

# SENATE BILL 308

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CF HB 323

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By: **Senators Conway, Currie, Dyson, Exum, Frosh, Harrington, Kelley, King, Lenett, McFadden, Middleton, Pinsky, Pugh, and Rosapepe**

Introduced and read first time: January 27, 2010

Assigned to: Education, Health, and Environmental Affairs

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## A BILL ENTITLED

1 AN ACT concerning

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

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

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



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

23 BY repealing and reenacting, with amendments,

24 Article – Health Occupations

25 Section 15–101, 15–102, 15–103, 15–205, 15–206, 15–301, 15–302, 15–302.2,  
26 15–303, 15–304, 15–305, 15–306, 15–307, 15–308, 15–309, 15–310,  
27 15–311, 15–312, 15–313, 15–314, 15–315, 15–401, 15–402, and 15–403

28 Annotated Code of Maryland  
29 (2009 Replacement Volume)

30 BY repealing

31 Article – Health Occupations

32 Section 15–201, 15–202, 15–203, 15–204, and 15–302.1

33 Annotated Code of Maryland  
34 (2009 Replacement Volume)

35 BY adding to

36 Article – Health Occupations

37 Section 15–308.1 and 15–316

38 Annotated Code of Maryland  
39 (2009 Replacement Volume)

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

42 **Article – Health Occupations**

1 15–101.

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

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

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

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

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

12 [(f) (D) “Controlled dangerous substances” has the meaning stated in  
13 § 5–101 of the Criminal Law Article.

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

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

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

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

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

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

28 [(k) (H) “Hospital” means:

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

- 1           (2)    A comprehensive care facility that:
- 2                   (i)    Meets the requirements of a hospital–based skilled nursing  
3 facility under federal law; **AND**
- 4                   (ii)   Offers acute care in the same building[; and
- 5                   (iii) Has the same protocols and degree of supervision of  
6 physician assistants as it does in its acute care area]; and
- 7           (3)    An emergency room that is physically connected to a hospital **OR A**  
8 **FREESTANDING MEDICAL FACILITY THAT IS LICENSED UNDER TITLE 19,**  
9 **SUBTITLE 3B OF THE HEALTH – GENERAL ARTICLE.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

18           [(p) “Protocols” means written policies, bylaws, rules, or regulations  
19 established by a hospital, public health facility, correctional facility, or detention  
20 center that:

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

23           (2) Describe the delegated medical acts a physician assistant may  
24 execute; and

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

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

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

31           [(s) **(P) (1) “Supervision” means [the responsibility of a physician to**  
32 **exercise on-site supervision or immediately available direction for physician**

1 assistants performing delegated medical acts] **PHYSICIAN OVERSIGHT OF AND**  
2 **ACCEPTANCE OF RESPONSIBILITY FOR THE MEDICAL SERVICES AND CARE**  
3 **RENDERED BY A PHYSICIAN ASSISTANT.**

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

12 15-102.

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

- 15 (1) Nursing;
- 16 (2) Optometry;
- 17 (3) Physical therapy; or
- 18 (4) Psychology.

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

21 15-103.

22 (A) **IN THIS SECTION, "ALTERNATIVE HEALTH CARE SYSTEM" HAS THE**  
23 **MEANING STATED IN § 1-401 OF THIS ARTICLE.**

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

27 (C) **EXCEPT AS OTHERWISE PROVIDED UNDER SUBSECTIONS (B) AND**  
28 **(D) OF THIS SECTION, A HOSPITAL, A RELATED INSTITUTION, AN ALTERNATIVE**  
29 **HEALTH CARE SYSTEM, OR AN EMPLOYER OF A PHYSICIAN ASSISTANT SHALL**  
30 **REPORT TO THE BOARD, ON THE FORM PRESCRIBED BY THE BOARD, ANY**  
31 **LIMITATION, REDUCTION, OR OTHER CHANGE OF THE TERMS OF EMPLOYMENT**  
32 **OF THE PHYSICIAN ASSISTANT OR ANY TERMINATION OF EMPLOYMENT OF THE**

1 PHYSICIAN ASSISTANT FOR ANY REASON THAT MIGHT BE GROUNDS FOR  
2 DISCIPLINARY ACTION UNDER § 15-314 OF THIS TITLE.

3 (D) A HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH  
4 SYSTEM, OR EMPLOYER THAT HAS REASON TO KNOW THAT A PHYSICIAN  
5 ASSISTANT HAS COMMITTED AN ACTION OR HAS A CONDITION THAT MIGHT BE  
6 GROUNDS FOR REPRIMAND OR PROBATION OF THE PHYSICIAN ASSISTANT OR  
7 SUSPENSION OR REVOCATION OF THE LICENSE OF THE PHYSICIAN ASSISTANT  
8 UNDER § 15-314 OF THIS TITLE BECAUSE THE PHYSICIAN ASSISTANT IS  
9 ALCOHOL- OR DRUG-IMPAIRED IS NOT REQUIRED TO REPORT TO THE BOARD  
10 IF:

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

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

16 (II) UNDER THE CARE OF A HEALTH CARE PRACTITIONER  
17 WHO IS COMPETENT AND CAPABLE OF DEALING WITH ALCOHOLISM AND DRUG  
18 ABUSE;

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

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

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

32 (2) IF THE PHYSICIAN ASSISTANT FAILS TO PROVIDE THE NOTICE  
33 REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION, AND THE HOSPITAL,  
34 RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER LEARNS  
35 THAT THE PHYSICIAN ASSISTANT HAS ENTERED A TREATMENT PROGRAM, THE

1 HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR  
2 EMPLOYER SHALL REPORT TO THE BOARD THAT THE PHYSICIAN ASSISTANT  
3 HAS ENTERED A TREATMENT PROGRAM AND HAS FAILED TO PROVIDE THE  
4 REQUIRED NOTICE.

5 (3) IF THE PHYSICIAN ASSISTANT IS FOUND TO BE  
6 NONCOMPLIANT WITH THE TREATMENT PROGRAM'S POLICIES AND  
7 PROCEDURES WHILE IN THE TREATMENT PROGRAM, THE TREATMENT  
8 PROGRAM SHALL NOTIFY THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE  
9 HEALTH SYSTEM, OR EMPLOYER OF THE PHYSICIAN ASSISTANT'S  
10 NONCOMPLIANCE.

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

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

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

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

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

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

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

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

33 [15-201.



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

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

3 [15–202.

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

5 (2) Of the 7 Committee members:

6 (i) 3 shall be licensed physicians;

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

8 (iii) 1 shall be a consumer.

9 (3) Of the licensed physician members:

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

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

14 (4) The Board shall:

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

17 1. The Maryland Academy of Physician Assistants; and

18 2. The State institutions of higher education with  
19 approved physician assistant programs;

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

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

24 (5) The consumer member:

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

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

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

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

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

6 (b) Of the three physician members of the Committee, two shall be  
7 previously or currently serving as supervising physicians of a physician assistant  
8 under a Board-approved delegation agreement.

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

11 (d) The physician assistant members shall be currently practicing as a  
12 physician assistant or employed as a faculty member of an accredited physician  
13 assistant program.

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

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

18 [15-203.

19 (a) The Board shall adopt regulations governing:

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

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

22 (3) The removal of Committee members; and

23 (4) The duties of each officer.

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

28 [15-204.

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

1 [15–205.] **15–201.**

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

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

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

8 (3) Report to the Board any conduct of a supervising physician or a  
9 physician assistant that may be cause for disciplinary action under this title or under  
10 § 14–404 of this article; and

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

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

15 [(2) The Board shall:

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

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

19 [(3) (B) The Board may:

20 [(i) (1) Investigate any alleged unauthorized practice of a  
21 physician assistant;

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

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

31 [15–206.] **15–202.**

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

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

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

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

7 (2) (i) If the Governor does not include in the State budget at least  
8 \$750,000 for the operation of the Health Personnel Shortage Incentive Grant Program  
9 under § 18–803 of the Education Article and the Maryland Loan Assistance  
10 Repayment Program for Physicians under Title 18, Subtitle 28 of the Education  
11 Article, as administered by the Maryland Higher Education Commission, the  
12 Comptroller shall distribute:

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

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

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

24 2. The balance of the fees to the Board of Physicians  
25 Fund.

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

31 (iii) If the Governor includes in the State budget at least  
32 \$750,000 for the operation of the Health Personnel Shortage Incentive Grant Program  
33 under § 18–803 of the Education Article and the Maryland Loan Assistance  
34 Repayment Program for Physicians under Title 18, Subtitle 28 of the Education  
35 Article, as administered by the Maryland Higher Education Commission, the  
36 Comptroller shall distribute the fees to the Board of Physicians Fund.

1 15-301.

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

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

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

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

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

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

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

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

17 (ii) Reviewing patient records to develop comprehensive medical  
18 status reports;

19 (2) Performing physical examinations and recording all pertinent  
20 patient data;

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

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

26 (5) Providing instructions and guidance regarding medical care  
27 matters to patients;

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

31 (i) Recording patient progress notes;

1 (ii) Issuing diagnostic orders; and

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

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

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

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

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

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

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

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

20 **(2) A PHYSICIAN ASSISTANT MAY PERFORM THE FUNCTIONS AND**  
21 **RESPONSIBILITIES, INCLUDING ORDERING, PRESCRIBING AND DISPENSING,**  
22 **AND ADMINISTERING DRUGS AND MEDICAL DEVICES, THAT ARE DELEGATED BY**  
23 **A PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN.**

24 **(3) A PHYSICIAN ASSISTANT MAY PERFORM ANY MEDICAL ACT**  
25 **THAT IS DELEGATED BY THE PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN**  
26 **WHEN THE ACT IS WITHIN THE SKILLS OF THE PHYSICIAN ASSISTANT AS**  
27 **DETERMINED BY THE PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN,**  
28 **FORMS A COMPONENT OF THE PRIMARY OR ALTERNATE SUPERVISING**  
29 **PHYSICIAN’S SCOPE OF PRACTICE, AND IS PROVIDED WITH SUPERVISION.**

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

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

5           **(3) (I) A PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN**  
6 **SHALL ENSURE THAT ALL MEDICAL ACTS TO BE DELEGATED TO A PHYSICIAN**  
7 **ASSISTANT ARE APPROPRIATE TO THE PHYSICIAN ASSISTANT'S EDUCATION,**  
8 **TRAINING, AND LEVEL OF COMPETENCE, AS DETERMINED BY THE PRIMARY**  
9 **SUPERVISING PHYSICIAN.**

10           **(II) A PHYSICIAN ASSISTANT AND A PRIMARY SUPERVISING**  
11 **PHYSICIAN SHALL:**

12                   **1. DEFINE THE RELATIONSHIP OF THE PHYSICIAN**  
13 **ASSISTANT TO THE PRIMARY SUPERVISING PHYSICIAN AND THE ACCESS OF THE**  
14 **PHYSICIAN ASSISTANT TO THE PRIMARY SUPERVISING PHYSICIAN; AND**

15                   **2. ESTABLISH A PROCESS TO EVALUATE THE**  
16 **PERFORMANCE OF THE PHYSICIAN ASSISTANT.**

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

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

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

23                   **(3) SHALL EXECUTE A DELEGATION AGREEMENT WITH EACH**  
24 **PHYSICIAN ASSISTANT ON THE FORM THAT THE BOARD REQUIRES THAT IS**  
25 **POSTED BY THE BOARD ON ITS WEBSITE OR PROVIDED BY THE BOARD ON**  
26 **WRITTEN REQUEST, STATING THAT THE PHYSICIAN WILL SUPERVISE EACH**  
27 **PHYSICIAN ASSISTANT AND RETAIN PROFESSIONAL RESPONSIBILITY FOR THE**  
28 **CARE RENDERED BY THE PHYSICIAN ASSISTANT.**

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

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

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

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

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

7            (1)     A physician assistant student **ENROLLED** in a physician assistant  
8 **[training] EDUCATIONAL** program that is accredited by the **[Commission on Allied**  
9 **Health Education Programs] ACCREDITATION REVIEW COMMISSION ON**  
10 **EDUCATION FOR THE PHYSICIAN ASSISTANT** and approved by the Board; or

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

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

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

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

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



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

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

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

10 (b) The delegation agreement shall contain:

11 (1) A description of the qualifications of the **PRIMARY** supervising  
12 physician and physician assistant;

13 (2) A description of the settings in which the physician assistant will  
14 practice;

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

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

20 (5) An attestation that all medical acts to be delegated to the  
21 physician assistant are within the scope of practice of the **PRIMARY OR ALTERNATE**  
22 supervising physician and appropriate to the physician assistant's education, training,  
23 and level of competence **AS DETERMINED BY THE PRIMARY OR ALTERNATE**  
24 **SUPERVISING PHYSICIAN**;

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

28 (7) An attestation by the **PRIMARY** supervising physician of the  
29 physician's acceptance of responsibility for any care given by the physician assistant;

30 (8) A description prepared by the **PRIMARY** supervising physician of  
31 the process by which the physician assistant's practice is reviewed appropriate to the  
32 practice setting and consistent with current standards of acceptable medical practice;

1 (9) An attestation by the **PRIMARY** supervising physician that the  
2 physician will respond in a timely manner when contacted by the physician assistant;  
3 and

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

6 (c) (1) The delegation agreement shall be [submitted] **FILED** with the  
7 application fee established by the Board and the **PRIMARY** supervising physician and  
8 physician assistant shall comply with all other requirements established by the Board  
9 in accordance with this title.

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

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

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

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

21 (1) May approve the delegation agreement; or

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

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

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

29 2. May not restrict the submission of an amendment to  
30 the delegation agreement.]

31 [(g) (D) If the Board determines that a **PRIMARY** supervising physician or  
32 physician assistant is practicing in a manner inconsistent with the requirements of  
33 this title or Title 14 of this article, the Board [on its own initiative or on the  
34 recommendation of the Committee] may demand modification of the practice[,

1 withdraw the approval of the delegation agreement,] or take other disciplinary action  
2 under § 14–404 or § 15–314 of this article.

3 [(h) (1) A delegation agreement approved under this subtitle may be  
4 reviewed as a component of the certificate renewal process established under § 15–307  
5 of this subtitle.

6 (2) A delegation agreement shall expire when a physician assistant’s  
7 certificate expires.

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

11 (1) A correctional facility;

12 (2) A detention center; or

13 (3) A public health facility.]

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

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

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

19 (2) As an alternate supervising physician if:

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

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

25 (iii) The alternate supervising physician’s period of supervision,  
26 in the absence of the primary supervising physician, does not exceed:

27 1. The period of time specified in the delegation  
28 agreement; and

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

30 (iv) The physician assistant performs only those medical acts  
31 that:

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

3                                   2.     Are within the scope of practice of the alternate  
4 supervising physician.

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

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

10 [15–302.1.

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

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

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

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

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

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

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

29 [15–302.2.] **15–302.1.**

30           **(A)    (1)    IN THIS SECTION THE FOLLOWING WORDS HAVE THE**  
31 **MEANINGS INDICATED.**

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

3                   **(I) IS PHYSICALLY PRESENT ON THE PREMISES WHERE THE**  
4 **PRESCRIPTION IS FILLED; AND**

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

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

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

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

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

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

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

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

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

26                   (5) Evidence demonstrating:

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

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

- 1           (6) Evidence demonstrating:
- 2                   (i) A bachelor's degree or its equivalent;
- 3                   (ii) 2 years of work experience as a physician assistant; or
- 4                   (iii) Prior approval by the Board of a delegation agreement,
- 5 including approval for writing medication orders].

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

9                   **(2) A PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN MAY**  
10 **DELEGATE THE PRESCRIBING OF SUBSTANCES THAT ARE IDENTIFIED AS**  
11 **SCHEDULES II THROUGH V CONTROLLED DANGEROUS SUBSTANCES UNDER §**  
12 **5-402 OF THE CRIMINAL LAW ARTICLE, INCLUDING LEGEND DRUGS AS**  
13 **DEFINED UNDER § 503(B) OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT.**

14           **[(2)] (3) A PRIMARY OR ALTERNATE** supervising physician may not  
15 delegate the prescribing of controlled dangerous substances to a physician assistant  
16 unless the physician assistant has a valid:

- 17                   (i) State controlled dangerous substance registration; and
- 18                   (ii) Federal Drug Enforcement Agency (DEA) registration.

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

22                   **(1) (I) PHARMACY SERVICES ARE NOT REASONABLY**  
23 **AVAILABLE;**

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

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

26                   **(2) THE STARTER DOSAGE COMPLIES WITH THE LABELING**  
27 **REQUIREMENTS OF § 12-509 OF THIS ARTICLE;**

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

29                   **(4) THE PHYSICIAN ASSISTANT ENTERS AN APPROPRIATE**  
30 **RECORD IN THE PATIENT'S MEDICAL RECORD.**

1           **(E) A PHYSICIAN ASSISTANT WHO PERSONALLY PREPARES AND**  
2 **DISPENSES A DRUG IN THE COURSE OF TREATING A PATIENT AS AUTHORIZED**  
3 **UNDER SUBSECTION (B) OF THIS SECTION SHALL COMPLY WITH THE**  
4 **REQUIREMENTS UNDER TITLES 12 AND 14 OF THIS ARTICLE AND APPLICABLE**  
5 **FEDERAL LAW AND REGULATIONS.**

6           **(F) BEFORE A PHYSICIAN ASSISTANT MAY RENEW A LICENSE FOR AN**  
7 **ADDITIONAL 2-YEAR TERM UNDER § 15-307 OF THIS SUBTITLE, THE PHYSICIAN**  
8 **ASSISTANT SHALL SUBMIT EVIDENCE TO THE BOARD OF SUCCESSFUL**  
9 **COMPLETION OF 8 CATEGORY 1 HOURS OF PHARMACOLOGY EDUCATION WITHIN**  
10 **THE PREVIOUS 2 YEARS.**

11 15-303.

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

- 13           (1) Of good moral character;
- 14           (2) Fluent in the English language;
- 15           (3) At least 18 years old; and

16           (4) A graduate of a physician assistant [training] EDUCATIONAL  
17 program [approved by the Board] ACCREDITED BY THE ACCREDITATION REVIEW  
18 COMMISSION ON EDUCATION FOR THE PHYSICIAN ASSISTANT OR, ON OR  
19 BEFORE DECEMBER 31, 2000, ACCREDITED BY THE COMMITTEE ON ALLIED  
20 HEALTH EDUCATION AND ACCREDITATION OR THE COMMISSION ON  
21 ACCREDITATION OF ALLIED HEALTH EDUCATION PROGRAMS.

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

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

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

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

1           **(D) THE BOARD MAY GRANT A LICENSE TO AN APPLICANT WHO DOES**  
2 **NOT MEET THE EDUCATIONAL REQUIREMENTS OF SUBSECTION (A)(4) OF THIS**  
3 **SECTION BUT WHO PASSED THE PHYSICIAN ASSISTANT NATIONAL CERTIFYING**  
4 **EXAMINATION ADMINISTERED BY THE NATIONAL COMMISSION ON**  
5 **CERTIFICATION OF PHYSICIAN ASSISTANTS BEFORE 1986 AND HAS**  
6 **COMPLETED ALL CONTINUING EDUCATION AND RENEWAL OF CERTIFICATION**  
7 **REQUIREMENTS.**

8 15-304.

9           An applicant for a [certificate] LICENSE shall:

10           (1) Submit an application to the Board on the form that the Board  
11 requires; and

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

13 15-305.

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

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

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

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

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

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

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

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

27 15-306.

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



1 15-307.

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

5 (2) A [certificate] LICENSE may not be renewed for a term longer than  
6 2 years.

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

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

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

13 (3) The amount of the renewal fee.

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

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

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

19 (3) Submits to the Board:

20 (i) A renewal application on the form that the Board requires;  
21 and

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

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

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

- 1 (i) Pain and symptom management;
- 2 (ii) The psycho-social dynamics of death;
- 3 (iii) Dying and bereavement; and
- 4 (iv) Hospice care.]

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

7 15-308.

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

- 11 (1) Meets the renewal requirements of § 15-307 of this subtitle;
- 12 (2) Pays to the Board the reinstatement fee set by the Board; and
- 13 (3) Submits to the Board satisfactory evidence of compliance with the  
14 qualifications and requirements established under this subtitle for [certificate]  
15 LICENSE reinstatements.

16 **15-308.1.**

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

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

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

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

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

25 **(I) SATISFACTORY EVIDENCE OF COMPLIANCE WITH THE**  
26 **CONTINUING EDUCATION REQUIREMENTS THE BOARD ADOPTS FOR THIS**  
27 **PURPOSE; AND**

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

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

2   15-309.

3           (a) Each [certificate holder] **LICENSEE** shall [produce] **KEEP** a [valid  
4 certificate and delegation agreement when requested to do so by an existing or  
5 potential employer or client] **LICENSE FOR INSPECTION AT THE PRIMARY PLACE**  
6 **OF BUSINESS OF THE LICENSEE.**

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

9   15-310.

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

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

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

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

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

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

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

1                   (ii) The fee shall be] sufficient to fund the activities of the  
2 [entity or entities with whom the Board contracts under § 14-401(e)] **BOARD'S**  
3 **REHABILITATION PROGRAM UNDER § 14-401(G)** of this article in conducting a  
4 physician assistant rehabilitation program.

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

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

13 15-311.

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

17                   (1) Failure to meet the qualifications for [certification] **LICENSURE**;  
18 or

19                   (2) Any of the reasons that are grounds for disciplinary action under §  
20 15-314 of this subtitle.

21 15-312.

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

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

28 15-313.

29                   (a) (1) Except as otherwise provided under § 10-226 of the State  
30 Government Article, before the Board takes any action to deny a [certificate or to  
31 reject or modify a delegation agreement] **LICENSE**, the Board shall give the applicant  
32 or [certificate holder] **LICENSEE** the opportunity for a hearing before the Board.

33                   (2) The Board shall give notice and hold the hearing under Title 10,  
34 Subtitle 2 of the State Government Article.

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

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

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

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

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

11 15–314.

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

17           (1) Fraudulently or deceptively obtains or attempts to obtain a  
18 [certificate] LICENSE for the applicant or [certificate holder] LICENSEE or for another  
19 individual;

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

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

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

28           (5)] Performs delegated medical acts without the supervision of a  
29 physician;

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

31           **(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;**

1           **[(7)] (20)** Except in an emergency life-threatening situation where it  
2 is not feasible or practicable, fails to comply with the Centers for Disease **[Control's]**  
3 **CONTROL AND PREVENTION'S** guidelines on universal precautions; or

4           **[(8)] (21)** Is in breach of a service obligation resulting from the  
5 applicant's or **[certificate holder's] LICENSEE'S** receipt of State or federal funding for  
6 the applicant's or **[certificate holder's] LICENSEE'S** physician assistant education.

7 15-315.

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

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

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

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

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

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

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

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

28 **15-316.**

29           **(A) A PHYSICIAN ASSISTANT WHO IS LICENSED IN THIS STATE OR**  
30 **AUTHORIZED TO PRACTICE IN ANY OTHER STATE OR WHO IS CREDENTIALLED AS**  
31 **A PHYSICIAN ASSISTANT BY A FEDERAL EMPLOYER WHO RESPONDS TO A NEED**  
32 **FOR MEDICAL CARE IN AN EMERGENCY OR A STATE OR LOCAL DISASTER MAY**  
33 **PERFORM A MEDICAL ACT WITHOUT SUPERVISION OR WITH ANY SUPERVISION**  
34 **THAT IS AVAILABLE.**

1           **(B) A PHYSICIAN WHO SUPERVISES A PHYSICIAN ASSISTANT WHO**  
2 **PERFORMS A MEDICAL ACT IN RESPONSE TO AN EMERGENCY OR A STATE OR**  
3 **LOCAL DISASTER IS NOT REQUIRED TO MEET THE REQUIREMENTS FOR A**  
4 **PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN UNDER THIS TITLE.**

5 15-401.

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

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

13 15-402.

14           (a) Except as otherwise provided under this title, a person may not represent  
15 or imply to the public by use of the title [“certified] **“LICENSED** physician assistant”,  
16 by other title, by description of services, methods, or procedures that the person is  
17 [certified] **LICENSED** to practice as a physician assistant in the State.

18           (b) Unless [certified] **LICENSED** to practice as a physician assistant under  
19 this title, a person may not use the words or terms “physician assistant”, [“certified]  
20 **“LICENSED** physician assistant”, or “P.A.”.

21 15-403.

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

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

25                   (2) Shall lose [certification] **LICENSURE** as a physician assistant  
26 under this title.

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

30                   **(2) IN ADDITION TO THE PENALTIES UNDER PARAGRAPH (1) OF**  
31 **THIS SUBSECTION, A PERSON WHO VIOLATES § 15-309 OF THIS TITLE MAY BE**



1 SUBJECT TO A CIVIL PENALTY ASSESSED BY THE BOARD IN AN AMOUNT NOT  
2 EXCEEDING \$100.

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

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