
23	{ (g) } (E) "Correctional facility" includes a State or local correctional facility.
24 25	{ (h) } (F) "Delegated medical acts" means activities that constitute the practice of medicine delegated by a physician under Title 14 of this article.
26 27 28	[(i)] (G) "Delegation agreement" means a document that is executed by a PRIMARY supervising physician and a physician assistant containing the requirements of [§ 15–302] §§ 15–302 AND 15–302.1 of this title.

1 2 3	[(j) "Designated pharmacy" means a pharmacy that has an agreement to supply medications for a hospital, public health facility, correctional facility, or detention center if:
4 5	(1) The hospital, public health facility, correctional facility, or detention center does not have an on-site pharmacy; or
6 7 8	(2) The on-site pharmacy at the hospital, public health facility, correctional facility, or detention center is closed or does not have a particular medication in stock.]
9 10	(J) "DISPENSE" MEANS TO DISPENSE DRUG SAMPLES OR STARTER DOSAGES.
11 12 13	(K) "DRUG SAMPLE" MEANS A UNIT OF A PRESCRIPTION DRUG THAT IS INTENDED TO PROMOTE THE SALE OF THE DRUG AND IS NOT INTENDED FOR SALE.
14	[(k)] (L) "Hospital" means:
15 16	(1) A hospital as defined under § 19–301 of the Health – General Article;
17	(2) A comprehensive care facility that:
18 19	(i) Meets the requirements of a hospital-based skilled nursing facility under federal law; AND
20	(ii) Offers acute care in the same building[; and
21 22	(iii) Has the same protocols and degree of supervision of physician assistants as it does in its acute care area]; and
23 24 25	(3) An emergency room that is physically connected to a hospital OR A FREESTANDING MEDICAL FACILITY THAT IS LICENSED UNDER TITLE 19, SUBTITLE 3B 3A OF THE HEALTH – GENERAL ARTICLE.
26 27	(H) (M) "LICENSE" MEANS A LICENSE ISSUED BY THE BOARD TO A PHYSICIAN ASSISTANT UNDER THIS TITLE.
28 29 30 31	[(l)] (N) "National certifying examination" means [an examination offered by a national organization, which certifies physician assistants as having achieved a certain level of training] THE PHYSICIAN ASSISTANT NATIONAL CERTIFYING EXAMINATION ADMINISTERED BY THE NATIONAL COMMISSION ON

CERTIFICATION OF PHYSICIAN ASSISTANTS OR ITS SUCCESSOR.

1 2 3	[(m)] (K) (O) "Physician assistant" means an individual who is [certified] LICENSED under this title to [perform delegated medical acts under the supervision of a] PRACTICE MEDICINE WITH physician SUPERVISION.
4 5	[(n)] (L) (P) "Practice as a physician assistant" means the performance of medical acts that are:
6 7	(1) Delegated by a PRIMARY OR ALTERNATE supervising physician to a physician assistant;
8 9	(2) Within the PRIMARY OR ALTERNATE supervising physician's scope of practice; and
10 11	(3) Appropriate to the physician assistant's education, training, and experience AS DETERMINED BY THE PRIMARY SUPERVISING PHYSICIAN.
12 13 14	[(o)] (M) (Q) "Prescriptive authority" means the authority delegated by a PRIMARY OR ALTERNATE supervising physician to a physician assistant to [prescribe]:
15 16 17	(1) PRESCRIBE and administer controlled dangerous substances, prescription drugs, medical devices, and the oral, written, or electronic ordering of medications; AND
18 19	(2) DISPENSE AS PROVIDED UNDER § 15–301.1(C), (D), AND (E) OF THIS TITLE.
20 21	(N) (R) "PRIMARY SUPERVISING PHYSICIAN" MEANS A PHYSICIAN WHO:
22 23 24	(1) COMPLETES A DELEGATION AGREEMENT THAT MEETS THE REQUIREMENTS UNDER §§ 15–301(D) AND (E) AND 15–302 OF THIS TITLE AND FILES A COPY WITH THE BOARD;
25	(2) ACTS AS THE PHYSICIAN RESPONSIBLE TO ENSURE THAT A

- 26 PHYSICIAN ASSISTANT PRACTICES MEDICINE IN ACCORDANCE WITH THIS TITLE 27 AND THE REGULATIONS ADOPTED UNDER THIS TITLE;
- 28 **(3)** SEEKS TO ENSURE ENSURES THAT A PHYSICIAN ASSISTANT
 29 PRACTICES WITHIN THE SCOPE OF PRACTICE OF THE PRIMARY SUPERVISING
 30 PHYSICIAN OR ANY DESIGNATED ALTERNATE SUPERVISING PHYSICIAN; AND

$\frac{1}{2}$	(4) SEEKS TO ENSURE ENSURES THAT A LIST OF ALTERNATE SUPERVISING PHYSICIANS IS MAINTAINED AT THE PRACTICE SETTING.
3 4 5	[(p) "Protocols" means written policies, bylaws, rules, or regulations established by a hospital, public health facility, correctional facility, or detention center that:
$\frac{6}{7}$	(1) Are established in consultation with and with the approval of its medical staff;
8 9	(2) Describe the delegated medical acts a physician assistant may execute; and
10	(3) Specify the minimum requirements for supervision by a physician.]
11 12 13	[(q)] (S) "Public health facility" means a [fixed] site where clinical public health services are rendered under the auspices of the Department, a local health department in a county, or the Baltimore City Health Department.
14 15	[(r) "Supervising physician" means a physician who has been approved by the Board to supervise one or more physician assistants.]
16 17	(T) "STARTER DOSAGE" MEANS AN AMOUNT OF A DRUG SUFFICIENT TO BEGIN THERAPY:
18	(1) OF SHORT DURATION OF 72 HOURS OR LESS; OR
19 20	(2) PRIOR TO OBTAINING A LARGER QUANTITY OF THE DRUG TO COMPLETE THERAPY.
21 22 23 24 25	[(s)](P)(U) (1) "Supervision" means the responsibility of a physician to exercise on—site supervision or immediately available direction for physician assistants performing delegated medical acts]—PHYSICIAN OVERSIGHT OF AND ACCEPTANCE OF RESPONSIBILITY FOR THE MEDICAL SERVICES AND CARE RENDERED BY A PHYSICIAN ASSISTANT.
26 27 28 29 30	(2) "Supervision" \(\) includes physician oversight of and acceptance of direct responsibility for the patient services and care rendered by a physician assistant, including continuous availability to the physician assistant in person, through written instructions, or by electronic means and by designation of one or more alternate supervising physicians \(\) DOES NOT REQUIRE THE ON SITE PHYSICAL

33 TO BE IN CONTACT WITH EACH OTHER BY TELECOMMUNICATION.

PRESENCE OF A PRIMARY SUPERVISING PHYSICIAN PROVIDED THAT THE

PRIMARY SUPERVISING PHYSICIAN AND THE PHYSICIAN ASSISTANT ARE ABLE

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- 1 15–102.
- 2 **{**(a) A physician assistant may not practice within the scope of practice of any of the following health occupations authorized under this article:
- 4 (1) Nursing;
- 5 (2) Optometry;
- 6 (3) Physical therapy; or
- 7 (4) Psychology.
- 8 (b) This title does not limit the right of an individual to practice a health occupation that the individual is authorized to practice under this article.
- 10 15–103.

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- 11 (A) IN THIS SECTION, "ALTERNATIVE HEALTH CARE SYSTEM" HAS THE 12 MEANING STATED IN § 1–401 OF THIS ARTICLE.
- [(a)] (B) An employer of a physician assistant shall report to the Board, on the form prescribed by the Board, any termination of employment of the physician assistant if the cause of termination IS related to a quality of care issue.
- 16 (C) EXCEPT AS OTHERWISE PROVIDED UNDER SUBSECTIONS (B) AND 17 (D) OF THIS SECTION, A HOSPITAL, A RELATED INSTITUTION, AN ALTERNATIVE HEALTH CARE SYSTEM, OR AN EMPLOYER OF A PHYSICIAN ASSISTANT SHALL 18 19 REPORT TO THE BOARD, ON THE FORM PRESCRIBED BY THE BOARD, ANY LIMITATION, REDUCTION, OR OTHER CHANGE OF THE TERMS OF EMPLOYMENT 20 OF THE PHYSICIAN ASSISTANT OR ANY TERMINATION OF EMPLOYMENT OF THE 2122PHYSICIAN ASSISTANT FOR ANY REASON THAT MIGHT BE GROUNDS FOR 23DISCIPLINARY ACTION UNDER § 15–314 OF THIS TITLE.
 - (D) A HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER THAT HAS REASON TO KNOW THAT A PHYSICIAN ASSISTANT HAS COMMITTED AN ACTION OR HAS A CONDITION THAT MIGHT BE GROUNDS FOR REPRIMAND OR PROBATION OF THE PHYSICIAN ASSISTANT OR SUSPENSION OR REVOCATION OF THE LICENSE OF THE PHYSICIAN ASSISTANT UNDER § 15–314 OF THIS TITLE BECAUSE THE PHYSICIAN ASSISTANT IS ALCOHOL— OR DRUG—IMPAIRED IS NOT REQUIRED TO REPORT TO THE BOARD IF:
- 32 (1) The Hospital, related institution, alternative 33 health system, or employer knows that the physician assistant is:

- 1 (I) IN AN ALCOHOL OR DRUG TREATMENT PROGRAM THAT
 2 IS ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF
- 3 HEALTHCARE ORGANIZATIONS OR IS CERTIFIED BY THE DEPARTMENT; OR
- 4 (II) UNDER THE CARE OF A HEALTH CARE PRACTITIONER
- 5 WHO IS COMPETENT AND CAPABLE OF DEALING WITH ALCOHOLISM AND DRUG
- 6 ABUSE;
- 7 (2) THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE
- 8 HEALTH SYSTEM, OR EMPLOYER IS ABLE TO VERIFY THAT THE PHYSICIAN
- 9 ASSISTANT REMAINS IN THE TREATMENT PROGRAM UNTIL DISCHARGE; AND
- 10 (3) THE ACTION OR CONDITION OF THE PHYSICIAN ASSISTANT
- 11 HAS NOT CAUSED INJURY TO ANY PERSON WHILE THE PHYSICIAN ASSISTANT IS
- 12 PRACTICING AS A LICENSED PHYSICIAN ASSISTANT.
- 13 (E) (1) IF THE PHYSICIAN ASSISTANT ENTERS, OR IS CONSIDERING
- 14 ENTERING, AN ALCOHOL OR DRUG TREATMENT PROGRAM THAT IS ACCREDITED
- 15 BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE
- ORGANIZATIONS OR THAT IS CERTIFIED BY THE DEPARTMENT, THE PHYSICIAN
- 17 ASSISTANT SHALL NOTIFY THE HOSPITAL, RELATED INSTITUTION
- 18 ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER OF THE PHYSICIAN ASSISTANT'S
- 19 DECISION TO ENTER THE TREATMENT PROGRAM.
- 20 (2) IF THE PHYSICIAN ASSISTANT FAILS TO PROVIDE THE NOTICE
- 21 REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION, AND THE HOSPITAL,
- 22 RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER LEARNS
- 23 THAT THE PHYSICIAN ASSISTANT HAS ENTERED A TREATMENT PROGRAM, THE
- 24 HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR
- 25 EMPLOYER SHALL REPORT TO THE BOARD THAT THE PHYSICIAN ASSISTANT
- 26 HAS ENTERED A TREATMENT PROGRAM AND HAS FAILED TO PROVIDE THE
- 27 REQUIRED NOTICE.
- 28 (3) If the physician assistant is found to be
- 29 NONCOMPLIANT WITH THE TREATMENT PROGRAM'S POLICIES AND
- 30 PROCEDURES WHILE IN THE TREATMENT PROGRAM, THE TREATMENT
- 31 PROGRAM SHALL NOTIFY THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE
- 32 HEALTH SYSTEM, OR EMPLOYER OF THE PHYSICIAN ASSISTANT'S
- 33 NONCOMPLIANCE.
- 34 (4) ON RECEIPT OF THE NOTIFICATION REQUIRED UNDER
- 35 PARAGRAPH (3) OF THIS SUBSECTION, THE HOSPITAL, RELATED INSTITUTION,

- 1 ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER OF THE PHYSICIAN ASSISTANT 2 SHALL REPORT THE PHYSICIAN ASSISTANT'S NONCOMPLIANCE TO THE BOARD.
- 3 (F) A PERSON IS NOT REQUIRED UNDER THIS SECTION TO MAKE ANY 4 REPORT THAT WOULD BE IN VIOLATION OF ANY FEDERAL OR STATE LAW, RULE,
- 5 OR REGULATION CONCERNING THE CONFIDENTIALITY OF ALCOHOL- AND
- 6 DRUG-ABUSE PATIENT RECORDS.
- 7 (G) THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH 8 SYSTEM, OR EMPLOYER SHALL SUBMIT THE REPORT WITHIN 10 DAYS OF ANY 9 ACTION DESCRIBED IN THIS SECTION.
- 10 (H) A REPORT UNDER THIS SECTION IS NOT SUBJECT TO SUBPOENA OR
 11 DISCOVERY IN ANY CIVIL ACTION OTHER THAN A PROCEEDING ARISING OUT OF
 12 A HEARING AND DECISION OF THE BOARD UNDER THIS TITLE.
- 13 (I) (1) THE BOARD MAY IMPOSE A CIVIL PENALTY OF UP TO \$1,000 14 FOR FAILURE TO REPORT UNDER THIS SECTION.
- 15 (2) THE BOARD SHALL PAY ANY FEES COLLECTED UNDER THIS SUBSECTION INTO THE GENERAL FUND OF THE STATE.
- 17 **[(b)] (J)** An employer shall make the report required under this section to the Board within 5 days after the date of termination of employment.
- 19 **[(c)] (K)** The Board shall adopt regulations to implement the provisions of 20 this section.
- 21 [15–201.
- 22 (a) There is a Physician Assistant Advisory Committee within the Board.
- 23 (b) The Committee shall function as a subunit of the Board.
- 24 **\(\frac{1}{4}\)15-202.**
- 25 (a) (1) The Committee shall consist of 7 members appointed by the Board.
- 26 (2) Of the 7 Committee members:
- 27 (i) 3 shall be licensed physicians;
- 28 (ii) 3 shall be certified <u>LICENSED</u> physician assistants; and
- 29 (iii) 1 shall be a consumer.

1	(3)	Of th	e licensed physician members:
2 3	subspecialty; and	(i)	At least 1 shall specialize in general surgery or a surgical
4 5	practice, or a simil	(ii) ar prir	At least 1 shall specialize in internal medicine, family mary care specialty; AND
6		<u>(III)</u>	1 SHALL BE A BOARD MEMBER.
7	(4)	The I	Board shall≑
8 9	list of names subm	(i) nitted b	Appoint APPOINT the physician assistant members from a by:
10			+ (I) The Maryland Academy of Physician Assistants; and
11 12	approved physicia	n assis	2 . (II) The State institutions of higher education with tant programs +
13 14	the Department of	(ii) Healt	Appoint the consumer member selected by the Secretary of h and Mental Hygiene; and
15 16	Board representat	(iii) ive at (Assign a physician member of the Board to serve as a voting all meetings of the Advisory Committee.
17	(5)	The c	onsumer member:
18		(i)	Shall be a member of the general public;
19 20	assistant, or a pers	(ii) son in	May not be a physician, former physician, physician training to become a physician or physician assistant;
21 22	physician assistan	(iii) t, or a	May not have a household member who is a physician or person in training to become a physician assistant; and
23 24	substantial finance	(iv) ial inte	May not have had within 2 years before appointment a crest in a process regulated by the Board.
25	(6)	Each	member of the Committee shall be a resident of the State.
26 27 28	previously or curr	rently	ree physician members of the Committee, two shall be serving as supervising physicians of a physician assistant delegation agreement.

- 1 The physician assistant members shall be certified **LICENSED** as a (c) **(1)** physician assistant under this title. 2 3 (2) The physician assistant members shall be currently practicing as a 4 physician assistant or employed as a faculty member of an accredited physician 5 assistant program. 6 **(3)** OF THE 3 PHYSICIAN ASSISTANT MEMBERS OF THE 7 COMMITTEE: 8 **(I)** AT LEAST 1 SHALL BE CURRENTLY PRACTICING IN A 9 **HOSPITAL; AND** AT LEAST 1 SHALL BE CURRENTLY PRACTICING IN A 10 (II) 11 NONHOSPITAL SETTING. 12 (e) (D) A Committee chairperson and a secretary shall be selected every 2 13 years by a majority vote of the membership of the Committee. 14 (E) The chairperson shall serve in an advisory capacity to the Board as a 15 representative of the Committee. 16 **∮**15−203. 17 (a) The Board shall adopt regulations governing: 18 (1) The term of office for Committee members; 19 The procedure for filling vacancies on the Committee: (2)20 The removal of Committee members: and (3)21The duties of each officer. **(4)** 22 In addition to the regulations on removal of members adopted by the Board, upon the recommendation of the Secretary BOARD the Governor may remove a 23 member whom the Secretary BOARD finds to have been absent from 2 successive 24 25 Committee meetings without adequate reason. **4**15−204. 26 27 Funds for compensation, expenses, and staff for the Committee shall be
- 29 **‡**15–205.**‡ 15–201.**

allocated to the Board in the State budget.

1 2	(a) \{\frac{1}{4}\} In a Committee, on its		to the powe ve or on the Boa			nere in	this	title,	the
3 4	(1) provisions of this t		mend to the	Board	regulations	for ca	rrying	out	the
5 6	(2) an application for		mend to the Bo		·	-	-	pprova	al of
7 8 9	(3) Report to the Board any conduct of a supervising physician or a physician assistant that may be cause for disciplinary action under this title or under $\S 14-404$ of this article; and								
10 11	(4) Report to the Board any alleged unauthorized practice of a physician assistant.								
12 13	(b) (1) In addition to the duties set forth elsewhere in this title, the Board shall adopt regulations to carry out the provisions of this title.								
14	{ (2)	The E	oard shall:						
15		(i)	Consider all red	commend	ations of the	Commi	ttee; a	nd	
16 17	rejecting or modify	(ii) ring the	Provide a writ Committee's re	_		the Boa	rd's re	asons	for
18	{ (3) }	(B)	The Board may	:					
19 20	physician assistan	{ (i) } t;	(1) Investiga	ate any	alleged una	uthorize	ed prac	ctice (of a
21 22	disciplinary action		(2) Investigathis title; and	ate any	conduct th	at may	7 be	cause	for
23 24 25 26 27 28 29	[(iii)] (3) On receipt of a written and signed complaint, including a referral from the Commissioner of Labor and Industry, conduct an unannounced inspection of the office of a physician assistant, other than an office of a physician assistant in a hospital, related institution, freestanding medical facility, or [a] freestanding birthing center, to determine compliance at that office with the Centers for Disease [Control's] CONTROL AND PREVENTION'S guidelines on universal precautions.								
30 31	(4) THIS SUBTITLE,		E ENTRY IS NI UDING AN IN						

COMPLIANCE AS PROVIDED UNDER PARAGRAPH (3) OF THIS SUBSECTION AND

- 1 AN AUDIT TO DETERMINE COMPLIANCE WITH THE BOARD'S REQUIREMENTS
- 2 WITH RESPECT TO PHYSICIAN ASSISTANT PRACTICE, THE EXECUTIVE
- 3 DIRECTOR OF THE BOARD OR OTHER DULY AUTHORIZED AGENT OR
- 4 INVESTIGATOR MAY ENTER AT ANY REASONABLE HOUR A PLACE OF BUSINESS
- 5 OF A LICENSED PHYSICIAN OR A LICENSED PHYSICIAN ASSISTANT OR PUBLIC
- 6 PREMISES.
- 7 (5) (I) A PERSON MAY NOT DENY OR INTERFERE WITH AN
- 8 ENTRY UNDER THIS SUBSECTION.
- 9 (II) A PERSON WHO VIOLATES ANY PROVISION OF THIS
- 10 SUBSECTION IS GUILTY OF A MISDEMEANOR AND ON CONVICTION IS SUBJECT
- 11 TO A FINE NOT EXCEEDING \$100.
- 12 **[**15–206.**] 15–202.**
- 13 (a) The Board shall set reasonable fees for:
- 14 (1) The issuance and renewal of [certificates] LICENSES; and
- 15 (2) The other services rendered by the Board in connection with 16 physician assistants.
- 17 (b) (1) The Board shall pay all fees collected under this title to the 18 Comptroller of the State.
- 19 (2) (i) If the Governor does not include in the State budget at least
- 20 \$750,000 for the operation of the Health Personnel Shortage Incentive Grant Program
- 21 under § 18-803 of the Education Article and the Maryland Loan Assistance
- 22 Repayment Program for Physicians under Title 18, Subtitle 28 of the Education
- 23 Article, as administered by the Maryland Higher Education Commission, the
- 24 Comptroller shall distribute:
- 1. [Except as provided in subparagraph (ii) of this
- 26 paragraph, 12 percent of the fees received from the Board to the Office of Student
- 27 Financial Assistance to be used as follows:
- A. One-half to make grants under the Health Personnel
- 29 Shortage Incentive Grant Program under § 18–803 of the Education Article; and
- B. One-half to make grants under the Maryland Loan
- 31 Assistance Repayment Program for Physicians under Title 18, Subtitle 28 of the
- 32 Education Article to physicians engaged in primary care or to medical residents
- 33 specializing in primary care who agree to practice for at least 2 years as primary care

1 physicians in a geographic area of the State that has been designated by the Secretary 2 of Health and Mental Hygiene as being medically underserved; and 3 2. The balance of the fees to the Board of Physicians 4 Fund. 5 For fiscal 2008, if the Governor does not include in the (ii) 6 State budget the funds specified under subparagraph (i) of this paragraph, the 7 Comptroller shall distribute 14 percent of the fees received from the Board to the 8 Office of Student Financial Assistance to be used as provided under subparagraph (i) 9 of this paragraph. (iii) If the Governor includes in the State budget at least 10 \$750,000 for the operation of the Health Personnel Shortage Incentive Grant Program 11 12 under § 18-803 of the Education Article and the Maryland Loan Assistance 13 Repayment Program for Physicians under Title 18, Subtitle 28 of the Education 14 Article, as administered by the Maryland Higher Education Commission, the Comptroller shall distribute the fees to the Board of Physicians Fund. 15 16 15–301. 17 Nothing in this title may be construed to authorize a physician assistant 18 to practice independent of a PRIMARY OR ALTERNATE supervising physician. 19 (b) A [certificate] LICENSE issued to a physician assistant shall limit the 20 physician assistant's scope of practice to medical acts: 21(1) Delegated by the PRIMARY OR ALTERNATE supervising 22physician; 23 (2)Appropriate to the education, training, and experience of the 24 physician assistant AS DETERMINED BY THE PRIMARY SUPERVISING PHYSICIAN; 25 (3)Customary to the practice of the PRIMARY OR ALTERNATE 26 supervising physician; and 27 Consistent with the delegation agreement [submitted to] FILED (4) 28 WITH the Board. 29 **f**(c) Patient services that may be provided by a physician assistant include: 30 (1) (i) Taking complete, detailed, and accurate patient histories; 31 and 32 Reviewing patient records to develop comprehensive medical (ii)

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status reports;

1 2	(2) patient data;	Performing physical examinations and recording all pertinent
3 4 5		Interpreting and evaluating patient data as authorized by the TERNATE supervising physician for the purpose of determining creatment of patients;
6 7	(4) indicated by pertin	Initiating requests for or performing diagnostic procedures as nent data and as authorized by the supervising physician;
8 9	(5) matters to patients	Providing instructions and guidance regarding medical care s;
10 11 12	(6) the delivery of service care institutions, is	Assisting the <u>PRIMARY OR ALTERNATE</u> supervising physician in vices to patients who require medical care in the home and in health including:
13		(i) Recording patient progress notes;
14		(ii) Issuing diagnostic orders; and
15 16	the PRIMARY OR	(iii) Transcribing or executing specific orders at the direction of ALTERNATE supervising physician; and
17 18	(7) agreement and in a	Exercising prescriptive authority under an approved $\underline{\mathbf{A}}$ delegation accordance with § 15–302.2 of this subtitle.
19 20 21	[(d)] (€) shall be [certified] physician assistan	(1) Except as otherwise provided in this title, an individual LICENSED by the Board before the individual may practice as a t.
22 23 24 25		Except as otherwise provided in this title, a physician may not ian assistant in the performance of delegated medical acts without FILING A COMPLETED DELEGATION AGREEMENT WITH the
26 27	(3) emergency, a phys	Except as otherwise provided in this title or in a medical ician assistant may not perform any medical act for which:
28		(i) The individual has not been [certified] LICENSED; and
29 30	ALTERNATE super	(ii) The medical acts have not been delegated by a PRIMARY OR rvising physician.

1	(d) (1) A physician assistant is an individual who practices
2	MEDICINE ONLY WITH PHYSICIAN SUPERVISION.
3	(2) A PHYSICIAN ASSISTANT MAY PERFORM THE FUNCTIONS AND
4	RESPONSIBILITIES, INCLUDING ORDERING, PRESCRIBING AND DISPENSING,
5	AND ADMINISTERING DRUGS AND MEDICAL DEVICES, THAT ARE DELEGATED BY
6	A PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN.
7	(3) A PHYSICIAN ASSISTANT MAY PERFORM ANY MEDICAL ACT
8	THAT IS DELEGATED BY THE PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN
9	WHEN THE ACT IS WITHIN THE SKILLS OF THE PHYSICIAN ASSISTANT AS
10	DETERMINED BY THE PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN,
11	FORMS A COMPONENT OF THE PRIMARY OR ALTERNATE SUPERVISING
12	PHYSICIAN'S SCOPE OF PRACTICE, AND IS PROVIDED WITH SUPERVISION.
13	(e) (1) A primary or alternate supervising physician shall
14	PROVIDE CONTINUOUS SUPERVISION OF A PHYSICIAN ASSISTANT.
15	(2) CONTINUOUS SUPERVISION DOES NOT REQUIRE THE
16	PHYSICAL PRESENCE OF THE PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN
17	AT THE TIME AND PLACE THAT THE PATIENT SERVICES AND CARE ARE
18	RENDERED.
19	(3) (1) A PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN
$\frac{15}{20}$	SHALL ENSURE THAT ALL MEDICAL ACTS TO BE DELEGATED TO A PHYSICIAN
21	ASSISTANT ARE APPROPRIATE TO THE PHYSICIAN ASSISTANT'S EDUCATION,
22	TRAINING, AND LEVEL OF COMPETENCE, AS DETERMINED BY THE PRIMARY
23	SUPERVISING PHYSICIAN.
_0	
24	(II) A PHYSICIAN ASSISTANT AND A PRIMARY SUPERVISING
25	PHYSICIAN SHALL:
26	1. Define the relationship of the physician
27	ASSISTANT TO THE PRIMARY SUPERVISING PHYSICIAN AND THE ACCESS OF THE
28	PHYSICIAN ASSISTANT TO THE PRIMARY SUPERVISING PHYSICIAN; AND
29	2. ESTABLISH A PROCESS TO EVALUATE THE
30	PERFORMANCE OF THE PHYSICIAN ASSISTANT.
31	(F) A PRIMARY SUPERVISING PHYSICIAN:
32	(1) SHALL BE LICENSED BY THE BOARD TO PRACTICE MEDICINE
33	IN THE STATE:

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1	(2) May not be encumbered by any restriction on th	E
2	PHYSICIAN'S LICENSE AS A RESULT OF DISCIPLINARY ACTION BY THE BOARD) ;
3	AND	

4 (3) SHALL EXECUTE A DELEGATION AGREEMENT WITH EACH
5 PHYSICIAN ASSISTANT ON THE FORM THAT THE BOARD REQUIRES THAT IS
6 POSTED BY THE BOARD ON ITS WEBSITE OR PROVIDED BY THE BOARD ON
7 WRITTEN REQUEST, STATING THAT THE PHYSICIAN WILL SUPERVISE EACH
8 PHYSICIAN ASSISTANT AND RETAIN PROFESSIONAL RESPONSIBILITY FOR THE
9 CARE RENDERED BY THE PHYSICIAN ASSISTANT.

(C) A PRIMARY SUPERVISING PHYSICIAN SHALL:

11 (1) KEEP A COPY OF EACH DELEGATION AGREEMENT ON FILE AT 12 THE PRACTICE SITE; AND

(2) FILE A COPY WITH THE BOARD.

- **f**(e)**f** (H) A physician assistant is the agent of the **PRIMARY OR ALTERNATE** supervising physician in the performance of all practice—related activities, including the oral, written, or electronic ordering of diagnostic, therapeutic, and other medical services.
- Except as provided in subsection (g) of this section, the following individuals may practice as a physician assistant without a [certificate] LICENSE:
- 20 (1) A physician assistant student ENROLLED in a physician assistant 21 [training] EDUCATIONAL program that is accredited by the [Commission on Allied 22 Health Education Programs] ACCREDITATION REVIEW COMMISSION ON 23 EDUCATION FOR THE PHYSICIAN ASSISTANT OR ITS SUCCESSOR and approved by 24 the Board; or
- 25 (2) A physician assistant employed in the service of the federal government while performing duties incident to that employment.
 - {(g)} (J) A physician may not delegate [the authority to write medication orders or the ability to exercise] prescriptive authority to a physician assistant student in a training program [approved by the Board] THAT IS ACCREDITED BY THE ACCREDITATION REVIEW COMMISSION ON EDUCATION FOR THE PHYSICIAN ASSISTANT OR ITS SUCCESSOR.
 - **f**(h)**f**(K) (1) [Except as prohibited by § 15–102(a) of this title, if] **IF** a [duty] **MEDICAL ACT** that is to be delegated under this section is a part of the practice of a health occupation that is regulated under this article by another board, any rule

- or regulation concerning that [duty] MEDICAL ACT shall be adopted jointly by the
- 2 STATE Board of Physicians and the board that regulates the other health occupation.
- 3 EXCEPT IF THE PHYSICIAN ASSISTANT PRACTICES THE HEALTH OCCUPATION
- 4 THAT IS REGULATED UNDER THIS ARTICLE BY ANOTHER BOARD AND THE
- 5 PHYSICIAN ASSISTANT DOES NOT REPRESENT OR IMPLY TO THE PUBLIC BY USE
- 6 OF THE TITLE "LICENSED PHYSICIAN ASSISTANT", BY OTHER TITLE, OR BY
- 7 DESCRIPTION OF SERVICES, METHODS, OR PROCEDURES THAT THE PERSON IS
- 8 LICENSED AS A PHYSICIAN ASSISTANT IN THE STATE.
- 9 (2) If the two boards cannot agree on a proposed rule or regulation, the proposal shall be submitted to the Secretary for a final decision.
- 11 It is notwithstanding the provisions of this section, a patient being treated
- 12 regularly for a life-threatening, chronic, degenerative, or disabling condition shall be
- seen initially by the supervising physician and as frequently as the patient's condition
- 14 requires, but no less than within every five appointments or within 180 days,
- 15 whichever occurs first.
- 16 15–302.
- 17 (a) [Subject to the provisions of subsection (i) of this section, the Board may
- authorize a A physician [to] MAY delegate medical acts to a physician assistant only
- 19 after:
- 20 (1) A delegation agreement has been executed and [submitted to]
- 21 FILED WITH the [Committee for review to ensure the delegation agreement contains
- 22 the requirements of this subtitle; and
- 23 (2) Except as provided in § 15–302.1 of this subtitle, the Board has
- 24 reviewed and approved a favorable recommendation by the Committee that the
- 25 requirements of this subtitle have been met **BOARD**; AND
- 26 (2) ANY ADVANCED DUTIES HAVE BEEN AUTHORIZED AS
- 27 REQUIRED UNDER SUBSECTION (C) OF THIS SECTION.
- 28 (b) The delegation agreement shall contain:
- 29 (1) A description of the qualifications of the **PRIMARY** supervising
- 30 physician and physician assistant;
- 31 (2) A description of the settings in which the physician assistant will
- 32 practice;
- 33 (3) A description of the continuous physician supervision mechanisms
- 34 that are reasonable and appropriate to the practice setting;

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1		(4)	A descrip	tion of th	e delegated	medical	acts	that a	re wit	hin	$ h\epsilon$
2	PRIMARY (OR AL	TERNATE	supervisit	ng physicia	n's scope	of	practice	and	requ	iire
3	specialized of	educati	ion or train	ing that is	consistent	with acce	pted	medical	practi	ice;	

- (5) An attestation that all medical acts to be delegated to the physician assistant are within the scope of practice of the **PRIMARY OR ALTERNATE** supervising physician and appropriate to the physician assistant's education, training, and level of competence **AS DETERMINED BY THE PRIMARY OR ALTERNATE** SUPERVISING PHYSICIAN:
- 9 (6) An attestation of continuous supervision of the physician assistant 10 by the <u>PRIMARY</u> supervising physician through the mechanisms described in the 11 delegation agreement;
- 12 (7) An attestation by the **PRIMARY** supervising physician of the physician's acceptance of responsibility for any care given by the physician assistant;
- 14 (8) A description prepared by the **PRIMARY** supervising physician of 15 the process by which the physician assistant's practice is reviewed appropriate to the 16 practice setting and consistent with current standards of acceptable medical practice;
- 17 (9) An attestation by the **PRIMARY** supervising physician that the physician will respond in a timely manner when contacted by the physician assistant; 19 and
- 20 (10) Any other information deemed necessary by the Board [or 21 Committee] to carry out the provisions of this subtitle.
 - (c) (1) The delegation agreement shall be [submitted] FILED with the application fee established by the Board and the PRIMARY supervising physician and physician assistant shall comply with all other requirements established by the Board in accordance with this title.
- 26 (2) The Board shall set the application fee so as to produce funds to approximate the cost of [reviewing and approving] RECEIVING delegation agreements FILED WITH THE BOARD and any other related services provided.
- 29 (C) (1) THE BOARD MAY NOT REQUIRE PRIOR APPROVAL OF A
 30 DELEGATION AGREEMENT THAT INCLUDES ADVANCED DUTIES, IF AN ADVANCED
 31 DUTY WILL BE PERFORMED IN A HOSPITAL OR AMBULATORY SURGICAL
 32 FACILITY, PROVIDED THAT:
- 33 (I) A PHYSICIAN, WITH CREDENTIALS THAT HAVE BEEN 34 REVIEWED BY THE HOSPITAL OR AMBULATORY SURGICAL FACILITY AS A

- 1 CONDITION OF EMPLOYMENT, AS AN INDEPENDENT CONTRACTOR, OR AS A
 2 MEMBER OF THE MEDICAL STAFF, SUPERVISES THE PHYSICIAN ASSISTANT;
- 3 (II) THE PHYSICIAN ASSISTANT HAS CREDENTIALS THAT
- 4 HAVE BEEN REVIEWED BY THE HOSPITAL OR AMBULATORY SURGICAL FACILITY
- 5 AS A CONDITION OF EMPLOYMENT, AS AN INDEPENDENT CONTRACTOR, OR AS A
- 6 MEMBER OF THE MEDICAL STAFF; AND
- 7 (III) EACH ADVANCED DUTY TO BE DELEGATED TO THE
- 8 PHYSICIAN ASSISTANT IS REVIEWED AND APPROVED WITHIN A PROCESS
- 9 APPROVED BY THE GOVERNING BODY OF THE HEALTH CARE FACILITY BEFORE
- 10 THE PHYSICIAN ASSISTANT PERFORMS THE ADVANCED DUTIES.
- 11 (2) IN ANY SETTING THAT DOES NOT MEET THE REQUIREMENTS
- 12 OF PARAGRAPH (1) OF THIS SUBSECTION, A PRIMARY SUPERVISING PHYSICIAN
- 13 SHALL OBTAIN THE BOARD'S APPROVAL OF A DELEGATION AGREEMENT THAT
- 14 INCLUDES ADVANCED DUTIES, BEFORE THE PHYSICIAN ASSISTANT PERFORMS
- 15 THE ADVANCED DUTIES.
- 16 (3) NOTWITHSTANDING PARAGRAPH (1) OF THIS SUBSECTION, A
- 17 PRIMARY SUPERVISING PHYSICIAN SHALL OBTAIN THE BOARD'S APPROVAL OF
- 18 <u>A DELEGATION AGREEMENT BEFORE THE PHYSICIAN ASSISTANT MAY</u>
- 19 ADMINISTER, MONITOR, OR MAINTAIN GENERAL ANESTHESIA OR NEUROAXIAL
- 20 ANESTHESIA, INCLUDING SPINAL AND EPIDURAL TECHNIQUES, UNDER THE
- 21 AGREEMENT.
- 22 \(\frac{1}{2}\)(d) \(\frac{1}{2}\)He FOR A DELEGATION AGREEMENT CONTAINING ADVANCED
- 23 DUTIES THAT REQUIRE BOARD APPROVAL, THE Committee shall review the
- 24 delegation agreement and recommend to the Board that the delegation agreement be
- approved, rejected, or modified to ensure conformance with the requirements of this
- title.
- 27 (e) The Committee may conduct a personal interview of the <u>PRIMARY</u>
- 28 supervising physician and the physician assistant.
- 29 (f) (1) On review of the Committee's recommendation regarding a
- 30 PRIMARY supervising physician's request to delegate medical acts ADVANCED
- 31 **DUTIES** as described in a delegation agreement, the Board:
- 32 (1) May approve the delegation agreement; or
- 33 (2) (II) (i) 1. If the physician assistant does not meet the applicable
- 34 education, training, and experience requirements to perform the specified delegated
- 35 acts, may modify or disapprove the delegation agreement; and

$\frac{1}{2}$	$\stackrel{ ext{(ii)}}{ ext{2.}}$ If the Board takes an action under item (i) of this item:
3 4 5	\pm <u>A.</u> Shall notify the <u>PRIMARY</u> supervising physician and the physician assistant in writing of the particular elements of the proposed delegation agreement that were the cause for the modification or disapproval; and
6 7	$ \stackrel{\Sigma}{=} \underline{B} $. May not restrict the submission of an amendment to the delegation agreement.
8 9 10 11 12 13	(2) TO THE EXTENT PRACTICABLE, THE BOARD SHALL APPROVE A DELEGATION AGREEMENT OR TAKE OTHER ACTION AUTHORIZED UNDER THIS SUBSECTION WITHIN 90 DAYS AFTER RECEIVING A COMPLETED DELEGATION AGREEMENT INCLUDING ANY INFORMATION FROM THE PHYSICIAN ASSISTANT AND PRIMARY SUPERVISING PHYSICIAN NECESSARY TO APPROVE OR TAKE ACTION.
14 15 16 17 18	إ (g)] (D) If the Board determines that a PRIMARY <u>OR ALTERNATE</u> supervising physician or physician assistant is practicing in a manner inconsistent with the requirements of this title or Title 14 of this article, the Board ₹ on its own initiative or on the recommendation of the Committee ‡ may demand modification of the practice ₹ , withdraw the approval of the delegation agreement, ₹ or take other disciplinary action under § 14–404 or § 15–314 of this article.
20 21 22	(h) (1) A delegation agreement approved under this subtitle may be reviewed as a component of the certificate renewal process established under $\S 15-307$ of this subtitle.
23 24	(2) A delegation agreement shall expire when a physician assistant's certificate expires.
25 26 27	(i) The Board may not authorize a physician to delegate medical acts under a delegation agreement to more than two physician assistants at any one time, except in a hospital or in the following nonhospital settings:
28	(1) A correctional facility;
29	(2) A detention center; or
30	(3) A public health facility.]
31 32	(H) A PRIMARY SUPERVISING PHYSICIAN MAY NOT DELEGATE MEDICAL ACTS UNDER A DELEGATION AGREEMENT TO MORE THAN FOUR PHYSICIAN

1 2	ASSISTANTS AT A	ANY ONE TIME, EXCEPT IN A HOSPITAL OR IN THE FOLLOWING ETTINGS:
3	<u>(1)</u>	A CORRECTIONAL FACILITY;
4	<u>(2)</u>	A DETENTION CENTER; OR
5	<u>(3)</u>	A PUBLIC HEALTH FACILITY.
6 7	[(j)] (E) (I) agreement under t	A person may not coerce another person to enter into a delegation this subtitle.
8	[(k) (J) A pl	nysician may supervise a physician assistant:
9 10	(1) a delegation agree	HAS A PRIMARY SUPERVISING PHYSICIAN IN accordance with ment approved by the Board under this subtitle; or
11	(2)	As an alternate supervising physician if:
12 13	accordance with a	(i) The alternate supervising physician supervises in delegation agreement filed with the Board;
14 15 16		(ii) The alternate supervising physician supervises no more an assistants at any one time, except in a hospital, correctional center, or public health facility;
17 18	in the absence of t	(iii) The alternate supervising physician's period of supervision, he primary supervising physician, does not exceed:
19 20	agreement; and	1. The period of time specified in the delegation
21		2. A period of 45 consecutive days at any one time; and
22 23	that:	(iv) The physician assistant performs only those medical acts
24 25	filed with the Boar	1. Have been delegated under the delegation agreement rd; and
26 27	SUPERVISING PH	2. Are within the scope of practice of the PRIMARY YSICIAN AND alternate supervising physician.
28 29	(K) IN TO	HE EVENT OF A SUDDEN DEPARTURE, INCAPACITY, OR DEATH Y SUPERVISING PHYSICIAN, A DESIGNATED ALTERNATE
30		PHYSICIAN MAY ASSUME THE ROLE OF THE PRIMARY

1 SUPERVISING PHYSICIAN BY SUBMITTING A NEW DELEGATION AGREEMENT TO THE BOARD WITHIN 15 DAYS.

- 3 (l) Individual members of the Board are not civilly liable for actions 4 regarding the approval, modification, or disapproval of a delegation agreement 5 described in this section.
- 6 (F) (M) A PHYSICIAN ASSISTANT MAY PRACTICE IN ACCORDANCE 7 WITH A DELEGATION AGREEMENT FILED WITH THE BOARD UNDER THIS 8 SUBTITLE.
- 9 **‡**15–302.1.
- 10 (A) If A DELEGATION AGREEMENT DOES NOT INCLUDE ADVANCED
 11 DUTIES OR THE ADVANCED DUTIES HAVE BEEN APPROVED UNDER §
 12 15-302(C)(1) OF THIS SUBTITLE, A PHYSICIAN ASSISTANT MAY ASSUME THE
 13 DUTIES UNDER A DELEGATION AGREEMENT ON THE DATE OF RECEIPT BY THE
- 14 BOARD OF THE DELEGATION AGREEMENT.
- 15 (a) (B) In this section, "pending" means that a delegation agreement
 16 THAT INCLUDES DELEGATION OF ADVANCED DUTIES IN A SETTING THAT DOES
 17 NOT MEET THE REQUIREMENTS UNDER § 15-302(C)(1) OF THIS SUBTITLE has
 18 been executed and submitted to the Committee for review BOARD FOR ITS
 19 APPROVAL, but:
- 20 (1) The Committee has not made a recommendation to the Board; or
- 21 (2) The Board has not made a final decision regarding the delegation 22 agreement.
- 23 (b) (C) Subject to subsection (e) (D) of this section, if a delegation 24 agreement is pending, on receipt of a temporary practice letter from the staff of the 25 Board, a physician assistant may practice in accordance with the pending delegation 26 agreement PERFORM THE ADVANCED DUTY if:
- 27 (1) The <u>PRIMARY</u> supervising physician has been previously approved 28 to supervise one or more physician assistants in the proposed practice setting for the 29 same scope of practice PERFORMANCE OF THE ADVANCED DUTY; and
- 30 (2) The physician assistant has been previously approved for the same 31 scope of practice in a different practice setting BY THE BOARD TO PERFORM THE 32 ADVANCED DUTY.
- 33 (e) (D) If the Committee recommends a denial of the pending delegation 34 agreement or the Board denies the pending delegation agreement, on notice to the

1	PRIMARY SUPERVISING physician and the physician assistant, the physician
2	assistant may no longer practice in accordance with the delegation agreement
3	PERFORM THE ADVANCED DUTY THAT HAS NOT RECEIVED THE APPROVAL OF
4	THE BOARD.
5	(E) THE BOARD MAY DISAPPROVE ANY DELEGATION AGREEMENT IF IT
6	BELIEVES THAT:
7	(1) THE AGREEMENT DOES NOT MEET THE REQUIREMENTS OF
8	THIS SUBTITLE; OR
0	THIS SUBTILLE, OR
9	(2) THE PHYSICIAN ASSISTANT IS UNABLE TO PERFORM SAFELY
10	THE DELEGATED DUTIES.
L1	(F) IF THE BOARD DISAPPROVES A DELEGATION AGREEMENT OR THE
12	DELEGATION OF ANY FUNCTION UNDER AN AGREEMENT, THE BOARD SHALL
13	PROVIDE THE PRIMARY SUPERVISING PHYSICIAN AND THE PHYSICIAN
L4	ASSISTANT WITH WRITTEN NOTICE OF THE DISAPPROVAL.
15	(G) A PHYSICIAN ASSISTANT WHO RECEIVES NOTICE THAT THE BOARD
16	HAS DISAPPROVED A DELEGATION AGREEMENT OR AN ADVANCED FUNCTION
L 7	UNDER THE DELEGATION AGREEMENT SHALL IMMEDIATELY CEASE TO
18	PRACTICE UNDER THE AGREEMENT OR TO PERFORM THE DISAPPROVED
19	FUNCTION.
	2 0 1 0 1 2 0 1 0
20	1 15−302.2. 1 15−302.1.
21	(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE
22	MEANINGS INDICATED.
	MEMININGS INDICITIES.
23	(2) "Personally prepare and dispense" means that a
24	PHYSICIAN ASSISTANT:
25	(I) Is physically present on the premises where the
26	PRESCRIPTION IS FILLED; AND
27	(H) PERFORMS A FINAL CHECK OF THE PRESCRIPTION
28	BEFORE IT IS PROVIDED TO THE PATIENT.

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

29 30

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SUFFICIENT TO BEGIN THERAPY:

1	(II) PRIOR TO OBTAINING A LARGER QUANTITY OF THE
2	DRUG TO COMPLETE THERAPY.
3 4 5 6	{(a)} (B) A <u>PRIMARY</u> supervising physician may not delegate prescribing, DISPENSING , and administering of controlled dangerous substances, prescription drugs, or medical devices unless the <u>PRIMARY</u> supervising physician and physician assistant include in the delegation agreement:
7 8	(1) A notice of intent to delegate prescribing of controlled dangerous substances, prescription drugs, or medical devices;
9 10	(2) An attestation that all prescribing activities of the physician assistant will comply with applicable federal and State regulations;
11 12 13	(3) An attestation that all medical charts or records will contain a notation of any prescriptions written by a physician assistant in accordance with this section; AND
14 15 16	(4) An attestation that all prescriptions written under this section will include the physician assistant's name and the supervising physician's name, business address, and business telephone number legibly written or printed \(\frac{1}{4} \);
17 18	(5) Evidence demonstrating AN ATTESTATION THAT THE PHYSICIAN ASSISTANT HAS:
19 20 21	(i) <u>Passage of PASSED</u> the physician assistant national certification exam administered by the National Commission on the Certification of Physician Assistants within the previous 2 years; or
22 23	(ii) Successful completion of SUCCESSFULLY COMPLETED 8 category 1 hours of pharmacology education within the previous 2 years; and
24 25	(6) Evidence demonstrating AN ATTESTATION THAT THE PHYSICIAN ASSISTANT HAS:
26	(i) A bachelor's degree or its equivalent; <u>OR</u>
27 28	(ii) $\underline{\textbf{SUCCESSFULLY COMPLETED}}\ 2$ years of work experience as a physician assistant; or
29 30	(iii) Prior approval by the Board of a delegation agreement, including approval for writing medication orders].

$\frac{1}{2}$	(b) (c) (1) A PRIMARY OR ALTERNATE supervising physician may not 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 c	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) (C) A PHYSICIAN ASSISTANT PERSONALLY MAY PREPARE AND		
15	DISPENSE A STARTER DOSAGE OR DISPENSE DRUG SAMPLES OF ANY DRUG THE		
16	PHYSICIAN ASSISTANT IS AUTHORIZED TO PRESCRIBE TO A PATIENT OF THE		
17	PHYSICIAN ASSISTANT IF:		
10	(1) (1) Duantagy applying and Nom pragovanty		
18 19	(1) (1) Pharmacy services are not reasonably available;		
10			
20	(II) IT IS IN THE BEST INTERESTS OF THE PATIENT; OR		
21	(III) IT IS AN EMERGENCY;		
22	(2) THE STARTER DOSAGE OR DRUG SAMPLE COMPLIES WITH		
23	THE LABELING REQUIREMENTS OF $\frac{\$12-509}{\$12-505}$ \$ 12–505 OF THIS ARTICLE;		
24	(3) (2) NO CHARGE IS MADE FOR THE STARTER DOSAGE; AND		
25	(4) (3) The physician assistant enters an appropriate		
26	RECORD IN THE PATIENT'S MEDICAL RECORD.		
27	(E) (D) A PHYSICIAN ASSISTANT WHO PERSONALLY PREPARES AND		
28	DISPENSES A DRUG SAMPLE OR STARTER DOSAGE IN THE COURSE OF TREATING		
29	A PATIENT AS AUTHORIZED UNDER SUBSECTION (B) (C) OF THIS SECTION SHALL		
30	COMPLY WITH THE REQUIREMENTS UNDER TITLES 12 AND 14 OF THIS ARTICLE		
31	AND APPLICABLE FEDERAL LAW AND REGULATIONS.		

- 1 (F) (E) BEFORE A PHYSICIAN ASSISTANT MAY RENEW A LICENSE FOR 2 AN ADDITIONAL 2-YEAR TERM UNDER § 15-307 OF THIS SUBTITLE, THE 3 PHYSICIAN ASSISTANT SHALL SUBMIT EVIDENCE TO THE BOARD OF 4 SUCCESSFUL COMPLETION OF 8 CATEGORY 1 HOURS OF PHARMACOLOGY EDUCATION WITHIN THE PREVIOUS 2 YEARS.
- 6 <u>15–302.3.</u>
- 7 (a) On a quarterly basis, the Board shall provide to the Board of Pharmacy a
 8 list of physician assistants whose delegation agreements include the delegation of
 9 [authority to exercise] prescriptive authority.
- 10 (b) The list required under subsection (a) of this section shall specify whether
 11 each physician assistant has been delegated the authority to prescribe controlled
 12 dangerous substances, prescription drugs, or medical devices.
- 13 (c) If a PRIMARY supervising physician who has delegated authority to
 14 exercise prescriptive authority to a physician assistant subsequently restricts or
 15 removes the delegation, the PRIMARY supervising physician shall notify the Board of
 16 the restriction or removal within 5 business days.
- 17 15–303.
- 18 (a) To qualify for a [certificate] LICENSE, an applicant shall be:
- 19 (1) $\Theta E OF good moral character;$
- 20 (2) Fluent in the English language DEMONSTRATE ORAL AND WRITTEN COMPETENCY IN THE ENGLISH LANGUAGE AS REQUIRED BY THE BOARD;
- 23 (3) \triangle BE AT least 18 years old; and
- (4) A (I) BE A graduate of a physician assistant [training]

 EDUCATIONAL program [approved by the Board] ACCREDITED BY THE
 ACCREDITATION REVIEW COMMISSION ON EDUCATION FOR THE PHYSICIAN
 ASSISTANT OR, ON OR BEFORE DECEMBER 31, 2000, ACCREDITED BY THE
 COMMITTEE ON ALLIED HEALTH EDUCATION AND ACCREDITATION OR THE
 COMMISSION ON ACCREDITATION OF ALLIED HEALTH EDUCATION PROGRAMS
 30 ; OR
- 31 (II) HAVE PASSED THE PHYSICIAN ASSISTANT NATIONAL
 32 CERTIFYING EXAMINATION ADMINISTERED BY THE NATIONAL COMMISSION ON
 33 CERTIFICATION OF PHYSICIAN ASSISTANTS PRIOR TO 1986, MAINTAINED ALL

1	CONTINUING EDUCATION AND RECERTIFICATION REQUIREMENTS, AND BEEN IN
$\overline{2}$	CONTINUOUS PRACTICE SINCE PASSAGE OF THE EXAMINATION.
3 4 5 6	(b) {Except as otherwise provided in this title, the} THE applicant shall pass {a national certifying examination approved by the Board} THE PHYSICIAN ASSISTANT NATIONAL CERTIFYING EXAMINATION ADMINISTERED BY THE NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS.
7 8	(c) An applicant who graduates from a physician assistant training program after October 1, 2003 shall have a bachelor's degree or its equivalent.
9 10	$\cline{L}(d)$ The Board shall adopt regulations governing the issuance of temporary certificates to applicants who:
11	(1) Have met all other requirements of this section; but
12	(2) Have not yet passed the national certifying examination.]
13 14 15 16 17 18 19	(D) THE BOARD MAY GRANT A LICENSE TO AN APPLICANT WHO DOES NOT MEET THE EDUCATIONAL REQUIREMENTS OF SUBSECTION (A)(4) OF THIS SECTION BUT WHO PASSED THE PHYSICIAN ASSISTANT NATIONAL CERTIFYING EXAMINATION ADMINISTERED BY THE NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS BEFORE 1986 AND HAS COMPLETED ALL CONTINUING EDUCATION AND RENEWAL OF CERTIFICATION REQUIREMENTS.
20	15–304.
21	An applicant for a [certificate] LICENSE shall:
22 23	(1) Submit an application to the Board on the form that the Board requires; and
24	(2) Pay to the Board the application fee set by the Board.
25	15–305.
26 27	(a) If an applicant qualifies for a [certificate] LICENSE under this subtitle, the Board shall send the applicant a notice that specifies that:
28	(1) The applicant has qualified for a [certificate] LICENSE; and

On receipt of the [certificate] LICENSE fee set by the Board, the

29

30

(2)

Board will issue a [certificate] LICENSE to the applicant.

1	(b) On payment of the [certificate] LICENSE fee, the Board shall issue a
2	[certificate] LICENSE to any applicant who meets the requirements of this subtitle.
3 4	(c) The Board shall include on each [certificate] LICENSE that the Board issues:
5	(1) The full name of the [certificate holder] LICENSEE;
6 7	(2) A serial number assigned by the Board to the [certificate holder] LICENSEE; and
8	(3) The signature of the Secretary under seal of the Board.
9	<u>15–305.</u>
10 11	THE BOARD SHALL ISSUE A LICENSE TO AN APPLICANT WHO MEETS THE REQUIREMENTS OF THIS TITLE.
12	15–306.
13 14 15	A [certificate] LICENSE authorizes the [certificate holder] LICENSEE to practice as a physician assistant <u>UNDER A DELEGATION AGREEMENT</u> while the [certificate] LICENSE is effective.
16	15–307.
17 18 19	(a) (1) Unless a [certificate] LICENSE is renewed for an additional term as provided in this section, the [certificate] LICENSE expires on the date set by the Board.
20 21	(2) A [certificate] LICENSE may not be renewed for a term longer than 2 years.
22 23 24	(b) At least 1 month before a [certificate] LICENSE expires, the Board shall send to the [certificate holder] LICENSEE, by first—class mail to the last known address of the [certificate holder] LICENSEE, a renewal notice that states:
25	(1) The date on which the current [certificate] LICENSE expires;
26 27	(2) The date by which the Board must receive the renewal application for the renewal to be issued and mailed before the [certificate] LICENSE expires; and
28	(3) The amount of the renewal fee.

1 2 3	(c) periodically LICENSEE:		e a [certificate] LICENSE expires, the [certificate holder] LICENSE enew it for an additional 2—year term, if the [certificate holder]
4		(1)	Is otherwise entitled to be issued a [certificate] LICENSE;
5		(2)	Pays to the Board the renewal fee, set by the Board; and
6		(3)	Submits to the Board:
7 8	and		(i) A renewal application on the form that the Board requires
9 10 11	education re	-	(ii) Satisfactory evidence of compliance with the continuing ents for [certificate] LICENSE renewal set by the Board under thi
12 13	FOR RENEV	<u>(4)</u> VAL OI	MEETS ANY ADDITIONAL REQUIREMENTS SET BY THE BOARD A LICENSE.
14 15 16		•	In addition to any other qualifications and requirement Board, the Board shall establish continuing education requirement he renewal of [certificates] LICENSES under this section.
17 18 19 20		care r	In establishing the continuing education requirements unde is subsection, the Board shall include a requirement for a course or eeds of terminally ill individuals and their families which shall ed to:
21			(i) Pain and symptom management;
22			(ii) The psycho–social dynamics of death;
23			(iii) Dying and bereavement; and
24			(iv) Hospice care.]
25 26	(e) holder] LIC		Board shall renew the [certificate] LICENSE of each [certificate] who meets the requirements of this section.
27 28 29 30	IMPOSE A C	DUCA'	THE FAILURE OF A LICENSEE TO OBTAIN CONTINUING TON CREDITS AS REQUIRED BY THE BOARD, THE BOARD MAY ENALTY NOT TO EXCEED \$100 FOR EACH MEDICAL EDUCATION LINED BY THE LICENSEE.

1	15–308.
2 3 4	The Board, in accordance with its regulations, shall reinstate the [certificate] LICENSE of a physician assistant who has failed to renew the [certificate] LICENSE for any reason if the physician assistant:
5	(1) Meets the renewal requirements of § 15–307 of this subtitle;
6	(2) Pays to the Board the reinstatement fee set by the Board; and
7 8 9	(3) Submits to the Board satisfactory evidence of compliance with the qualifications and requirements established under this subtitle for [certificate] LICENSE reinstatements; AND
10	(4) MEETS ANY ADDITIONAL REQUIREMENTS SET BY THE BOARD
11	FOR REINSTATEMENT.
12	15-308.1.
13 14	(A) THE BOARD MAY PLACE A LICENSEE ON INACTIVE STATUS, IF THE LICENSEE SUBMITS TO THE BOARD:
15 16	(1) AN APPLICATION FOR INACTIVE STATUS ON THE FORM REQUIRED BY THE BOARD; AND
17	(2) THE INACTIVE STATUS FEE SET BY THE BOARD.
18 19	(B) THE BOARD SHALL ISSUE A LICENSE TO AN INDIVIDUAL WHO IS ON 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 <u>AND DELEGATION AGREEMENT</u> FOR 2 INSPECTION AT THE PRIMARY PLACE OF BUSINESS OF THE LICENSEE.
- 3 (b) (1) Each [certificate holder] LICENSEE shall give the Board written 4 notice of any change of NAME OR address WITHIN 60 DAYS OF THE DATE OF THE 5 CHANGE.
- 6 (2) A LICENSEE WHO FAILS TO COMPLY WITH THIS SUBSECTION
 7 IS SUBJECT TO AN ADMINISTRATIVE PENALTY OF \$100.
- 8 15–310.

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- 9 (a) In reviewing an application for [certification] LICENSURE or in investigating an allegation brought under § 15–314 of this subtitle, the [Committee] PHYSICIAN ASSISTANT REHABILITATION PROGRAM may request the Board to direct, or the Board on its own initiative may direct the physician assistant to submit to an appropriate examination.
- 14 (b) In return for the privilege given to the physician assistant to perform delegated medical acts in the State, the physician assistant is deemed to have:
- 16 (1) Consented to submit to an examination under this section, if requested by the Board in writing; and
- 18 (2) Waived any claim of privilege as to the testimony or examination 19 reports.
 - (c) The unreasonable failure or refusal of the LICENSED physician assistant OR APPLICANT to submit to an examination is [grounds] PRIMA FACIE EVIDENCE OF THE LICENSED PHYSICIAN ASSISTANT'S INABILITY TO PERFORM DELEGATED MEDICAL ACTS AND IS CAUSE for denial of the application or immediate suspension of the [certification] LICENSE, UNLESS THE BOARD FINDS THAT THE FAILURE OR REFUSAL WAS BEYOND THE CONTROL OF THE LICENSED PHYSICIAN ASSISTANT.
- 26 (d) The Board shall pay the costs of any examination made under this 27 section.
- 28 (e) [(1) (i)] The Board shall assess each applicant for a [certificate] 29 LICENSE or the renewal of a [certificate] LICENSE to practice as a physician assistant, a fee set by the Board [.
- 31 (ii) The fee shall be] sufficient to fund the activities of the 32 [entity or entities with whom the Board contracts under § 14–401(e)] BOARD'S 33 REHABILITATION PROGRAM UNDER § 14–401(G) of this article in conducting a physician assistant rehabilitation program.

- [(iii) The fee shall be set by the Secretary each year after the submission by the entity or entities with whom the Board contracts under § 14–401(e) of this article to the Board of the annual budget for the Physician Assistant Rehabilitation Program.
- 5 (2) As provided under § 2–1220 of the State Government Article, the 6 Legislative Auditor, every 2 years, shall audit the accounts and transactions of the 7 entity or entities with whom the Board contracts under § 14–401(e) of this article in conducting the Physician Assistant Rehabilitation Program.]
- 9 15–311.
- Subject to the hearing provisions of § 15–313 of this subtitle, the Board, on the affirmative vote of a majority of its members then serving A QUORUM, may deny a [certificate] LICENSE to any applicant for:
- 13 (1) Failure to meet the qualifications for [certification] LICENSURE;
- 15 (2) Any ANY of the reasons that are grounds for disciplinary action 16 under § 15–314 of this subtitle.
- 17 15–312.
- 18 (a) Unless the Board agrees to accept the surrender of a [certification]
 19 LICENSE of A physician assistant, the physician assistant may not surrender the
 20 [certification] LICENSE nor may the [certification] LICENSURE lapse by operation of
 21 law while the physician assistant is under investigation or while charges are pending.
- 22 (b) The Board may set conditions on its agreement to accept surrender of a [certification] LICENSE.
- 24 15–313.
- 25 (a) (1) Except as otherwise provided under § 10–226 of the State Government Article, before the Board takes any action to deny a [certificate or to reject or modify a delegation agreement] LICENSE OR TO REJECT OR MODIFY A DELEGATION AGREEMENT OR ADVANCED DUTY, the Board shall give the applicant or [certificate holder] LICENSEE the opportunity for a hearing before the Board.
- 30 (2) The Board shall give notice and hold the hearing under Title 10, 31 Subtitle 2 of the State Government Article.
- 32 (3) The Board may administer oaths in connection with any 33 proceeding under this section.

$\frac{1}{2}$	(4) At least 14 days before the hearing, the hearing notice shall be sent to the last known address of the applicant or [certificate holder] LICENSEE.
3 4 5 6	(b) Any applicant aggrieved under this subtitle by a final decision of the Board denying a [certificate or denying or modifying a delegation agreement] LICENSE OR REJECTING OR MODIFYING A DELEGATION AGREEMENT OR ADVANCED DUTY may:
7	(1) Appeal that decision to the Board of Review; and
8 9	(2) Then take any further appeal allowed under Title 10, Subtitle 2 of the State Government Article.
10	15–314.
11 12 13 14 15	Subject to the hearing provisions of § 15-315 of this subtitle, the Board, on the affirmative vote of a majority of its members then serving, may reprimand any [certificate holder] LICENSEE, LIMIT OR OTHERWISE RESTRICT A LICENSE, IMPOSE CORRECTIVE MEASURES ON A LICENSEE, or suspend or revoke a [certificate] LICENSE if the [certificate holder] LICENSEE:
16 17 18	(1) Fraudulently or deceptively obtains or attempts to obtain a [certificate] LICENSE for the applicant or [certificate holder] LICENSEE or for another individual;
19	(2) Fraudulently or deceptively uses a [certificate] LICENSE;
20 21 22 23 24	(3) Violates any provision of this title or any regulations adopted under this title [or], commits any act which could serve as the basis for disciplinary action against a [physician] PERSON WHO IS LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED TO PRACTICE A HEALTH OCCUPATION under [§ 14-404 of] this article, OR A STIPULATION OR AGREEMENT OF THE BOARD;
25 26	(4) [Performs delegated medical acts beyond the scope of the certificate not within a delegation agreement approved by the Board;
27 28	(5)] Performs delegated medical acts without the supervision of a physician;
29	(5) IS CONVICTED OF A FELONY;
30	(6) Is habitually intoxicated;

1	(7) Is addicted to, or habitually abuses, any narcotic or
2	CONTROLLED DANGEROUS SUBSTANCE, AS DEFINED IN § 5-101 OF THE
3	CRIMINAL LAW ARTICLE, OR OTHER DRUG THAT IS IN EXCESS OF THERAPEUTIC
4	AMOUNTS OR WITHOUT VALID MEDICAL INDICATION;
5	(8) Has been adjudicated as mentally incompetent;
6	(9) Is physically or mentally unable to engage safely in
7	PRACTICE AS A PHYSICIAN ASSISTANT;
8	(10) DEMONSTRATES PROFESSIONAL INCOMPETENCE;
9	(11) VIOLATES PATIENT CONFIDENTIALITY, EXCEPT AS
10	OTHERWISE REQUIRED OR PERMITTED BY LAW;
11	(12) Engages in conduct intended to or with a
12	SUBSTANTIAL LIKELIHOOD TO DECEIVE, DEFRAUD, OR HARM THE PUBLIC;
13	(13) Engages in unprofessional or immoral conduct in
14	THE PRACTICE OF MEDICINE;
15	(14) Prescribes, sells, administers, distributes, orders,
16	OR GIVES AWAY ANY DRUG CLASSIFIED AS A CONTROLLED DANGEROUS
17	SUBSTANCE FOR OTHER THAN MEDICALLY ACCEPTED THERAPEUTIC PURPOSES;
18	(15) HAS COMMITTED AN ACT OF MORAL TURPITUDE;
19	(16) Is disciplined by a licensing or disciplinary
20	AUTHORITY OF ANY STATE OR COUNTRY FOR AN ACT THAT WOULD BE GROUNDS
21	FOR DISCIPLINARY ACTION UNDER THIS SECTION;
22	(17) FAILS TO COOPERATE WITH AN INVESTIGATION CONDUCTED
23	BY THE BOARD;
24	(18) Represents that the person is a physician;
25	[(6)] (19) Refuses, withholds from, denies, or discriminates against an
26	individual with regard to the provision of professional services for which the
27	[certificate holder] LICENSEE is [certified] LICENSED and qualified to render because
28	the individual is HIV positive;
0.0	
29	[(7)] (20) Except in an emergency life-threatening situation where it
30	is not feasible or practicable, fails to comply with the Centers for Disease [Control's]
31	CONTROL AND PREVENTION'S guidelines on universal precautions; or

1	[(8)]	(21) Is in breach of a service obligation resulting from the
2	applicant's or [cer	tificate holder's LICENSEE'S receipt of State or federal funding for
3	the applicant's or	[certificate holder's] LICENSEE'S physician assistant education.
4	<u>15–314.</u>	
5	(A) SUB.	JECT TO THE HEARING PROVISIONS OF § 15–315 OF THIS
6	SUBTITLE, THE	BOARD, ON THE AFFIRMATIVE VOTE OF A MAJORITY OF THE
7	QUORUM, MAY R	EPRIMAND ANY PHYSICIAN ASSISTANT, PLACE ANY PHYSICIAN
8	ASSISTANT ON	PROBATION, OR SUSPEND OR REVOKE A LICENSE IF THE
9	PHYSICIAN ASSIS	STANT:
LO	(1)	FRAUDULENTLY OR DECEPTIVELY OBTAINS OR ATTEMPTS TO
11	OBTAIN A LICENS	SE FOR THE APPLICANT OR LICENSEE OR FOR ANOTHER;
12	<u>(2)</u>	FRAUDULENTLY OR DECEPTIVELY USES A LICENSE;
13	<u>(3)</u>	IS GUILTY OF:
14		(I) IMMORAL CONDUCT IN THE PRACTICE OF MEDICINE; OR
15	MEDICINE.	(II) UNPROFESSIONAL CONDUCT IN THE PRACTICE OF
16	MEDICINE;	
17	(4)	IS PROFESSIONALLY, PHYSICALLY, OR MENTALLY
18	INCOMPETENT;	is indressionalli, inisidalli, on mentalli
LO	INCOMI ETENT,	
19	(5)	SOLICITS OR ADVERTISES IN VIOLATION OF § 14–503 OF THIS
20	TITLE ARTICLE;	
21	<u>(6)</u>	ABANDONS A PATIENT;
22	<u>(7)</u>	HABITUALLY IS INTOXICATED;
23	<u>(8)</u>	IS ADDICTED TO, OR HABITUALLY ABUSES, ANY NARCOTIC OR
24		ANGEROUS SUBSTANCE AS DEFINED IN § 5-101 OF THE
25	CRIMINAL LAW A	ARTICLE;
26	<u>(9)</u>	PROVIDES PROFESSIONAL SERVICES:
27		(I) WHILE UNDER THE INFLUENCE OF ALCOHOL: OR

1	(II) WHILE USING ANY NARCOTIC OR CONTROLLED
2	DANGEROUS SUBSTANCE, AS DEFINED IN § 5-101 OF THE CRIMINAL LAW
3	ARTICLE, OR OTHER DRUG THAT IS IN EXCESS OF THERAPEUTIC AMOUNTS OR
4	WITHOUT VALID MEDICAL INDICATION;
5	(10) Promotes the sale of drugs, devices, appliances, or
6	GOODS TO A PATIENT SO AS TO EXPLOIT THE PATIENT FOR FINANCIAL GAIN;
_	(11) What the way was on the car a trace percent on precent in
7	(11) WILLFULLY MAKES OR FILES A FALSE REPORT OR RECORD IN
8	THE PRACTICE OF MEDICINE;
9	(12) WILLFULLY FAILS TO FILE OR RECORD ANY MEDICAL REPORT
10	AS REQUIRED UNDER LAW, WILLFULLY IMPEDES OR OBSTRUCTS THE FILING OR
11	RECORDING OF THE REPORT, OR INDUCES ANOTHER TO FAIL TO FILE OR
12	RECORD THE REPORT;
12	NECOND THE REPORT
13	(13) ON PROPER REQUEST, AND IN ACCORDANCE WITH THE
14	PROVISIONS OF TITLE 4, SUBTITLE 3 OF THE HEALTH - GENERAL ARTICLE,
15	FAILS TO PROVIDE DETAILS OF A PATIENT'S MEDICAL RECORD TO THE PATIENT,
16	ANOTHER PHYSICIAN, OR HOSPITAL;
17	(14) SOLICITS PROFESSIONAL PATRONAGE THROUGH AN AGENT
18	OR OTHER PERSON OR PROFITS FROM THE ACTS OF A PERSON WHO IS
19	REPRESENTED AS AN AGENT OF THE PHYSICIAN;
20	(15) PAYS OR AGREES TO PAY ANY SUM TO ANY PERSON FOR
21	BRINGING OR REFERRING A PATIENT OR ACCEPTS OR AGREES TO ACCEPT ANY
22	SUM FROM ANY PERSON FOR BRINGING OR REFERRING A PATIENT;
20	(10) A CRETCH WITH A CLEVICAL OR PLOAVALWING ALL ARCHARODS
23	(16) AGREES WITH A CLINICAL OR BIOANALYTICAL LABORATORY
24	TO MAKE PAYMENTS TO THE LABORATORY FOR A TEST OR TEST SERIES FOR A
25 26	PATIENT, UNLESS THE LICENSED PHYSICIAN ASSISTANT DISCLOSES ON THE
26	BILL TO THE PATIENT OR THIRD-PARTY PAYOR:
27	(I) THE NAME OF THE LABORATORY;
41	<u>IIIE NAME OF THE EADORATORY.</u>
28	(II) THE AMOUNT PAID TO THE LABORATORY FOR THE TEST
29	OR TEST SERIES; AND
30	(III) THE AMOUNT OF PROCUREMENT OR PROCESSING
31	CHARGE OF THE LICENSED PHYSICIAN, IF ANY, FOR EACH SPECIMEN TAKEN;
	
32	(17) MAKES A WILLFUL MISREPRESENTATION IN TREATMENT;

1	(18) PRACTICES MEDICINE WITH AN UNAUTHORIZED PERSON OR
$\overset{-}{2}$	AIDS AN UNAUTHORIZED PERSON IN THE PRACTICE OF MEDICINE;
	<u> </u>
3	(19) GROSSLY OVERUTILIZES HEALTH CARE SERVICES;
4	(20) OFFERS, UNDERTAKES, OR AGREES TO CURE OR TREAT
5	DISEASE BY A SECRET METHOD, TREATMENT, OR MEDICINE;
6	(21) IS DISCIPLINED BY A LICENSING OR DISCIPLINARY
7	AUTHORITY OR CONVICTED OR DISCIPLINED BY A COURT OF ANY STATE OR
8	COUNTRY OR DISCIPLINED BY ANY BRANCH OF THE UNITED STATES
9	UNIFORMED SERVICES OR THE VETERANS' ADMINISTRATION FOR AN ACT THAT
10	WOULD BE GROUNDS FOR DISCIPLINARY ACTION UNDER THIS SECTION;
	(20) The second s
11	(22) FAILS TO MEET APPROPRIATE STANDARDS FOR THE
12	DELIVERY OF QUALITY MEDICAL AND SURGICAL CARE PERFORMED IN AN
13	OUTPATIENT SURGICAL FACILITY, OFFICE, HOSPITAL, OR ANY OTHER LOCATION
14	IN THIS STATE;
15	(23) WILLFULLY SUBMITS FALSE STATEMENTS TO COLLECT FEES
16	FOR WHICH SERVICES ARE NOT PROVIDED;
10	FOR WITCH SERVICES ARE NOT I ROVIDED,
17	(24) Was subject to investigation or disciplinary action
18	BY A LICENSING OR DISCIPLINARY AUTHORITY OR BY A COURT OF ANY STATE OR
19	COUNTRY FOR AN ACT THAT WOULD BE GROUNDS FOR DISCIPLINARY ACTION
20	UNDER THIS SECTION AND THE LICENSEE:
21	(I) SURRENDERED THE LICENSE ISSUED BY THE STATE OR
22	COUNTRY TO THE STATE OR COUNTRY; OR
23	(II) ALLOWED THE LICENSE ISSUED BY THE STATE OR
24	COUNTRY TO EXPIRE OR LAPSE;
~ -	(2F) The surrent of the part o
25	(25) KNOWINGLY FAILS TO REPORT SUSPECTED CHILD ABUSE IN
26	VIOLATION OF § 5-704 OF THE FAMILY LAW ARTICLE;
27	(96) FAILS TO EDUCATE A DATIENT DEING TREATED EOD DREAST
	(26) FAILS TO EDUCATE A PATIENT BEING TREATED FOR BREAST
28 29	CANCER OF ALTERNATIVE METHODS OF TREATMENT AS REQUIRED BY § 20–113
43	OF THE HEALTH – GENERAL ARTICLE;
30	(27) SELLS, PRESCRIBES, GIVES AWAY, OR ADMINISTERS DRUGS
31	FOR ILLEGAL OR ILLEGITIMATE MEDICAL PURPOSES;

1	(28) FAILS TO COMPLY WITH THE PROVISIONS OF § 12–102 OF
2	THIS ARTICLE;
3	(29) Refuses, withholds from, denies, or discriminates
4	AGAINST AN INDIVIDUAL WITH REGARD TO THE PROVISION OF PROFESSIONAL
5	SERVICES FOR WHICH THE PHYSICIAN ASSISTANT IS LICENSED AND QUALIFIED
6	TO RENDER BECAUSE THE INDIVIDUAL IS HIV POSITIVE;
7	(30) EXCEPT AS TO AN ASSOCIATION THAT HAS REMAINED IN
8	CONTINUOUS EXISTENCE SINCE JULY 1, 1963:
9	(I) ASSOCIATES WITH A PHARMACIST AS A PARTNER OR
10	CO-OWNER OF A PHARMACY FOR THE PURPOSE OF OPERATING A PHARMACY;
11	(II) EMPLOYS A PHARMACIST FOR THE PURPOSE OF
12	OPERATING A PHARMACY; OR
13	(III) CONTRACTS WITH A PHARMACIST FOR THE PURPOSE OF
14	OPERATING A PHARMACY;
15	(31) EXCEPT IN AN EMERGENCY LIFE-THREATENING SITUATION
16	WHERE IT IS NOT FEASIBLE OR PRACTICABLE, FAILS TO COMPLY WITH THE
17	CENTERS FOR DISEASE CONTROL AND PREVENTION'S GUIDELINES ON
18	UNIVERSAL PRECAUTIONS;
19	(32) FAILS TO DISPLAY THE NOTICE REQUIRED UNDER § 14–415
20	OF THIS SUBTITLE ARTICLE;
21	(33) FAILS TO COOPERATE WITH A LAWFUL INVESTIGATION
22	CONDUCTED BY THE BOARD;
23	(34) IS CONVICTED OF INSURANCE FRAUD AS DEFINED IN § 27–801
24	OF THE INSURANCE ARTICLE;
25	(35) Is in breach of a service obligation resulting from
26	THE APPLICANT'S OR LICENSEE'S RECEIPT OF STATE OR FEDERAL FUNDING
27	FOR THE PHYSICIAN ASSISTANT'S MEDICAL EDUCATION;
28	(36) WILLFULLY MAKES A FALSE REPRESENTATION WHEN
29	SEEKING OR MAKING APPLICATION FOR LICENSURE OR ANY OTHER
30	APPLICATION RELATED TO THE PRACTICE OF MEDICINE;
31	(37) By corrupt means, threats, or force, intimidates or

INFLUENCES, OR ATTEMPTS TO INTIMIDATE OR INFLUENCE, FOR THE PURPOSE

- 1 OF CAUSING ANY PERSON TO WITHHOLD OR CHANGE TESTIMONY IN HEARINGS
- 2 OR PROCEEDINGS BEFORE THE BOARD OR THOSE OTHERWISE DELEGATED TO
- 3 THE OFFICE OF ADMINISTRATIVE HEARINGS:
- 4 (38) BY CORRUPT MEANS, THREATS, OR FORCE, HINDERS,
- 5 PREVENTS, OR OTHERWISE DELAYS ANY PERSON FROM MAKING INFORMATION
- 6 AVAILABLE TO THE BOARD IN FURTHERANCE OF ANY INVESTIGATION OF THE
- 7 BOARD;
- 8 (39) Intentionally misrepresents credentials for the
- 9 PURPOSE OF TESTIFYING OR RENDERING AN EXPERT OPINION IN HEARINGS OR
- 10 PROCEEDINGS BEFORE THE BOARD OR THOSE OTHERWISE DELEGATED TO THE
- 11 OFFICE OF ADMINISTRATIVE HEARINGS;
- 12 (40) FAILS TO KEEP ADEQUATE MEDICAL RECORDS;
- 13 (41) PERFORMS DELEGATED MEDICAL ACTS BEYOND THE SCOPE
- 14 OF THE DELEGATION AGREEMENT FILED WITH THE BOARD OR AFTER
- 15 NOTIFICATION FROM THE BOARD THAT AN ADVANCED DUTY HAS BEEN
- 16 **DISAPPROVED; OR**
- 17 (42) PERFORMS DELEGATED MEDICAL ACTS WITHOUT THE
- 18 SUPERVISION OF A PHYSICIAN.
- 19 (B) (1) ON THE FILING OF CERTIFIED DOCKET ENTRIES WITH THE
- 20 BOARD BY THE OFFICE OF THE ATTORNEY GENERAL, THE BOARD SHALL
- 21 ORDER THE SUSPENSION OF A LICENSE IF THE PHYSICIAN ASSISTANT IS
- 22 CONVICTED OF OR PLEADS GUILTY OR NOLO CONTENDERE WITH RESPECT TO A
- 23 CRIME INVOLVING MORAL TURPITUDE, WHETHER OR NOT ANY APPEAL OR
- 24 OTHER PROCEEDING IS PENDING TO HAVE THE CONVICTION OR PLEA SET
- 25 ASIDE.
- 26 (2) AFTER COMPLETION OF THE APPELLATE PROCESS IF THE
- 27 CONVICTION HAS NOT BEEN REVERSED OR THE PLEA HAS NOT BEEN SET ASIDE
- 28 WITH RESPECT TO A CRIME INVOLVING MORAL TURPITUDE, THE BOARD SHALL
- ORDER THE REVOCATION OF A LICENSE ON THE CERTIFICATION BY THE OFFICE
- 30 OF THE ATTORNEY GENERAL.
- 31 15–315.
- 32 (a) (1) Except as otherwise provided under § 10–226 of the State
- Government Article, before the Board takes any action under \{\frac{\xi}{15-314}\xi} \frac{15-314}{315-314}(A) of
- 34 this subtitle, the Board shall give the individual against whom the action is
- 35 contemplated an opportunity for a hearing before a hearing officer.

- The hearing officer shall give notice and hold the hearing in 1 (2)2 accordance with Title 10. Subtitle 2 of the State Government Article.
- 3 (3)The Board may administer oaths in connection with any proceeding under this section. 4
- At least 14 days before the hearing, the hearing notice required 5 6 under this subtitle shall be sent by certified mail to the last known address of the 7 individual.
- 8 (b) Any [certificate holder] LICENSEE who is aggrieved by a final 9 decision of the Board under this subtitle may not appeal to the Board of Review but may take a direct judicial appeal. 10
- 11 The appeal shall be as provided for judicial review of the final (2)decision in Title 10. Subtitle 2 of the State Government Article. 12
- 13 An order of the Board under this subtitle may not be stayed pending (c) 14 review.
- 15 All of the findings and orders of the Board that relate to physician assistants are subject to the provisions of Title 14, Subtitle 4 of this article. 16
- **15–316.** 17

25

- 18 A PHYSICIAN ASSISTANT WHO IS LICENSED IN THIS STATE OR 19 AUTHORIZED TO PRACTICE IN ANY OTHER STATE OR WHO IS CREDENTIALED AS 20 A PHYSICIAN ASSISTANT BY A FEDERAL EMPLOYER WHO RESPONDS TO A NEED 21FOR MEDICAL CARE IN AN EMERGENCY OR A STATE OR LOCAL DISASTER MAY 22 PERFORM A MEDICAL ACT WITHOUT SUPERVISION OR WITH ANY SUPERVISION THAT IS AVAILABLE.
- 23
 - (B) A PHYSICIAN WHO SUPERVISES A PHYSICIAN ASSISTANT WHO PERFORMS A MEDICAL ACT IN RESPONSE TO AN EMERGENCY OR A STATE OR LOCAL DISASTER IS NOT REQUIRED TO MEET THE REQUIREMENTS FOR A PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN UNDER THIS TITLE.
- 28 IF AFTER A HEARING UNDER § 15-315 OF THIS SUBTITLE, THE (A) BOARD FINDS THAT THERE ARE GROUNDS FOR DISCIPLINE UNDER § 15-314(A) 29 30 OF THIS SUBTITLE TO SUSPEND OR REVOKE A LICENSE OF A PHYSICIAN ASSISTANT OR TO DENY A LICENSE TO AN APPLICANT OR TO REPRIMAND A 31 LICENSED PHYSICIAN ASSISTANT, THE BOARD MAY IMPOSE A FINE SUBJECT TO 32 33 THE BOARD'S REGULATIONS INSTEAD OF OR IN ADDITION TO SUSPENDING OR 34 REVOKING THE LICENSE OR REPRIMANDING THE LICENSEE.

- 1 (B) THE BOARD SHALL PAY ANY FINES COLLECTED UNDER THIS 2 SECTION INTO THE GENERAL FUND OF THE STATE.
- 3 **15–317.**
- 4 (A) A PHYSICIAN ASSISTANT IN THIS STATE OR IN ANY OTHER STATE IS
- 5 AUTHORIZED TO PERFORM ACTS, TASKS, OR FUNCTIONS AS A PHYSICIAN
- 6 ASSISTANT UNDER THE SUPERVISION OF A PHYSICIAN LICENSED TO PRACTICE
- 7 MEDICINE IN THE STATE DURING A DISASTER AS DEFINED BY THE GOVERNOR,
- 8 WITHIN A COUNTY IN WHICH A STATE OF DISASTER HAS BEEN DECLARED, OR
- 9 <u>COUNTIES CONTIGUOUS TO A COUNTY IN WHICH A STATE OF DISASTER HAS</u>
- 10 BEEN DECLARED.
- 11 (B) THE PHYSICIAN ASSISTANT SHALL NOTIFY THE BOARD IN WRITING
- 12 OF THE NAMES, PRACTICE LOCATIONS, AND TELEPHONE NUMBERS FOR THE
- 13 PHYSICIAN ASSISTANT AND EACH PRIMARY SUPERVISING PHYSICIAN WITHIN 30
- 14 DAYS OF THE FIRST PERFORMANCE OF MEDICAL ACTS, TASKS, OR FUNCTIONS
- 15 AS A PHYSICIAN ASSISTANT DURING THE DISASTER.
- 16 (C) A TEAM OF PHYSICIAN PHYSICIANS AND PHYSICIAN ASSISTANTS OR
- 17 PHYSICIAN ASSISTANTS PRACTICING UNDER THIS SECTION MAY NOT BE
- 18 REQUIRED TO MAINTAIN ON-SITE DOCUMENTATION DESCRIBING SUPERVISORY
- 19 ARRANGEMENTS AS OTHERWISE REQUIRED UNDER THIS TITLE.
- 20 15–401.
- 21 (a) Except as otherwise provided in this title, a person may not practice,
- 22 attempt to practice, or offer to practice as a physician assistant in the State unless the
- person has a [certificate] LICENSE issued by the Board.
- 24 (b) Except as otherwise provided in this title, a person may not perform,
- 25 attempt to perform, or offer to perform any delegated medical act beyond the scope of
- 26 the [certificate] LICENSE and which is consistent with a delegation agreement
- 27 [approved by] FILED WITH the Board.
- 28 15–402.
- 29 (a) Except as otherwise provided under this title, a person may not represent
- or imply to the public by use of the title ["certified"] "LICENSED physician assistant",
- 31 by other title, by description of services, methods, or procedures that the person is
- 32 [certified] LICENSED to practice as a physician assistant in the State.

- 1 (b) Unless [certified] LICENSED to practice as a physician assistant under 2 this title, a person may not use the words or terms "physician assistant", ["certified"] 3 "LICENSED physician assistant", or "P.A.".
- 4 **15–402.1.**
- 5 (A) EXCEPT AS OTHERWISE PROVIDED IN THIS SUBTITLE, A LICENSED
 6 PHYSICIAN MAY NOT EMPLOY OR SUPERVISE AN INDIVIDUAL PRACTICING AS A
 7 PHYSICIAN ASSISTANT WHO DOES NOT HAVE A LICENSE.
- 8 (B) EXCEPT AS OTHERWISE PROVIDED IN THIS SUBTITLE, A HOSPITAL,
 9 RELATED INSTITUTION, ALTERNATIVE HEALTH CARE SYSTEM, OR EMPLOYER
 10 MAY NOT EMPLOY AN INDIVIDUAL PRACTICING AS A PHYSICIAN ASSISTANT WHO
 11 DOES NOT HAVE A LICENSE.
- 12 (C) THE BOARD MAY IMPOSE A CIVIL PENALTY IN AN AMOUNT NOT 13 EXCEEDING \$1,000 FOR A VIOLATION OF THIS SECTION.
- 14 (D) THE BOARD SHALL REMIT ANY PENALTY COLLECTED UNDER THIS
 15 SUBSECTION INTO THE BOARD OF PHYSICIANS FUND.
- 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 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.
- [(2)] (3) The Board shall pay any civil penalty collected under this subsection into the Board of Physicians Fund.
- SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2010.

approved:	
	Governor.
	Speaker of the House of Delegates.
	President of the Senate.