m J2 0lr1978 CF HB 323

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

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 31, 2010

CHAPTER	
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1 AN ACT concerning

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Health Occupations - Licensure of Physician Assistants

FOR the purpose of requiring an individual to be licensed rather than certified by the State Board of Physicians before the individual may practice as a physician assistant; repealing certain language prohibiting a physician assistant from practicing within the scope of certain health occupations; requiring hospitals, related institutions, alternative health care systems and employers to report to the State Board certain changes in the terms of employment of physician assistants; making certain exceptions for alcohol- or drug-impaired physician assistants; authorizing the State Board to impose a certain civil penalty for failure to make a certain report; repealing the Physician Assistant Advisory Committee within the State Board and certain provisions of law relating to the Committee; altering the appointments and qualifications for members of the Physician Assistant Advisory Committee within the Board; authorizing the Board, rather than the Secretary of Health, 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

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

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



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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 circumstances: 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 assistants; adding certain grounds for the discipline of physicians; authorizing certain physician assistants to respond to a need for medical care without supervision or with any available supervision under certain emergency eircumstances; authorizing certain physician assistants to perform under certain supervision during certain disasters without being required to maintain certain documentation; exempting physicians who supervise physician assistants under certain emergency circumstances from certain requirements; authorizing the State Board to assess a certain civil penalty under certain circumstances; repealing certain definitions; altering certain definitions;

$\frac{1}{2}$	making certain stylistic and technical changes; and generally relating to the licensure of physician assistants.					
3	BY repealing and reenacting, with amendments,					
4	Article – Health Occupations					
5	Section 15–101, 15–102, 15–103, <u>15–202, 15–203,</u> 15–205, 15–206, 15–301,					
6	15-302, $15-302.1$, $15-302.2$, $15-302.3$, $15-303$, $15-304$, $15-305$, $15-306$,					
7	15-307, $15-308$, $15-309$, $15-310$, $15-311$, $15-312$, $15-313$, $15-314$,					
8	15–315, 15–401, 15–402, and 15–403					
9	Annotated Code of Maryland					
10	(2009 Replacement Volume)					
11	BY repealing					
12	Article – Health Occupations					
13	Section 15–201, 15–202, 15–203, 15–204, and 15–302.1					
L 4	<u>Section 15–305 and 15–314</u>					
L 5	Annotated Code of Maryland					
16	(2009 Replacement Volume)					
L 7	BY repealing and reenacting, without amendments,					
18	Article – Health Occupations					
19	Section 15–102, 15–201, and 15–204					
20	Annotated Code of Maryland					
21	(2009 Replacement Volume)					
22	BY adding to					
23	Article – Health Occupations					
24	Section 15-308.1 and 15-316 <u>15-305</u> , <u>15-314</u> , <u>15-316</u> , <u>15-317</u> , <u>and 15-402.1</u>					
25	Annotated Code of Maryland					
26	(2009 Replacement Volume)					
27	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF					
28	MARYLAND, That the Laws of Maryland read as follows:					
29	Article - Health Occupations					
30	15–101.					
31	(a) In this title the following words have the meanings indicated.					
)1	(a) In this title the following words have the meanings indicated.					
32	(b) "Alternate supervising physician" means one or more physicians					
33	designated by the PRIMARY supervising physician to provide supervision of a					
34 35	physician assistant [during the absence of the supervising physician and] in accordance with the delegation agreement on file with the Board.					
JU	accordance with the delegation agreement on the with the board.					

(C) "AMBULATORY SURGICAL FACILITY" MEANS A FACILITY:

 $medication \ in \ stock.$

1	(1) ACCREDITED BY:
2 3	(I) THE AMERICAN ASSOCIATION FOR ACCREDITATION OF AMBULATORY SURGICAL FACILITIES;
4 5	(II) THE ACCREDITATION ASSOCIATION FOR AMBULATORY HEALTH CARE; OR
6 7	(III) THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTH CARE ORGANIZATIONS; OR
8 9	(2) CERTIFIED TO PARTICIPATE IN THE MEDICARE PROGRAM, AS ENACTED BY TITLE XVIII OF THE SOCIAL SECURITY ACT.
10 11	(e) (D) "Board" means the State Board of Physicians, established under § 14–201 of this article.
12 13	[(d) "Certificate" means a certificate issued by the Board to a physician assistant under this title.]
14	(e) "Committee" means the Physician Assistant Advisory Committee.
15 16	[(f)] (D) "Controlled dangerous substances" has the meaning stated in § 5–101 of the Criminal Law Article.
17	{ (g) } (E) "Correctional facility" includes a State or local correctional facility.
18 19	[(h)] (F) "Delegated medical acts" means activities that constitute the practice of medicine delegated by a physician under Title 14 of this article.
20 21 22	[(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.
23 24 25	[(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:
26 27	(1) The hospital, public health facility, correctional facility, or detention center does not have an on–site pharmacy; or
28 29	(2) The on-site pharmacy at the hospital, public health facility, correctional facility, or detention center is closed or does not have a particular

1 2	(J) "DISPENSE" MEANS TO DISPENSE DRUG SAMPLES OR STARTER DOSAGES.
3 4 5	(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.
6	[(k)] (L) "Hospital" means:
7 8	(1) A hospital as defined under § 19–301 of the Health – General Article;
9	(2) A comprehensive care facility that:
10 11	(i) Meets the requirements of a hospital-based skilled nursing facility under federal law; AND
12	(ii) Offers acute care in the same building[; and
13 14	(iii) Has the same protocols and degree of supervision of physician assistants as it does in its acute care area]; and
15 16 17	(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.
18 19	(H) (M) "LICENSE" MEANS A LICENSE ISSUED BY THE BOARD TO A PHYSICIAN ASSISTANT UNDER THIS TITLE.
20 21 22 23 24	[(l)] (J) (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.
25 26 27	[(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.
28 29	[(n)] (L) (P) "Practice as a physician assistant" means the performance of medical acts that are:
30	(1) Delegated by a PRIMARY OR ALTERNATE supervising physician to

a physician assistant;

- 1 (2) Within the **PRIMARY OR ALTERNATE** supervising physician's 2 scope of practice; and
- 3 (3) Appropriate to the physician assistant's education, training, and experience AS DETERMINED BY THE PRIMARY SUPERVISING PHYSICIAN.
- [(o)] (M) (Q) "Prescriptive authority" means the authority delegated by a FRIMARY OR ALTERNATE supervising physician to a physician assistant to prescribe:
- 8 **(1)** PRESCRIBE and administer controlled dangerous substances, prescription drugs, medical devices, and the oral, written, or electronic ordering of medications; AND
- 11 (2) DISPENSE AS PROVIDED UNDER § 15–301.1(C), (D), AND (E) 12 OF THIS TITLE.
- 13 (N) (R) "PRIMARY SUPERVISING PHYSICIAN" MEANS A PHYSICIAN 14 WHO:
- 15 (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;
- 18 (2) ACTS AS THE PHYSICIAN RESPONSIBLE TO ENSURE THAT A
 19 PHYSICIAN ASSISTANT PRACTICES MEDICINE IN ACCORDANCE WITH THIS TITLE
 20 AND THE REGULATIONS ADOPTED UNDER THIS TITLE;
- 21 (3) SEEKS TO ENSURE ENSURES THAT A PHYSICIAN ASSISTANT
 22 PRACTICES WITHIN THE SCOPE OF PRACTICE OF THE PRIMARY SUPERVISING
 23 PHYSICIAN OR ANY DESIGNATED ALTERNATE SUPERVISING PHYSICIAN; AND
- 24 **(4)** SEEKS TO ENSURE ENSURES THAT A LIST OF ALTERNATE SUPERVISING PHYSICIANS IS MAINTAINED AT THE PRACTICE SETTING.
- [(p) "Protocols" means written policies, bylaws, rules, or regulations established by a hospital, public health facility, correctional facility, or detention center that:
- 29 (1) Are established in consultation with and with the approval of its 30 medical staff;
- 31 (2) Describe the delegated medical acts a physician assistant may 32 execute; and

1	(3) Specify the minimum requirements for supervision by a physician.]
2 3 4	[(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.
5 6	[(r) "Supervising physician" means a physician who has been approved by the Board to supervise one or more physician assistants.]
7 8	(T) "STARTER DOSAGE" MEANS AN AMOUNT OF A DRUG SUFFICIENT TO BEGIN THERAPY:
9	(1) OF SHORT DURATION OF 72 HOURS OR LESS; OR
l0 l1	(2) PRIOR TO OBTAINING A LARGER QUANTITY OF THE DRUG TO COMPLETE THERAPY.
12 13 14 15	[(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.
17 18 19 20 21	(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 PRESENCE OF A PRIMARY SUPERVISING PHYSICIAN PROVIDED THAT THE
22 23 24	PRIMARY SUPERVISING PHYSICIAN AND THE PHYSICIAN ASSISTANT ARE ABLE TO BE IN CONTACT WITH EACH OTHER BY TELECOMMUNICATION.
25	15–102.
26 27	₹(a) A physician assistant may not practice within the scope of practice of any of the following health occupations authorized under this article:
28	(1) Nursing;
29	(2) Optometry;
30	(3) Physical therapy; or
31	(4) Psychology.

- 1 (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.
- 3 15–103.

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- 4 (A) IN THIS SECTION, "ALTERNATIVE HEALTH CARE SYSTEM" HAS THE 5 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.
- 9 (C) EXCEPT AS OTHERWISE PROVIDED UNDER SUBSECTIONS (B) AND (D) OF THIS SECTION, A HOSPITAL, A RELATED INSTITUTION, AN ALTERNATIVE 10 HEALTH CARE SYSTEM, OR AN EMPLOYER OF A PHYSICIAN ASSISTANT SHALL 11 12 REPORT TO THE BOARD, ON THE FORM PRESCRIBED BY THE BOARD, ANY 13 LIMITATION, REDUCTION, OR OTHER CHANGE OF THE TERMS OF EMPLOYMENT 14 OF THE PHYSICIAN ASSISTANT OR ANY TERMINATION OF EMPLOYMENT OF THE PHYSICIAN ASSISTANT FOR ANY REASON THAT MIGHT BE GROUNDS FOR 15 DISCIPLINARY ACTION UNDER § 15-314 OF THIS TITLE. 16
- 17 A HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH 18 SYSTEM, OR EMPLOYER THAT HAS REASON TO KNOW THAT A PHYSICIAN 19 ASSISTANT HAS COMMITTED AN ACTION OR HAS A CONDITION THAT MIGHT BE 20 GROUNDS FOR REPRIMAND OR PROBATION OF THE PHYSICIAN ASSISTANT OR 21SUSPENSION OR REVOCATION OF THE LICENSE OF THE PHYSICIAN ASSISTANT 22 UNDER § 15-314 OF THIS TITLE BECAUSE THE PHYSICIAN ASSISTANT IS 23 ALCOHOL- OR DRUG-IMPAIRED IS NOT REQUIRED TO REPORT TO THE BOARD 24IF:
- 25 (1) The Hospital, related institution, alternative 26 health system, or employer knows that the physician assistant is:
- 27 (I) IN AN ALCOHOL OR DRUG TREATMENT PROGRAM THAT
 28 IS ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF
 29 HEALTHCARE ORGANIZATIONS OR IS CERTIFIED BY THE DEPARTMENT; OR
- 30 (II) Under the care of a health care practitioner 31 Who is competent and capable of dealing with alcoholism and drug 32 Abuse;
- 33 **(2)** THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE 34 HEALTH SYSTEM, OR EMPLOYER IS ABLE TO VERIFY THAT THE PHYSICIAN ASSISTANT REMAINS IN THE TREATMENT PROGRAM UNTIL DISCHARGE; AND

- 1 (3) THE ACTION OR CONDITION OF THE PHYSICIAN ASSISTANT 2 HAS NOT CAUSED INJURY TO ANY PERSON WHILE THE PHYSICIAN ASSISTANT IS 3 PRACTICING AS A LICENSED PHYSICIAN ASSISTANT.
- 4 **(E)** (1) IF THE PHYSICIAN ASSISTANT ENTERS, OR IS CONSIDERING ENTERING, AN ALCOHOL OR DRUG TREATMENT PROGRAM THAT IS ACCREDITED 5 JOINT COMMISSION ON ACCREDITATION OF 6 7 ORGANIZATIONS OR THAT IS CERTIFIED BY THE DEPARTMENT, THE PHYSICIAN 8 HOSPITAL, ASSISTANT SHALL NOTIFY THE RELATED ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER OF THE PHYSICIAN ASSISTANT'S 9 DECISION TO ENTER THE TREATMENT PROGRAM. 10
- 11 IF THE PHYSICIAN ASSISTANT FAILS TO PROVIDE THE NOTICE 12 REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION, AND THE HOSPITAL, 13 RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER LEARNS 14 THAT THE PHYSICIAN ASSISTANT HAS ENTERED A TREATMENT PROGRAM, THE 15 HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR 16 EMPLOYER SHALL REPORT TO THE BOARD THAT THE PHYSICIAN ASSISTANT 17 HAS ENTERED A TREATMENT PROGRAM AND HAS FAILED TO PROVIDE THE 18 REQUIRED NOTICE.
- 19 **(3)** \mathbf{IF} THE PHYSICIAN ASSISTANT \mathbf{IS} FOUND TO \mathbf{BE} NONCOMPLIANT 20 WITH THE PROGRAM'S TREATMENT **POLICIES AND** 21PROCEDURES WHILE IN THE TREATMENT PROGRAM, THE TREATMENT 22PROGRAM SHALL NOTIFY THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE 23 OR EMPLOYER OF THE PHYSICIAN ASSISTANT'S HEALTH SYSTEM. 24NONCOMPLIANCE.
- 25 (4) ON RECEIPT OF THE NOTIFICATION REQUIRED UNDER 26 PARAGRAPH (3) OF THIS SUBSECTION, THE HOSPITAL, RELATED INSTITUTION, 27 ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER OF THE PHYSICIAN ASSISTANT 28 SHALL REPORT THE PHYSICIAN ASSISTANT'S NONCOMPLIANCE TO THE BOARD.
- 29 (F) A PERSON IS NOT REQUIRED UNDER THIS SECTION TO MAKE ANY 30 REPORT THAT WOULD BE IN VIOLATION OF ANY FEDERAL OR STATE LAW, RULE, 31 OR REGULATION CONCERNING THE CONFIDENTIALITY OF ALCOHOL— AND 32 DRUG—ABUSE PATIENT RECORDS.
- 33 (G) THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH 34 SYSTEM, OR EMPLOYER SHALL SUBMIT THE REPORT WITHIN 10 DAYS OF ANY 35 ACTION DESCRIBED IN THIS SECTION.

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The Board shall‡

1 2 3	DISCOVERY IN A	ANY CIV	UNDER THIS SECTION IS NOT SUBJECT TO SUBPOENA OR IL ACTION OTHER THAN A PROCEEDING ARISING OUT OF ON OF THE BOARD UNDER THIS TITLE.
4 5	(I) (1) FOR FAILURE TO		BOARD MAY IMPOSE A CIVIL PENALTY OF UP TO \$1,000 RT UNDER THIS SECTION.
6 7	(2) SUBSECTION IN		BOARD SHALL PAY ANY FEES COLLECTED UNDER THIS GENERAL FUND OF THE STATE.
8 9	[(b)] (J) the Board within		mployer shall make the report required under this section to after the date of termination of employment.
10 11	[(c)] (K) this section.	The I	Board shall adopt regulations to implement the provisions of
12	4 15–201.		
13	(a) The	re is a P	hysician Assistant Advisory Committee within the Board.
14	(b) The	Commit	ttee shall function as a subunit of the Board.
15	{ 15–202.		
16	(a) (1)	The C	Committee shall consist of 7 members appointed by the Board.
17	(2)	Of the	e 7 Committee members:
18		(i)	3 shall be licensed physicians;
19		(ii)	3 shall be certified <u>LICENSED</u> physician assistants; and
20		(iii)	1 shall be a consumer.
21	(3)	Of the	e licensed physician members:
22 23	subspecialty; and	(i)	At least 1 shall specialize in general surgery or a surgical
24 25	practice, or a sim	(ii) ilar prir	At least 1 shall specialize in internal medicine, family nary care specialty; AND
26		<u>(III)</u>	1 SHALL BE A BOARD MEMBER.

$\frac{1}{2}$	(i) Appoint APPOINT the physician assistant members from a list of names submitted by:
3	± (I) The Maryland Academy of Physician Assistants; and
4 5	2. (II) The State institutions of higher education with approved physician assistant programs;
6 7	(ii) Appoint the consumer member selected by the Secretary of the Department of Health and Mental Hygiene; and
8 9	(iii) Assign a physician member of the Board to serve as a voting Board representative at all meetings of the Advisory Committee.
10	(5) The consumer member:
11	(i) Shall be a member of the general public;
12 13	(ii) May not be a physician, former physician, physician assistant, or a person in training to become a physician or physician assistant;
14 15	(iii) May not have a household member who is a physician or physician assistant, or a person in training to become a physician assistant; and
16 17	(iv) May not have had within 2 years before appointment a substantial financial interest in a process regulated by the Board.
18	(6) Each member of the Committee shall be a resident of the State.
19 20 21	(b) Of the three physician members of the Committee, two shall be previously or currently serving as supervising physicians of a physician assistant under a Board–approved delegation agreement.
22 23	(c) (1) The physician assistant members shall be eertified LICENSED as a physician assistant under this title.
24 25 26	(d) (2) The physician assistant members shall be currently practicing as a physician assistant or employed as a faculty member of an accredited physician assistant program.
27 28	(3) Of the 3 physician assistant members of the Committee:
29 30	(I) AT LEAST 1 SHALL BE CURRENTLY PRACTICING IN A HOSPITAL; AND

1 (II) AT LEAST 1 SHALL BE CURRENTLY PRACTICING IN A NONHOSPITAL SETTING.

- 3 (e) (D) A Committee chairperson and a secretary shall be selected every 2 years by a majority vote of the membership of the Committee.
- 5 (f) (E) The chairperson shall serve in an advisory capacity to the Board as a representative of the Committee.
- 7 **₹**15–203.
- 8 (a) The Board shall adopt regulations governing:
- 9 (1) The term of office for Committee members;
- 10 (2) The procedure for filling vacancies on the Committee;
- 11 (3) The removal of Committee members; and
- 12 (4) The duties of each officer.
- 13 (b) 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
- 15 member whom the Secretary BOARD finds to have been absent from 2 successive
- 16 Committee meetings without adequate reason.
- Funds for compensation, expenses, and staff for the Committee shall be
- 19 allocated to the Board in the State budget.
- 20 **[**15–205.**] 15–201.**
- 21 (a) {In addition to the powers set forth elsewhere in this title, the 22 Committee, on its initiative or on the Board's request, may:
- 23 (1) Recommend to the Board regulations for carrying out the 24 provisions of this title;
- 25 (2) Recommend to the Board approval, modification, or disapproval of an application for certification **LICENSURE** or a delegation agreement;
- 27 (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
- 29 § 14–404 of this article; and

$\frac{1}{2}$	(4) physician assistant	-	the Board any alleged unauthorized practice of a
3 4	` ' ` ' -		n to the duties set forth elsewhere in this title, the Board ry out the provisions of this title.
5	[(2)	The Board	l shall:
6		(i) Con	sider all recommendations of the Committee; and
7 8			vide a written explanation of the Board's reasons for mmittee's recommendations.
9	[(3)]	(B) The	Board may:
10 11	physician assistant		Investigate any alleged unauthorized practice of a
12 13	disciplinary action		Investigate any conduct that may be cause for title; and
14 15 16 17 18 19 20	including a referr unannounced inspe physician assistant [a] freestanding b	al from to ction of the in a hosp irthing ce se [Conti	On receipt of a written and signed complaint he Commissioner of Labor and Industry, conduct an e office of a physician assistant, other than an office of a ital, related institution, freestanding medical facility, or nter, to determine compliance at that office with the rol's CONTROL AND PREVENTION'S guidelines or
21 22 23 24 25 26 27 28 29	THIS SUBTITLE, COMPLIANCE AS I AN AUDIT TO DE WITH RESPECT DIRECTOR OF INVESTIGATOR MA OF A LICENSED P PREMISES.	INCLUDI PROVIDEI TERMINE TO PHY THE BOA AY ENTER HYSICIAN (I) A	NTRY IS NECESSARY TO CARRY OUT A DUTY UNDER NG AN INVESTIGATION OR DETERMINATION OF UNDER PARAGRAPH (3) OF THIS SUBSECTION AND COMPLIANCE WITH THE BOARD'S REQUIREMENTS SICIAN ASSISTANT PRACTICE, THE EXECUTIVE ARD OR OTHER DULY AUTHORIZED AGENT OR AT ANY REASONABLE HOUR A PLACE OF BUSINESS OR A LICENSED PHYSICIAN ASSISTANT OR PUBLIC PERSON MAY NOT DENY OR INTERFERE WITH AN OTHER.
32		(II) A 1	PERSON WHO VIOLATES ANY PROVISION OF THIS

SUBSECTION IS GUILTY OF A MISDEMEANOR AND ON CONVICTION IS SUBJECT

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TO A FINE NOT EXCEEDING \$100.

1 **\[\]**15-206.\[\] **15-202.**

- 2 (a) The Board shall set reasonable fees for:
- 3 (1) The issuance and renewal of [certificates] LICENSES; and
- 4 (2) The other services rendered by the Board in connection with 5 physician assistants.
- 6 (b) (1) The Board shall pay all fees collected under this title to the 7 Comptroller of the State.
- 8 (2) (i) If the Governor does not include in the State budget at least \$750,000 for the operation of the Health Personnel Shortage Incentive Grant Program under § 18–803 of the Education Article and the Maryland Loan Assistance Repayment Program for Physicians under Title 18, Subtitle 28 of the Education Article, as administered by the Maryland Higher Education Commission, the Comptroller shall distribute:
- 1. [Except as provided in subparagraph (ii) of this paragraph,] 12 percent of the fees received from the Board to the Office of Student Financial Assistance to be used as follows:
- A. One-half to make grants under the Health Personnel Shortage Incentive Grant Program under § 18–803 of the Education Article; and
- B. One—half to make grants under the Maryland Loan Assistance Repayment Program for Physicians under Title 18, Subtitle 28 of the Education Article to physicians engaged in primary care or to medical residents specializing in primary care who agree to practice for at least 2 years as primary care physicians in a geographic area of the State that has been designated by the Secretary of Health and Mental Hygiene as being medically underserved; and
- 25 2. The balance of the fees to the Board of Physicians 26 Fund.
- 27 (ii) [For fiscal 2008, if the Governor does not include in the 28 State budget the funds specified under subparagraph (i) of this paragraph, the 29 Comptroller shall distribute 14 percent of the fees received from the Board to the 30 Office of Student Financial Assistance to be used as provided under subparagraph (i) of this paragraph.
- 32 (iii)] If the Governor includes in the State budget at least \$750,000 for the operation of the Health Personnel Shortage Incentive Grant Program under § 18–803 of the Education Article and the Maryland Loan Assistance

- 1 Repayment Program for Physicians under Title 18, Subtitle 28 of the Education
- 2 Article, as administered by the Maryland Higher Education Commission, the
- 3 Comptroller shall distribute the fees to the Board of Physicians Fund.
- 4 15–301.
- 5 (a) Nothing in this title may be construed to authorize a physician assistant to practice independent of a **PRIMARY OR ALTERNATE** supervising physician.
- 7 (b) A [certificate] LICENSE issued to a physician assistant shall limit the 8 physician assistant's scope of practice to medical acts:
- 9 (1) Delegated by the **PRIMARY OR ALTERNATE** supervising 10 physician;
- 11 (2) Appropriate to the education, training, and experience of the physician assistant AS DETERMINED BY THE PRIMARY SUPERVISING PHYSICIAN;
- 13 (3) Customary to the practice of the **PRIMARY OR ALTERNATE** 14 supervising physician; and
- 15 (4) Consistent with the delegation agreement [submitted to] FILED 16 WITH the Board.
- 17 **{**(c) Patient services that may be provided by a physician assistant include:
- 18 (1) (i) Taking complete, detailed, and accurate patient histories; 19 and
- 20 (ii) Reviewing patient records to develop comprehensive medical status reports;
- 22 (2) Performing physical examinations and recording all pertinent 23 patient data;
- 24 (3) Interpreting and evaluating patient data as authorized by the 25 <u>PRIMARY OR ALTERNATE</u> supervising physician for the purpose of determining 26 management and treatment of patients;
- 27 (4) Initiating requests for or performing diagnostic procedures as 28 indicated by pertinent data and as authorized by the supervising physician;
- 29 (5) Providing instructions and guidance regarding medical care 30 matters to patients;

1 2 3	(6) the delivery of ser care institutions, i	vices t	sting the <u>PRIMARY OR ALTERNATE</u> supervising physician in o patients who require medical care in the home and in health ng:
4		(i)	Recording patient progress notes;
5		(ii)	Issuing diagnostic orders; and
6 7	the supervising ph	(iii) iysicia	Transcribing or executing specific orders at the direction of n; and
8 9	(7) agreement and in		cising prescriptive authority under an approved $\underline{\mathbf{A}}$ delegation ance with § 15–302.2 of this subtitle.
10 11 12	f(d) (C) shall be [certified physician assistan		Except as otherwise provided in this title, an individual ENSED by the Board before the individual may practice as a
13 14 15 16	= = =	cian as	pt as otherwise provided in this title, a physician may not ssistant in the performance of delegated medical acts without NG A COMPLETED DELEGATION AGREEMENT WITH the
17 18	(3) emergency, a phys		pt as otherwise provided in this title or in a medical assistant may not perform any medical act for which:
19		(i)	The individual has not been [certified] LICENSED; and
20 21	ALTERNATE supe	(ii) rvising	The medical acts have not been delegated by a PRIMARY OR g physician.
22 23	(D) (1) MEDICINE ONLY		IYSICIAN ASSISTANT IS AN INDIVIDUAL WHO PRACTICES PHYSICIAN SUPERVISION.
24	(2)	A PI	IYSICIAN ASSISTANT MAY PERFORM THE FUNCTIONS AND
25	RESPONSIBILITH	ES, IN	ICLUDING ORDERING, PRESCRIBING AND DISPENSING,
26	AND ADMINISTE	RING I	ORUGS AND MEDICAL DEVICES, THAT ARE DELEGATED BY
27	A PRIMARY OR AI	TERN	HATE SUPERVISING PHYSICIAN.
28	(3)	A P	HYSICIAN ASSISTANT MAY PERFORM ANY MEDICAL ACT
29	THAT IS DELEGA		Y THE PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN
30	WHEN THE ACT	IS W	TTHIN THE SKILLS OF THE PHYSICIAN ASSISTANT AS
31	DETERMINED BY	Y TH	E PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN,
32	FORMS A COM	PONE	NT OF THE PRIMARY OR ALTERNATE SUPERVISING
99	DUVCICIAN'C CCO	DE OL	DDACTICE AND IS DROWNED WITH SUDEDWISION

1	(E) (1) A PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN SHALL
2	PROVIDE CONTINUOUS SUPERVISION OF A PHYSICIAN ASSISTANT.
3	(2) CONTINUOUS SUPERVISION DOES NOT REQUIRE THE
4	PHYSICAL PRESENCE OF THE PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN
5	AT THE TIME AND PLACE THAT THE PATIENT SERVICES AND CARE ARE
6	RENDERED.
7	(3) (1) A PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN
8	SHALL ENSURE THAT ALL MEDICAL ACTS TO BE DELEGATED TO A PHYSICIAN
9	ASSISTANT ARE APPROPRIATE TO THE PHYSICIAN ASSISTANT'S EDUCATION,
10	TRAINING, AND LEVEL OF COMPETENCE, AS DETERMINED BY THE PRIMARY
11	SUPERVISING PHYSICIAN.
12	(II) A PHYSICIAN ASSISTANT AND A PRIMARY SUPERVISING
13	PHYSICIAN SHALL:
14	1. Define the relationship of the physician
15	ASSISTANT TO THE PRIMARY SUPERVISING PHYSICIAN AND THE ACCESS OF THE
16	PHYSICIAN ASSISTANT TO THE PRIMARY SUPERVISING PHYSICIAN; AND
17	2. Establish a process to evaluate the
18	PERFORMANCE OF THE PHYSICIAN ASSISTANT.
10	
19	(F) A PRIMARY SUPERVISING PHYSICIAN:
20	(1) SHALL BE LICENSED BY THE BOARD TO PRACTICE MEDICINE
$\frac{1}{21}$	IN THE STATE:
22	(2) MAY NOT BE ENCUMBERED BY ANY RESTRICTION ON THE
23	PHYSICIAN'S LICENSE AS A RESULT OF DISCIPLINARY ACTION BY THE BOARD;
24	AND
25	(3) Shall execute a delegation agreement with each
26	PHYSICIAN ASSISTANT ON THE FORM THAT THE BOARD REQUIRES THAT IS
27	POSTED BY THE BOARD ON ITS WEBSITE OR PROVIDED BY THE BOARD ON
28	WRITTEN REQUEST, STATING THAT THE PHYSICIAN WILL SUPERVISE EACH
29	PHYSICIAN ASSISTANT AND RETAIN PROFESSIONAL RESPONSIBILITY FOR THE
30	CARE RENDERED BY THE PHYSICIAN ASSISTANT.

A PRIMARY SUPERVISING PHYSICIAN SHALL:

31

(G)

1 (1) KEEP A COPY OF EACH DELEGATION AGREEMENT ON FILE AT
2 THE PRACTICE SITE: AND

(2) FILE A COPY WITH THE BOARD.

- **{**(e)**}** (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.
- **f**(f)f (1) Except as provided in subsection (g) of this section, the following individuals may practice as a physician assistant without a [certificate] LICENSE:
- 10 (1) A physician assistant student ENROLLED in a physician assistant
 11 [training] EDUCATIONAL program that is accredited by the [Commission on Allied
 12 Health Education Programs] ACCREDITATION REVIEW COMMISSION ON
 13 EDUCATION FOR THE PHYSICIAN ASSISTANT OR ITS SUCCESSOR and approved by
 14 the Board; or
 - (2) A physician assistant employed in the service of the federal government while performing duties incident to that employment.
 - **f**(g)**f** (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**.
 - [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 STATE Board of Physicians and the board that regulates the other health occupation, EXCEPT IF THE PHYSICIAN ASSISTANT PRACTICES THE HEALTH OCCUPATION THAT IS REGULATED UNDER THIS ARTICLE BY ANOTHER BOARD AND THE PHYSICIAN ASSISTANT DOES NOT REPRESENT OR IMPLY TO THE PUBLIC BY USE OF THE TITLE "LICENSED PHYSICIAN ASSISTANT", BY OTHER TITLE, OR BY DESCRIPTION OF SERVICES, METHODS, OR PROCEDURES THAT THE PERSON IS LICENSED AS A PHYSICIAN ASSISTANT IN THE STATE.
 - (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.
 - **{**(i) Notwithstanding the provisions of this section, a patient being treated 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
- 2 requires, but no less than within every five appointments or within 180 days,
- 3 whichever occurs first.
- 4 15–302.

 $\frac{26}{27}$

28

29

- 5 (a) [Subject to the provisions of subsection (i) of this section, the Board may 6 authorize a] A physician [to] MAY delegate medical acts to a physician assistant only after:
- 8 (1) A delegation agreement has been executed and [submitted to]
 9 **FILED WITH** the [Committee for review to ensure the delegation agreement contains
 10 the requirements of this subtitle; and
- 12 (2) Except as provided in § 15–302.1 of this subtitle, the Board has 12 reviewed and approved a favorable recommendation by the Committee that the 13 requirements of this subtitle have been met] **BOARD**; AND
- 14 (2) ANY ADVANCED DUTIES HAVE BEEN AUTHORIZED AS
 15 REQUIRED UNDER SUBSECTION (C) OF THIS SECTION.
- 16 (b) The delegation agreement shall contain:
- 17 (1) A description of the qualifications of the **PRIMARY** supervising 18 physician and physician assistant;
- 19 (2) A description of the settings in which the physician assistant will 20 practice;
- 21 (3) A description of the continuous physician supervision mechanisms 22 that are reasonable and appropriate to the practice setting;
- 23 (4) A description of the delegated medical acts that are within the 24 **PRIMARY OR ALTERNATE** supervising physician's scope of practice and require 25 specialized education or training that is consistent with accepted medical practice;
 - (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;
- 31 (6) An attestation of continuous supervision of the physician assistant 32 by the <u>PRIMARY</u> supervising physician through the mechanisms described in the 33 delegation agreement;

- 1 An attestation by the **PRIMARY** supervising physician of the 2 physician's acceptance of responsibility for any care given by the physician assistant; 3 A description prepared by the **PRIMARY** supervising physician of 4 the process by which the physician assistant's practice is reviewed appropriate to the 5 practice setting and consistent with current standards of acceptable medical practice; 6 (9)An attestation by the **PRIMARY** supervising physician that the 7 physician will respond in a timely manner when contacted by the physician assistant; 8 and 9 Any other information deemed necessary by the Board [or 10 Committee to carry out the provisions of this subtitle. 11 (e) The delegation agreement shall be [submitted] FILED with the application fee established by the Board and the PRIMARY supervising physician and 12 13 physician assistant shall comply with all other requirements established by the Board 14 in accordance with this title. 15 The Board shall set the application fee so as to produce funds to approximate the cost of [reviewing and approving] RECEIVING delegation agreements 16 17 FILED WITH THE BOARD and any other related services provided. 18 THE BOARD MAY NOT REQUIRE PRIOR APPROVAL OF A (C) **(1)** DELEGATION AGREEMENT THAT INCLUDES ADVANCED DUTIES, IF AN ADVANCED 19 20 DUTY WILL BE PERFORMED IN A HOSPITAL OR AMBULATORY SURGICAL 21FACILITY, PROVIDED THAT: 22 **(I)** A PHYSICIAN, WITH CREDENTIALS THAT HAVE BEEN 23 REVIEWED BY THE HOSPITAL OR AMBULATORY SURGICAL FACILITY AS A 24 CONDITION OF EMPLOYMENT, AS AN INDEPENDENT CONTRACTOR, OR AS A 25 MEMBER OF THE MEDICAL STAFF, SUPERVISES THE PHYSICIAN ASSISTANT; 26 THE PHYSICIAN ASSISTANT HAS CREDENTIALS THAT (II)27 HAVE BEEN REVIEWED BY THE HOSPITAL OR AMBULATORY SURGICAL FACILITY 28 AS A CONDITION OF EMPLOYMENT, AS AN INDEPENDENT CONTRACTOR, OR AS A 29 MEMBER OF THE MEDICAL STAFF; AND
- 30 (III) EACH ADVANCED DUTY TO BE DELEGATED TO THE
 31 PHYSICIAN ASSISTANT IS REVIEWED AND APPROVED WITHIN A PROCESS
 32 APPROVED BY THE GOVERNING BODY OF THE HEALTH CARE FACILITY BEFORE
 33 THE PHYSICIAN ASSISTANT PERFORMS THE ADVANCED DUTIES.
 - (2) IN ANY SETTING THAT DOES NOT MEET THE REQUIREMENTS
 OF PARAGRAPH (1) OF THIS SUBSECTION, A PRIMARY SUPERVISING PHYSICIAN

1	SHALL OBTAIN THE BOARD'S APPROVAL OF A DELEGATION AGREEMENT THAT			
2	INCLUDES ADVANCED DUTIES, BEFORE THE PHYSICIAN ASSISTANT PERFORMS			
3	THE ADVANCED DUTIES.			
4	(3) NOTWITHSTANDING PARAGRAPH (1) OF THIS SUBSECTION, A			
5	PRIMARY SUPERVISING PHYSICIAN SHALL OBTAIN THE BOARD'S APPROVAL OF			
6	A DELEGATION AGREEMENT BEFORE THE PHYSICIAN ASSISTANT MAY			
7	ADMINISTER, MONITOR, OR MAINTAIN GENERAL ANESTHESIA OR NEUROAXIAL			
8	ANESTHESIA, INCLUDING SPINAL AND EPIDURAL TECHNIQUES, UNDER THE			
9	AGREEMENT.			
10	₹(d) The FOR A DELEGATION AGREEMENT CONTAINING ADVANCED			
11	DUTIES THAT REQUIRE BOARD APPROVAL, THE Committee shall review the			
12	delegation agreement and recommend to the Board that the delegation agreement be			
13				
13 14	approved, rejected, or modified to ensure conformance with the requirements of this title.			
14	title.			
15	(e) The Committee may conduct a personal interview of the PRIMARY			
16	supervising physician and the physician assistant.			
17	(f) (1) On review of the Committee's recommendation regarding a			
18	PRIMARY supervising physician's request to delegate medical acts ADVANCED			
19	DUTIES as described in a delegation agreement, the Board:			
20	(1) May approve the delegation agreement; or			
21	(2) (II) (1) 1. If the physician assistant does not meet the applicable			
22	education, training, and experience requirements to perform the specified delegated			
23	acts, may modify or disapprove the delegation agreement; and			
24	(ii) 9 If the Doord takes an action under item (i) of this item.			
4 4	$\frac{\text{(ii)}}{2}$ If the Board takes an action under item (i) of this item:			
25	+ A. Shall notify the PRIMARY supervising physician and			
26	the physician assistant in writing of the particular elements of the proposed delegation			
27	agreement that were the cause for the modification or disapproval; and			
	agreement that were the cause for the mountation of disapproval, and			
28	≩ B. May not restrict the submission of an amendment to			
29	the delegation agreement.			
30	(2) TO THE EXTENT PRACTICABLE, THE BOARD SHALL APPROVE			
31	A DELEGATION AGREEMENT OR TAKE OTHER ACTION AUTHORIZED UNDER THIS			
32	SUBSECTION WITHIN 90 DAYS AFTER RECEIVING A COMPLETED DELEGATION			
33	AGREEMENT INCLUDING ANY INFORMATION FROM THE PHYSICIAN ASSISTANT			
34	AND PRIMARY SUPERVISING PHYSICIAN NECESSARY TO APPROVE OR TAKE			

ACTION.

(2)

1 2 3 4 5 6	with the requirer initiative or on the practice and the practice.	If the Board determines that a PRIMARY <u>OR ALTERNATE</u> ician or physician assistant is practicing in a manner inconsistent ments of this title or Title 14 of this article, the Board { on its own he recommendation of the Committee { } may demand modification of thdraw the approval of the delegation agreement, { } or take other n under § 14–404 or § 15–314 of this article.
7 8 9	[(h) (1) reviewed as a con of this subtitle.	A delegation agreement approved under this subtitle may be apponent of the certificate renewal process established under $\S~15-307$
10 11	(2) certificate expires	A delegation agreement shall expire when a physician assistant's s.
12 13 14	a delegation agre	Board may not authorize a physician to delegate medical acts under ement to more than two physician assistants at any one time, except the following nonhospital settings:
15	(1)	A correctional facility;
16	(2)	A detention center; or
17	(3)	A public health facility.]
18 19 20 21	ACTS UNDER A	RIMARY SUPERVISING PHYSICIAN MAY NOT DELEGATE MEDICAL DELEGATION AGREEMENT TO MORE THAN FOUR PHYSICIAN ANY ONE TIME, EXCEPT IN A HOSPITAL OR IN THE FOLLOWING ETTINGS:
22	<u>(1)</u>	A CORRECTIONAL FACILITY;
23	<u>(2)</u>	A DETENTION CENTER; OR
24	<u>(3)</u>	A PUBLIC HEALTH FACILITY.
25 26	[(j)] (E) <u>(I)</u> agreement under	A person may not coerce another person to enter into a delegation this subtitle.
27	[(k) (J)	A physician may supervise a physician assistant:
28 29	(1) a delegation agree	Head As a PRIMARY SUPERVISING PHYSICIAN IN accordance with ement approved by the Board under this subtitle; or

As an alternate supervising physician if:

- 1 The alternate supervising physician in (i) supervises 2 accordance with a delegation agreement filed with the Board; 3 (ii) The alternate supervising physician supervises no more than four physician assistants at any one time, except in a hospital, correctional 4 5 facility, detention center, or public health facility; 6 The alternate supervising physician's period of supervision, 7 in the absence of the primary supervising physician, does not exceed: The period of time specified in the delegation 8 1. 9 agreement; and 10 2. A period of 45 consecutive days at any one time; and 11 (iv) The physician assistant performs only those medical acts 12 that: 13 Have been delegated under the delegation agreement 1. filed with the Board; and 14 2. Are within the scope of practice of the **PRIMARY** 15 16 SUPERVISING PHYSICIAN AND alternate supervising physician. 17 (K) IN THE EVENT OF A SUDDEN DEPARTURE, INCAPACITY, OR DEATH 18 OF A PRIMARY SUPERVISING PHYSICIAN, A DESIGNATED ALTERNATE 19 SUPERVISING PHYSICIAN MAY ASSUME THE ROLE OF THE PRIMARY 20 SUPERVISING PHYSICIAN BY SUBMITTING A NEW DELEGATION AGREEMENT TO 21THE BOARD WITHIN 15 DAYS. 22 Individual members of the Board are not civilly liable for actions 23regarding the approval, modification, or disapproval of a delegation agreement 24described in this section. 25A PHYSICIAN ASSISTANT MAY PRACTICE IN ACCORDANCE (F) (M) 26 WITH A DELEGATION AGREEMENT FILED WITH THE BOARD UNDER THIS 27 SUBTITLE. 28**4**15–302.1. 29(A) IF A DELEGATION AGREEMENT DOES NOT INCLUDE ADVANCED
- 30 <u>DUTIES OR THE ADVANCED DUTIES HAVE BEEN APPROVED UNDER §</u>
 31 <u>15-302(C)(1) OF THIS SUBTITLE, A PHYSICIAN ASSISTANT MAY ASSUME THE</u>
 32 <u>DUTIES UNDER A DELEGATION AGREEMENT ON THE DATE OF RECEIPT BY THE</u>
 33 BOARD OF THE DELEGATION AGREEMENT.

1	(a) (B) In this section, "pending" means that a delegation agreement
2	THAT INCLUDES DELEGATION OF ADVANCED DUTIES IN A SETTING THAT DOES
3	NOT MEET THE REQUIREMENTS UNDER § 15-302(C)(1) OF THIS SUBTITLE has
4	been executed and submitted to the Committee for review BOARD FOR ITS
5	APPROVAL, but:
6	(1) The Committee has not made a recommendation to the Board; or
7	(2) The Board has not made a final decision regarding the delegation
8	agreement.
9	(b) (C) Subject to subsection (e) (D) of this section, if a delegation
10	agreement is pending, on receipt of a temporary practice letter from the staff of the
11	Board, a physician assistant may practice in accordance with the pending delegation
12	agreement PERFORM THE ADVANCED DUTY if:
13	(1) The PRIMARY supervising physician has been previously approved
14	to supervise one or more physician assistants in the proposed practice setting for the
15	same scope of practice PERFORMANCE OF THE ADVANCED DUTY; and
16	(2) The physician assistant has been previously approved for the same
17	scope of practice in a different practice setting BY THE BOARD TO PERFORM THE
18	ADVANCED DUTY.
19	(e) (D) If the Committee recommends a denial of the pending delegation
20	agreement or the Board denies the pending delegation agreement, on notice to the
21	PRIMARY SUPERVISING physician and the physician assistant, the physician
22	assistant may no longer practice in accordance with the delegation agreement
23	PERFORM THE ADVANCED DUTY THAT HAS NOT RECEIVED THE APPROVAL OF
24	THE BOARD.
~~	(a) Mara Double and a series an
25	(E) THE BOARD MAY DISAPPROVE ANY DELEGATION AGREEMENT IF IT
26	BELIEVES THAT:
07	(1) The ACREMENT DOES NOT MEET THE RECLIDENTENTS OF
27	(1) THE AGREEMENT DOES NOT MEET THE REQUIREMENTS OF
28	THIS SUBTITLE; OR
20	(9) The divergian acciomand is linead to dedecora capety
29	(2) THE PHYSICIAN ASSISTANT IS UNABLE TO PERFORM SAFELY
30	THE DELEGATED DUTIES.

(F) IF THE BOARD DISAPPROVES A DELEGATION AGREEMENT OR THE
32 DELEGATION OF ANY FUNCTION UNDER AN AGREEMENT, THE BOARD SHALL
33 PROVIDE THE PRIMARY SUPERVISING PHYSICIAN AND THE PHYSICIAN
34 ASSISTANT WITH WRITTEN NOTICE OF THE DISAPPROVAL.

1	(G) A PHYSICIAN ASSISTANT WHO RECEIVES NOTICE THAT THE BOARD
2	HAS DISAPPROVED A DELEGATION AGREEMENT OR AN ADVANCED FUNCTION
3	UNDER THE DELEGATION AGREEMENT SHALL IMMEDIATELY CEASE TO
4	PRACTICE UNDER THE AGREEMENT OR TO PERFORM THE DISAPPROVED
5	FUNCTION.
6	{ 15−302.2. } 15−302.1.
7	(A) (1) In this section the following words have the
8	MEANINGS INDICATED.
O	
9	(2) "Personally prepare and dispense" means that a
10	PHYSICIAN ASSISTANT:
11	(I) IS PHYSICALLY PRESENT ON THE PREMISES WHERE THE
12	PRESCRIPTION IS FILLED; AND
10	(v) Proposite A provide guiden of the processing of
13	(II) PERFORMS A FINAL CHECK OF THE PRESCRIPTION
14	BEFORE IT IS PROVIDED TO THE PATIENT.
1 5	(9) "CTARTER DOGACE" MEANG AN AMOUNT OF A DRIVE
15	(3) "STARTER DOSAGE" MEANS AN AMOUNT OF A DRUG
16	SUFFICIENT TO BEGIN THERAPY:
17	(I) OF SHORT DURATION OF 72 HOURS OR LESS; OR
18	(II) PRIOR TO OBTAINING A LARGER QUANTITY OF THE
19	DRUG TO COMPLETE THERAPY.
10	
20	(a) A PRIMARY supervising physician may not delegate prescribing,
21	DISPENSING, and administering of controlled dangerous substances, prescription
22	drugs, or medical devices unless the PRIMARY supervising physician and physician
23	assistant include in the delegation agreement:
20	assistant increace in the aclegation agreement.
24	(1) A notice of intent to delegate prescribing of controlled dangerous
25	substances, prescription drugs, or medical devices;
26	(2) An attestation that all prescribing activities of the physician
27	assistant will comply with applicable federal and State regulations;
28	(3) An attestation that all medical charts or records will contain a
29	notation of any prescriptions written by a physician assistant in accordance with this
30	section; AND

1 2 3	(4) include the physic address, and busin	ian ass	istan	t's name a	nd the s	superv			
4 5	(5) PHYSICIAN ASSIS			-demonsti	rating	An	ATTESTATION	THAT	THE
6 7 8	certification exam Physician Assistar		nister	ed by the	Nationa	al Con	physician assi nmission on the		
9 10	category 1 hours o	(ii) f pharr			_		UCCESSFULLY previous 2 years		<u>гер</u> 8
11 12	(6) PHYSICIAN ASSIS			-demonsti	rating	AN	ATTESTATION	THAT	THE
13		(i)	A ba	chelor's de	egree or	its equ	uivalent; <u>OR</u>		
14 15	as a physician ass	(ii) istant ;		CESSFUL	LY COM	<u>IPLET</u>	ED 2 years of v	vork expe	rience
16 17	including approva	` '			•		.rd of a delegat	ion agre∈	ment,
18 19 20	{ (b) } (€) delegate the presidangerous substar	cribing	of s	ubstances	that ar	e ider		•	•
21 22 23 24 25	(2) DELEGATE THE SCHEDULES II T 5-402 OF THE DEFINED UNDER	PRES HROU CRIM	CRIB GH V INAL	ING OF CONTRO LAW A	SUBSTA OLLED I RTICLE	ANCES DANGI , INC	EROUS SUBSTAI LUDING LEGEN	DENTIFIE NCES UNI ND DRUG	DER §
26 27 28	[(2)] delegate the presounless the physicia	cribing	of co	ntrolled d	angerou		E supervising ph stances to a phy	•	•
29		(i)	State	e controlle	d dange	rous s	ubstance registra	ation; and	
30		(ii)	Fede	eral Drug I	Enforce	ment A	agency (DEA) reg	istration.	
31	(D) (C)	A PE	IYSIC	IAN ASSI	STANT	PERS	SONALLY MAY	PREPARE	-AND

DISPENSE A STARTER DOSAGE OR DISPENSE DRUG SAMPLES OF ANY DRUG THE

$\frac{1}{2}$	PHYSICIAN ASSISTANT IS AUTHORIZED TO PRESCRIBE TO A PATIENT OF THE PHYSICIAN ASSISTANT IF:
3 4	(1) (1) PHARMACY SERVICES ARE NOT REASONABLY AVAILABLE;
5	(II) IT IS IN THE BEST INTERESTS OF THE PATIENT; OR
6	(III) IT IS AN EMERGENCY;
7 8	(2) THE STARTER DOSAGE OR DRUG SAMPLE COMPLIES WITH THE LABELING REQUIREMENTS OF $\frac{\$ 12-509}{\$ 12-505}$ OF THIS ARTICLE;
9	(3) (2) NO CHARGE IS MADE FOR THE STARTER DOSAGE; AND
10 11	(4) (3) THE PHYSICIAN ASSISTANT ENTERS AN APPROPRIATI RECORD IN THE PATIENT'S MEDICAL RECORD.
12 13	(E) (D) A PHYSICIAN ASSISTANT WHO PERSONALLY PREPARES AND DISDENSES A DRUG SAMPLE OF STARTER DOSAGE IN THE COURSE OF TREATING
13 14	DISPENSES A DRUG <u>SAMPLE OR STARTER DOSAGE</u> IN THE COURSE OF TREATING A PATIENT AS AUTHORIZED UNDER SUBSECTION (B) (C) OF THIS SECTION SHALI
1 4 15	COMPLY WITH THE REQUIREMENTS UNDER TITLES 12 AND 14 OF THIS ARTICLE
16	AND APPLICABLE FEDERAL LAW AND REGULATIONS.
17 18	(F) (E) BEFORE A PHYSICIAN ASSISTANT MAY RENEW A LICENSE FOR AN ADDITIONAL 2-YEAR TERM UNDER § 15-307 OF THIS SUBTITLE, THE
19	PHYSICIAN ASSISTANT SHALL SUBMIT EVIDENCE TO THE BOARD OF
20	SUCCESSFUL COMPLETION OF 8 CATEGORY 1 HOURS OF PHARMACOLOGY
21	EDUCATION WITHIN THE PREVIOUS 2 YEARS.
22	<u>15–302.3.</u>
23	(a) On a quarterly basis, the Board shall provide to the Board of Pharmacy a
24	list of physician assistants whose delegation agreements include the delegation o
25	[authority to exercise] prescriptive authority.
26	(b) The list required under subsection (a) of this section shall specify whether
27	each physician assistant has been delegated the authority to prescribe controlled
28	dangerous substances, prescription drugs, or medical devices.
29 30	(c) If a PRIMARY supervising physician who has delegated authority to exercise prescriptive authority to a physician assistant subsequently restricts or

removes the delegation, the PRIMARY supervising physician shall notify the Board of

the restriction or removal within 5 business days.

1	15–303.
2	(a) To qualify for a [certificate] LICENSE, an applicant shall be :
3	(1)
4	(2) Fluent in the English language DEMONSTRATE ORAL AND
5	WRITTEN COMPETENCY IN THE ENGLISH LANGUAGE AS REQUIRED BY THE
6	BOARD;
7	(3) At BE AT least 18 years old; and
8	(4) (I) A BE A graduate of a physician assistant training
9	EDUCATIONAL program {approved by the Board} ACCREDITED BY THE
10	Accreditation Review Commission on Education for the Physician
L1	ASSISTANT OR, ON OR BEFORE DECEMBER 31, 2000, ACCREDITED BY THE
12	COMMITTEE ON ALLIED HEALTH EDUCATION AND ACCREDITATION OR THE
13	COMMISSION ON ACCREDITATION OF ALLIED HEALTH EDUCATION PROGRAMS;
L4	$\underline{\text{OR}}$
15	(II) HAVE PASSED THE PHYSICIAN ASSISTANT NATIONAL
16	CERTIFYING EXAMINATION ADMINISTERED BY THE NATIONAL COMMISSION ON
L7	CERTIFICATION OF PHYSICIAN ASSISTANTS PRIOR TO 1986, MAINTAINED ALL
18	CONTINUING EDUCATION AND RECERTIFICATION REQUIREMENTS, AND BEEN IN
19	CONTINUOUS PRACTICE SINCE PASSAGE OF THE EXAMINATION.
20	(b) Except as otherwise provided in this title, the THE applicant shall pass
21	t a national certifying examination approved by the Board THE PHYSICIAN
22	ASSISTANT NATIONAL CERTIFYING EXAMINATION ADMINISTERED BY THE
23	NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS.
24	(c) An applicant who graduates from a physician assistant training program
25	after October 1, 2003 shall have a bachelor's degree or its equivalent.
	arter cousser 1, 2009 shall have a sachelor s aegree of his equivalent.
26	[(d) The Board shall adopt regulations governing the issuance of temporary
27	certificates to applicants who:
28	(1) Have met all other requirements of this section; but
29	(2) Have not yet passed the national certifying examination.]
30	(D) THE BOARD MAY GRANT A LICENSE TO AN APPLICANT WHO DOES
31	NOT MEET THE EDUCATIONAL REQUIREMENTS OF SUBSECTION (A)(4) OF THIS
32	SECTION BUT WHO PASSED THE PHYSICIAN ASSISTANT NATIONAL CERTIFYING

EXAMINATION ADMINISTERED BY THE NATIONAL COMMISSION ON

1	CERTIFICATION OF PHYSICIAN ASSISTANTS BEFORE 1986 AND HAS
2	COMPLETED ALL CONTINUING EDUCATION AND RENEWAL OF CERTIFICATION
3	REQUIREMENTS.
4	15–304.
5	An applicant for a [certificate] LICENSE shall:
6 7	(1) Submit an application to the Board on the form that the Board requires; and
8	(2) Pay to the Board the application fee set by the Board.
9	15–305.
10 11	(a) If an applicant qualifies for a [certificate] LICENSE under this subtitle, the Board shall send the applicant a notice that specifies that:
12	(1) The applicant has qualified for a [certificate] LICENSE; and
13 14	(2) On receipt of the [certificate] LICENSE fee set by the Board, the Board will issue a [certificate] LICENSE to the applicant.
15 16	(b) On payment of the [certificate] LICENSE fee, the Board shall issue a [certificate] LICENSE to any applicant who meets the requirements of this subtitle.
17 18	(c) The Board shall include on each [certificate] LICENSE that the Board issues:
19	(1) The full name of the [certificate holder] LICENSEE;
20 21	(2) A serial number assigned by the Board to the [certificate holder] LICENSEE; and
22	(3) The signature of the Secretary under seal of the Board.
23	<u>15–305.</u>
24 25	THE BOARD SHALL ISSUE A LICENSE TO AN APPLICANT WHO MEETS THE REQUIREMENTS OF THIS TITLE.
26	15–306.

1 2 3	practice as	a phy	te] LICENSE authorizes the [certificate holder] LICENSEE to sician assistant <u>UNDER A DELEGATION AGREEMENT</u> while the ISE is effective.
4	15–307.		
5 6 7	(a) as provided Board.	(1) in this	Unless a [certificate] LICENSE is renewed for an additional term s section, the [certificate] LICENSE expires on the date set by the
8 9	2 years.	(2)	A [certificate] LICENSE may not be renewed for a term longer than
10 11 12		[certi	ast 1 month before a [certificate] LICENSE expires, the Board shall ificate holder] LICENSEE, by first—class mail to the last known tificate holder] LICENSEE, a renewal notice that states:
13		(1)	The date on which the current [certificate] LICENSE expires;
14 15	for the renev	(2) wal to l	The date by which the Board must receive the renewal application be issued and mailed before the [certificate] LICENSE expires; and
16		(3)	The amount of the renewal fee.
17 18 19	(c) periodically LICENSEE:		e a [certificate] LICENSE expires, the [certificate holder] LICENSEE renew it for an additional 2-year term, if the [certificate holder]
20		(1)	Is otherwise entitled to be issued a [certificate] LICENSE;
21		(2)	Pays to the Board the renewal fee, set by the Board; and
22		(3)	Submits to the Board:
23 24	and		(i) A renewal application on the form that the Board requires;
252627	education resection; ANI	-	(ii) Satisfactory evidence of compliance with the continuing nents for [certificate] LICENSE renewal set by the Board under this
28 29	FOR RENEW	<u>(4)</u> VAL OF	MEETS ANY ADDITIONAL REQUIREMENTS SET BY THE BOARD A LICENSE.

1 2 3	(d) [(1)] In addition to any other qualifications and requirements established by the Board, the Board shall establish continuing education requirements as a condition for the renewal of [certificates] LICENSES under this section.
$\begin{matrix} 4\\5\\6\\7\end{matrix}$	[(2) In establishing the continuing education requirements under paragraph (1) of this subsection, the Board shall include a requirement for a course on the special care needs of terminally ill individuals and their families which shall include topics related to:
8	(i) Pain and symptom management;
9	(ii) The psycho–social dynamics of death;
10	(iii) Dying and bereavement; and
11	(iv) Hospice care.]
12 13	(e) The Board shall renew the [certificate] LICENSE of each [certificate holder] LICENSEE who meets the requirements of this section.
14 15 16 17	(F) FOR THE FAILURE OF A LICENSEE TO OBTAIN CONTINUING MEDICAL EDUCATION CREDITS AS REQUIRED BY THE BOARD, THE BOARD MAY IMPOSE A CIVIL PENALTY NOT TO EXCEED \$100 FOR EACH MEDICAL EDUCATION CREDIT NOT OBTAINED BY THE LICENSEE. 15–308.
19 20 21	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:
22	(1) Meets the renewal requirements of § 15–307 of this subtitle;
23	(2) Pays to the Board the reinstatement fee set by the Board; and
24 25 26	(3) Submits to the Board satisfactory evidence of compliance with the qualifications and requirements established under this subtitle for [certificate] LICENSE reinstatements; AND
27 28	(4) MEETS ANY ADDITIONAL REQUIREMENTS SET BY THE BOARD FOR REINSTATEMENT.
00	15 900 1

31

1 2	(A) THE BOARD MAY PLACE A LICENSEE ON INACTIVE STATUS, IF THE LICENSEE SUBMITS TO THE BOARD:
3 4	(1) An application for inactive status on the form required by the Board; and
5	(2) The inactive status fee set by the Board.
6 7	(B) THE BOARD SHALL ISSUE A LICENSE TO AN INDIVIDUAL WHO IS ON INACTIVE STATUS IF THE INDIVIDUAL:
8	(1) Submits to the Board:
9 10 11	(I) SATISFACTORY EVIDENCE OF COMPLIANCE WITH THE CONTINUING EDUCATION REQUIREMENTS THE BOARD ADOPTS FOR THIS PURPOSE; AND
12	(II) A REINSTATEMENT FEE SET BY THE BOARD; AND
13	(2) Is otherwise entitled to be licensed.
14	15–309.
15 16 17 18	(a) Each [certificate holder] LICENSEE shall [produce] KEEP a [valid certificate and delegation agreement when requested to do so by an existing or potential employer or client] LICENSE <u>AND DELEGATION AGREEMENT</u> FOR INSPECTION AT THE PRIMARY PLACE OF BUSINESS OF THE LICENSEE.
19 20 21	(b) (1) Each [certificate holder] LICENSEE shall give the Board written notice of any change of NAME OR address WITHIN 60 DAYS OF THE DATE OF THE CHANGE.
22 23	(2) A LICENSEE WHO FAILS TO COMPLY WITH THIS SUBSECTION IS SUBJECT TO AN ADMINISTRATIVE PENALTY OF \$100.
24	15–310.
25 26 27 28 29	(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.

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:

1	(1)	Consented	to	submit	to	an	examination	under	this	section,	if
2	requested by the B	oard in writi	ing	; and							

- Waived any claim of privilege as to the testimony or examination 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.
- 11 (d) The Board shall pay the costs of any examination made under this 12 section.
- 13 (e) [(1) (i)] The Board shall assess each applicant for a [certificate] 14 LICENSE or the renewal of a [certificate] LICENSE to practice as a physician 15 assistant, a fee set by the Board [.
- 16 (ii) The fee shall be] sufficient to fund the activities of the 17 [entity or entities with whom the Board contracts under § 14–401(e)] **BOARD'S** 18 **REHABILITATION PROGRAM UNDER § 14–401(G)** of this article in conducting a 19 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.
- 24 (2) As provided under § 2–1220 of the State Government Article, the Legislative Auditor, every 2 years, shall audit the accounts and transactions of the entity or entities with whom the Board contracts under § 14–401(e) of this article in conducting the Physician Assistant Rehabilitation Program.]
- 28 15–311.

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- 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:
- 32 (1) Failure to meet the qualifications for [certification] LICENSURE;

33 or

- 1 (2) Any ANY of the reasons that are grounds for disciplinary action 2 under § 15–314 of this subtitle.
- 3 15–312.
- 4 (a) Unless the Board agrees to accept the surrender of a [certification] 5 LICENSE of A physician assistant, the physician assistant may not surrender the 6 [certification] LICENSE nor may the [certification] LICENSURE lapse by operation of 1 law while the physician assistant is under investigation or while charges are pending.
- 8 (b) The Board may set conditions on its agreement to accept surrender of a generation LICENSE.
- 10 15–313.
- 11 (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.
- 16 (2) The Board shall give notice and hold the hearing under Title 10, Subtitle 2 of the State Government Article.
- 18 (3) The Board may administer oaths in connection with any 19 proceeding under this section.
- 20 (4) At least 14 days before the hearing, the hearing notice shall be 21 sent to the last known address of the applicant or [certificate holder] LICENSEE.
- 22 (b) Any applicant aggrieved under this subtitle by a final decision of the Board denying a [certificate or denying or modifying a delegation agreement]
 24 LICENSE OR REJECTING OR MODIFYING A DELEGATION AGREEMENT OR ADVANCED DUTY may:
- 26 (1) Appeal that decision to the Board of Review; and
- 27 (2) Then take any further appeal allowed under Title 10, Subtitle 2 of the State Government Article.
- 29 15-314.
- 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,

1	IMPOSE CORREC	CTIVE MEASURES ON A LICENSEE, or suspend or revoke a
2	[certificate] LICEN	SE if the [certificate holder] LICENSEE:
9	(1)	The shall at least the shall a shall a shall a shall a
3	(1)	Fraudulently or deceptively obtains or attempts to obtain a
4	•	NSE for the applicant or [certificate holder] LICENSEE or for another
5	individual;	
6	(2)	Fraudulently or deceptively uses a [certificate] LICENSE;
7	(3)	Violates any provision of this title or any regulations adopted
8	under this title lo	r], commits any act which could serve as the basis for disciplinary
9	=	[physician] PERSON WHO IS LICENSED, CERTIFIED, OR
10	· ·	HORIZED TO PRACTICE A HEALTH OCCUPATION under [§ 14–404
11		A STIPULATION OR AGREEMENT OF THE BOARD;
	orj tills article, or	TI CHILLION ON THOMBENIEN OF THE BOTTLES,
12	(4)	Performs delegated medical acts beyond the scope of the
13	\ /	nin a delegation agreement approved by the Board;
		of the following and the second of the s
14	(5)]	Performs delegated medical acts without the supervision of a
15	physician;	
	prij crerari,	
16	(5)	Is convicted of a felony;
17	(6)	Is habitually intoxicated;
18	(7)	Is addicted to, or habitually abuses, any narcotic or
19	CONTROLLED D	ANGEROUS SUBSTANCE, AS DEFINED IN § 5-101 OF THE
20	CRIMINAL LAW A	ARTICLE, OR OTHER DRUG THAT IS IN EXCESS OF THERAPEUTIC
21	AMOUNTS OR WIT	THOUT VALID MEDICAL INDICATION;
22	(8)	Has been adjudicated as mentally incompetent;
23	(9)	Is physically or mentally unable to engage safely in
24	PRACTICE AS A P	HYSICIAN ASSISTANT;
25	(10)	DEMONSTRATES PROFESSIONAL INCOMPETENCE;
	, ,	,
26	(11)	VIOLATES PATIENT CONFIDENTIALITY, EXCEPT AS
27	OTHERWISE REQ	UIRED OR PERMITTED BY LAW;
	_	
28	(12)	ENGAGES IN CONDUCT INTENDED TO OR WITH A
29	SUBSTANTIAL LII	CELHOOD TO DECEIVE, DEFRAUD, OR HARM THE PUBLIC;
		· · · · · · · · · · · · · · · · · · ·
30	(13)	ENGAGES IN UNPROFESSIONAL OR IMMORAL CONDUCT IN
31	THE PRACTICE O	

1	(14) Prescribes, sells, administers, distributes, orders,
2	OR GIVES AWAY ANY DRUG CLASSIFIED AS A CONTROLLED DANGEROUS
3	SUBSTANCE FOR OTHER THAN MEDICALLY ACCEPTED THERAPEUTIC PURPOSES;
4	(15) Has committed an act of moral turpitude;
5	(16) Is disciplined by a licensing or disciplinary
6	AUTHORITY OF ANY STATE OR COUNTRY FOR AN ACT THAT WOULD BE GROUNDS
7	FOR DISCIPLINARY ACTION UNDER THIS SECTION;
8	(17) FAILS TO COOPERATE WITH AN INVESTIGATION CONDUCTED
9	BY THE BOARD;
10	(18) Represents that the person is a physician;
11	[(6)] (19) Refuses, withholds from, denies, or discriminates against an
12	individual with regard to the provision of professional services for which the
13	[certificate holder] LICENSEE is [certified] LICENSED and qualified to render because
14	the individual is HIV positive;
1 5	[(7)] (20) Execut in an among supplies threatening situation values it
15 16	[(7)] (20) Except in an emergency life-threatening situation where it is not feasible or practicable, fails to comply with the Centers for Disease [Control's]
17	CONTROL AND PREVENTION'S guidelines on universal precautions; or
11	CONTROL MAD I REVENTION 3 guidennes on universal precautions, or
18	[(8)] (21) Is in breach of a service obligation resulting from the
19	applicant's or [certificate holder's] LICENSEE'S receipt of State or federal funding for
20	the applicant's or [certificate holder's] LICENSEE'S physician assistant education.
21	<u>15–314.</u>
00	(A) CURTER TO THE HEADING PROVIDIONS OF \$ 15 915 OF THIS
22	(A) SUBJECT TO THE HEARING PROVISIONS OF § 15–315 OF THIS
2324	SUBTITLE, THE BOARD, ON THE AFFIRMATIVE VOTE OF A MAJORITY OF THE
$\frac{24}{25}$	QUORUM, MAY REPRIMAND ANY PHYSICIAN ASSISTANT, PLACE ANY PHYSICIAN ASSISTANT ON PROBATION, OR SUSPEND OR REVOKE A LICENSE IF THE
$\frac{25}{26}$	PHYSICIAN ASSISTANT:
20	I II I SICIAN ASSISTANT.
27	(1) Fraudulently or deceptively obtains or attempts to
28	OBTAIN A LICENSE FOR THE APPLICANT OR LICENSEE OR FOR ANOTHER;
29	(2) FRAUDULENTLY OR DECEPTIVELY USES A LICENSE;
30	(3) IS GUILTY OF:
31	(I) IMMORAL CONDUCT IN THE PRACTICE OF MEDICINE; OR

1		<u>(II)</u>	UNPROFESSIONAL	CONDUCT	IN THE	PRACTICE	OF
2	MEDICINE;						
3 4	(4) INCOMPETENT;	<u>Is</u>	PROFESSIONALLY	PHYSICA	LLY, (OR MENTA	<u>LLY</u>
5 6	(5) TITLE;	Soli	CITS OR ADVERTIS	ES IN VIOLAT	TION OF §	14-503 OF T	HIS
7	<u>(6)</u>	ABA	NDONS A PATIENT;				
8	<u>(7)</u>	HAB	ITUALLY IS INTOXIO	ATED;			
9 10 11	(8) CONTROLLED CRIMINAL LAW	DANGE:	DDICTED TO, OR HAROUS SUBSTANCE LE;		•		
12	<u>(9)</u>	PRO	VIDES PROFESSION	AL SERVICES	<u>S:</u>		
13		<u>(I)</u>	WHILE UNDER TH	E INFLUENCI	E OF ALCO	OHOL; OR	
14		<u>(II)</u>	WHILE USING	ANY NARCO	OTIC OF	R CONTROL	<u>LED</u>
15	DANGEROUS SU	UBSTAN	CE, AS DEFINED	N § 5–101	OF THE	CRIMINAL I	AW
16			RUG THAT IS IN EX	CESS OF TH	ERAPEUT	IC AMOUNTS	OR
L 7	WITHOUT VALIE) MEDIO	CAL INDICATION;				
18	(10) Pro	MOTES THE SALE (F DRUGS, D	EVICES,	APPLIANCES,	OR
19	GOODS TO A PA	TIENT S	O AS TO EXPLOIT T	HE PATIENT	FOR FINA	NCIAL GAIN;	
20 21	(11) THE PRACTICE (LFULLY MAKES OR I	FILES A FALS	SE REPOR	T OR RECORI	D IN
22	<u>(12</u>)	<u> Will</u>	LFULLY FAILS TO FI	LE OR RECO	RD ANY M	EDICAL REP	<u>ORT</u>
23			AW, WILLFULLY IM				
24			REPORT, OR INDU	CES ANOTHI	ER TO FA	AIL TO FILE	OR
25	RECORD THE RI	EPORT;					
26	(13)	ON	PROPER REQUEST	, AND IN A	ACCORDA	NCE WITH '	THE
27	PROVISIONS OF	TITLE	4, Subtitle 3 of	THE HEAL	TH - GEN	NERAL ARTIC	CLE,
28	FAILS TO PROVI	DE DE	CAILS OF A PATIENT	'S MEDICAL	RECORD	TO THE PATIF	ENT,
29	ANOTHER PHYS	ICIAN,	OR HOSPITAL;				

1	(14) SOLICITS PROFESSIONAL PATRONAGE THROUGH AN AGENT
2	OR OTHER PERSON OR PROFITS FROM THE ACTS OF A PERSON WHO IS
3	REPRESENTED AS AN AGENT OF THE PHYSICIAN;
	(15) Divis on Agrees to Divi and State to Alway property to the
4	(15) PAYS OR AGREES TO PAY ANY SUM TO ANY PERSON FOR
5 C	BRINGING OR REFERRING A PATIENT OR ACCEPTS OR AGREES TO ACCEPT ANY
6	SUM FROM ANY PERSON FOR BRINGING OR REFERRING A PATIENT;
7	(16) AGREES WITH A CLINICAL OR BIOANALYTICAL LABORATORY
8	TO MAKE PAYMENTS TO THE LABORATORY FOR A TEST OR TEST SERIES FOR A
9	PATIENT, UNLESS THE LICENSED PHYSICIAN ASSISTANT DISCLOSES ON THE
10	BILL TO THE PATIENT OR THIRD-PARTY PAYOR:
11	(I) THE NAME OF THE LABORATORY;
10	(II) THE AMOUNT DATE TO THE LABORATION FOR THE TROOP
12 13	(II) THE AMOUNT PAID TO THE LABORATORY FOR THE TEST
19	OR TEST SERIES; AND
14	(III) THE AMOUNT OF PROCUREMENT OR PROCESSING
15	CHARGE OF THE LICENSED PHYSICIAN, IF ANY, FOR EACH SPECIMEN TAKEN;
	
16	(17) MAKES A WILLFUL MISREPRESENTATION IN TREATMENT;
17	(18) PRACTICES MEDICINE WITH AN UNAUTHORIZED PERSON OR
18	AIDS AN UNAUTHORIZED PERSON IN THE PRACTICE OF MEDICINE;
19	(19) GROSSLY OVERUTILIZES HEALTH CARE SERVICES;
13	(13) OROSSEI OVEROTIEIZES HEALTH CARE SERVICES,
20	(20) Offers, undertakes, or agrees to cure or treat
21	DISEASE BY A SECRET METHOD, TREATMENT, OR MEDICINE;
22	(21) IS DISCIPLINED BY A LICENSING OR DISCIPLINARY
23	AUTHORITY OR CONVICTED OR DISCIPLINED BY A COURT OF ANY STATE OR
24	COUNTRY OR DISCIPLINED BY ANY BRANCH OF THE UNITED STATES
25	UNIFORMED SERVICES OR THE VETERANS ADMINISTRATION FOR AN ACT THAT
26	WOULD BE GROUNDS FOR DISCIPLINARY ACTION UNDER THIS SECTION;
27	(22) FAILS TO MEET APPROPRIATE STANDARDS FOR THE
28	DELIVERY OF QUALITY MEDICAL AND SURGICAL CARE PERFORMED IN AN
29	OUTPATIENT SURGICAL FACILITY, OFFICE, HOSPITAL, OR ANY OTHER LOCATION
30	IN THIS STATE;
	
31	(23) WILLFULLY SUBMITS FALSE STATEMENTS TO COLLECT FEES
32	FOR WHICH SERVICES ARE NOT PROVIDED;

1	(24) Was subject to investigation or disciplinary action
2	BY A LICENSING OR DISCIPLINARY AUTHORITY OR BY A COURT OF ANY STATE OR
3	COUNTRY FOR AN ACT THAT WOULD BE GROUNDS FOR DISCIPLINARY ACTION
4	UNDER THIS SECTION AND THE LICENSEE:
5	(I) SURRENDERED THE LICENSE ISSUED BY THE STATE OR
6	COUNTRY TO THE STATE OR COUNTRY; OR
U	COUNTRY TO THE STATE OR COUNTRY, OR
7	(II) ALLOWED THE LICENSE ISSUED BY THE STATE OR
8	COUNTRY TO EXPIRE OR LAPSE;
9	(25) KNOWINGLY FAILS TO REPORT SUSPECTED CHILD ABUSE IN
10	VIOLATION OF § 5–704 OF THE FAMILY LAW ARTICLE;
11	(26) FAILS TO EDUCATE A PATIENT BEING TREATED FOR BREAST
12	CANCER OF ALTERNATIVE METHODS OF TREATMENT AS REQUIRED BY § 20–113
13	OF THE HEALTH – GENERAL ARTICLE;
14	(27) SELLS, PRESCRIBES, GIVES AWAY, OR ADMINISTERS DRUGS
15	FOR ILLEGAL OR ILLEGITIMATE MEDICAL PURPOSES;
1.0	(20) Early mo comply with providing of \$ 12 100 of
16 17	(28) FAILS TO COMPLY WITH THE PROVISIONS OF § 12–102 OF
11	THIS ARTICLE;
18	(29) Refuses, withholds from, denies, or discriminates
19	AGAINST AN INDIVIDUAL WITH REGARD TO THE PROVISION OF PROFESSIONAL
20	SERVICES FOR WHICH THE PHYSICIAN ASSISTANT IS LICENSED AND QUALIFIED
21	TO RENDER BECAUSE THE INDIVIDUAL IS HIV POSITIVE;
2.2	(0.0)
22	(30) EXCEPT AS TO AN ASSOCIATION THAT HAS REMAINED IN
23	CONTINUOUS EXISTENCE SINCE JULY 1, 1963:
24	(I) ASSOCIATES WITH A PHARMACIST AS A PARTNER OR
25	CO-OWNER OF A PHARMACY FOR THE PURPOSE OF OPERATING A PHARMACY;
	
26	(II) EMPLOYS A PHARMACIST FOR THE PURPOSE OF
27	OPERATING A PHARMACY; OR
00	(III) COMBRACES HERE A DUADA CICE DOD THE DUBBACE OF
28	(III) CONTRACTS WITH A PHARMACIST FOR THE PURPOSE OF
29	OPERATING A PHARMACY;
30	(31) EXCEPT IN AN EMERGENCY LIFE-THREATENING SITUATION

WHERE IT IS NOT FEASIBLE OR PRACTICABLE, FAILS TO COMPLY WITH THE

DISAPPROVED; OR

1	CENTERS FOR DISEASE CONTROL AND PREVENTION'S GUIDELINES ON
2	UNIVERSAL PRECAUTIONS;
3	(32) FAILS TO DISPLAY THE NOTICE REQUIRED UNDER § 14–415
4	OF THIS SUBTITLE;
E	(33) FAILS TO COOPERATE WITH A LAWFUL INVESTIGATION
$\frac{5}{6}$	CONDUCTED BY THE BOARD;
U	CONDUCTED BY THE BOARD,
7	(34) IS CONVICTED OF INSURANCE FRAUD AS DEFINED IN § 27–801
8	OF THE INSURANCE ARTICLE;
9	(35) IS IN BREACH OF A SERVICE OBLIGATION RESULTING FROM
10	THE APPLICANT'S OR LICENSEE'S RECEIPT OF STATE OR FEDERAL FUNDING
11	FOR THE PHYSICIAN ASSISTANT'S MEDICAL EDUCATION;
12	(36) WILLFULLY MAKES A FALSE REPRESENTATION WHEN
13	SEEKING OR MAKING APPLICATION FOR LICENSURE OR ANY OTHER
14	APPLICATION RELATED TO THE PRACTICE OF MEDICINE;
14	ATTEICATION RELATED TO THE TRACTICE OF MEDICINE,
15	(37) By corrupt means, threats, or force, intimidates or
16	INFLUENCES, OR ATTEMPTS TO INTIMIDATE OR INFLUENCE, FOR THE PURPOSE
17	OF CAUSING ANY PERSON TO WITHHOLD OR CHANGE TESTIMONY IN HEARINGS
18	OR PROCEEDINGS BEFORE THE BOARD OR THOSE OTHERWISE DELEGATED TO
19	THE OFFICE OF ADMINISTRATIVE HEARINGS;
20	(38) BY CORRUPT MEANS, THREATS, OR FORCE, HINDERS,
21	PREVENTS, OR OTHERWISE DELAYS ANY PERSON FROM MAKING INFORMATION
22	AVAILABLE TO THE BOARD IN FURTHERANCE OF ANY INVESTIGATION OF THE
23	Board;
24	(39) Intentionally misrepresents credentials for the
$\frac{24}{25}$	PURPOSE OF TESTIFYING OR RENDERING AN EXPERT OPINION IN HEARINGS OR
26	PROCEEDINGS BEFORE THE BOARD OR THOSE OTHERWISE DELEGATED TO THE
27	OFFICE OF ADMINISTRATIVE HEARINGS;
41	OFFICE OF ADMINISTRATIVE HEARINGS,
28	(40) FAILS TO KEEP ADEQUATE MEDICAL RECORDS;
29	(41) PERFORMS DELEGATED MEDICAL ACTS BEYOND THE SCOPE
⊿ ∪	
30	OF THE DELEGATION AGREEMENT FILED WITH THE BOARD OR AFTER

NOTIFICATION FROM THE BOARD THAT AN ADVANCED DUTY HAS BEEN

- 1 (42) PERFORMS DELEGATED MEDICAL ACTS WITHOUT THE 2 SUPERVISION OF A PHYSICIAN.
- 3 (B) (1) ON THE FILING OF CERTIFIED DOCKET ENTRIES WITH THE
- 4 BOARD BY THE OFFICE OF THE ATTORNEY GENERAL, THE BOARD SHALL
- 5 ORDER THE SUSPENSION OF A LICENSE IF THE PHYSICIAN ASSISTANT IS
- 6 CONVICTED OF OR PLEADS GUILTY OR NOLO CONTENDERE WITH RESPECT TO A
- 7 CRIME INVOLVING MORAL TURPITUDE, WHETHER OR NOT ANY APPEAL OR
- 8 OTHER PROCEEDING IS PENDING TO HAVE THE CONVICTION OR PLEA SET
- 9 ASIDE.
- 10 (2) AFTER COMPLETION OF THE APPELLATE PROCESS IF THE
- 11 CONVICTION HAS NOT BEEN REVERSED OR THE PLEA HAS NOT BEEN SET ASIDE
- 12 WITH RESPECT TO A CRIME INVOLVING MORAL TURPITUDE, THE BOARD SHALL
- 13 ORDER THE REVOCATION OF A LICENSE ON THE CERTIFICATION BY THE OFFICE
- 14 OF THE ATTORNEY GENERAL.
- 15 15-315.
- 16 (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} 15 314(A) of
- 18 this subtitle, the Board shall give the individual against whom the action is
- 19 contemplated an opportunity for a hearing before a hearing officer.
- 20 (2) The hearing officer shall give notice and hold the hearing in
- 21 accordance with Title 10, Subtitle 2 of the State Government Article.
- 22 (3) The Board may administer oaths in connection with any
- 23 proceeding under this section.
- 24 (4) At least 14 days before the hearing, the hearing notice required
- 25 under this subtitle shall be sent by certified mail to the last known address of the
- 26 individual.
- (b) (1) Any [certificate holder] LICENSEE who is aggrieved by a final
- decision of the Board under this subtitle may not appeal to the Board of Review but
- 29 may take a direct judicial appeal.
- 30 (2) The appeal shall be as provided for judicial review of the final
- 31 decision in Title 10, Subtitle 2 of the State Government Article.
- 32 (c) An order of the Board under this subtitle may not be stayed pending
- 33 review.
- 34 (d) 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.

1 **15–316**.

- 2 (A) A PHYSICIAN ASSISTANT WHO IS LICENSED IN THIS STATE OR
 3 AUTHORIZED TO PRACTICE IN ANY OTHER STATE OR WHO IS CREDENTIALED AS
 4 A PHYSICIAN ASSISTANT BY A FEDERAL EMPLOYER WHO RESPONDS TO A NEED
 5 FOR MEDICAL CARE IN AN EMERGENCY OR A STATE OR LOCAL DISASTER MAY
 6 PERFORM A MEDICAL ACT WITHOUT SUPERVISION OR WITH ANY SUPERVISION
 7 THAT IS AVAILABLE.
- 8 (B) A PHYSICIAN WHO SUPERVISES A PHYSICIAN ASSISTANT WHO
 9 PERFORMS A MEDICAL ACT IN RESPONSE TO AN EMERGENCY OR A STATE OR
 10 LOCAL DISASTER IS NOT REQUIRED TO MEET THE REQUIREMENTS FOR A
 11 PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN UNDER THIS TITLE.
- 12 (A) IF AFTER A HEARING UNDER § 15–315 OF THIS SUBTITLE, THE
 13 BOARD FINDS THAT THERE ARE GROUNDS FOR DISCIPLINE UNDER § 15–314(A)
 14 OF THIS SUBTITLE TO SUSPEND OR REVOKE A LICENSE OF A PHYSICIAN
 15 ASSISTANT OR TO DENY A LICENSE TO AN APPLICANT OR TO REPRIMAND A
 16 LICENSED PHYSICIAN ASSISTANT, THE BOARD MAY IMPOSE A FINE SUBJECT TO
 17 THE BOARD'S REGULATIONS INSTEAD OF OR IN ADDITION TO SUSPENDING OR
 18 REVOKING THE LICENSE OR REPRIMANDING THE LICENSEE.
- 19 (B) THE BOARD SHALL PAY ANY FINES COLLECTED UNDER THIS 20 SECTION INTO THE GENERAL FUND OF THE STATE.
- 21 **15–317.**
- 22 (A) A PHYSICIAN ASSISTANT IN THIS STATE OR IN ANY OTHER STATE IS
 23 AUTHORIZED TO PERFORM ACTS, TASKS, OR FUNCTIONS AS A PHYSICIAN
 24 ASSISTANT UNDER THE SUPERVISION OF A PHYSICIAN LICENSED TO PRACTICE
 25 MEDICINE IN THE STATE DURING A DISASTER AS DEFINED BY THE GOVERNOR,
 26 WITHIN A COUNTY IN WHICH A STATE OF DISASTER HAS BEEN DECLARED, OR
 27 COUNTIES CONTIGUOUS TO A COUNTY IN WHICH A STATE OF DISASTER HAS
 28 BEEN DECLARED.
- 29 (B) THE PHYSICIAN ASSISTANT SHALL NOTIFY THE BOARD IN WRITING
 30 OF THE NAMES, PRACTICE LOCATIONS, AND TELEPHONE NUMBERS FOR THE
 31 PHYSICIAN ASSISTANT AND EACH PRIMARY SUPERVISING PHYSICIAN WITHIN 30
 32 DAYS OF THE FIRST PERFORMANCE OF MEDICAL ACTS, TASKS, OR FUNCTIONS
 33 AS A PHYSICIAN ASSISTANT DURING THE DISASTER.
- 34 (C) A TEAM OF PHYSICIAN AND PHYSICIAN ASSISTANTS OR PHYSICIAN 35 ASSISTANTS PRACTICING UNDER THIS SECTION MAY NOT BE REQUIRED TO

- 1 MAINTAIN ON-SITE DOCUMENTATION DESCRIBING SUPERVISORY
- 2 ARRANGEMENTS AS OTHERWISE REQUIRED UNDER THIS TITLE.
- 3 15–401.
- 4 (a) Except as otherwise provided in this title, a person may not practice, 5 attempt to practice, or offer to practice as a physician assistant in the State unless the 6 person has a [certificate] LICENSE issued by the Board.
- 7 (b) Except as otherwise provided in this title, a person may not perform, 8 attempt to perform, or offer to perform any delegated medical act beyond the scope of 9 the [certificate] LICENSE and which is consistent with a delegation agreement 10 [approved by] FILED WITH the Board.
- 11 15–402.
- 12 (a) Except as otherwise provided under this title, a person may not represent 13 or imply to the public by use of the title ["certified] "LICENSED physician assistant", 14 by other title, by description of services, methods, or procedures that the person is 15 [certified] LICENSED to practice as a physician assistant in the State.
- 16 (b) Unless [certified] LICENSED to practice as a physician assistant under 17 this title, a person may not use the words or terms "physician assistant", ["certified] 18 "LICENSED physician assistant", or "P.A.".
- 19 **15–402.1.**
- 20 (A) EXCEPT AS OTHERWISE PROVIDED IN THIS SUBTITLE, A LICENSED
 21 PHYSICIAN MAY NOT EMPLOY OR SUPERVISE AN INDIVIDUAL PRACTICING AS A
 22 PHYSICIAN ASSISTANT WHO DOES NOT HAVE A LICENSE.
- 23 (B) EXCEPT AS OTHERWISE PROVIDED IN THIS SUBTITLE, A HOSPITAL,
 24 RELATED INSTITUTION, ALTERNATIVE HEALTH CARE SYSTEM, OR EMPLOYER
 25 MAY NOT EMPLOY AN INDIVIDUAL PRACTICING AS A PHYSICIAN ASSISTANT WHO
 26 DOES NOT HAVE A LICENSE.
- 27 (C) THE BOARD MAY IMPOSE A CIVIL PENALTY IN AN AMOUNT NOT 28 EXCEEDING \$1,000 FOR A VIOLATION OF THIS SECTION.
- 29 (D) THE BOARD SHALL REMIT ANY PENALTY COLLECTED UNDER THIS 30 SUBSECTION INTO THE BOARD OF PHYSICIANS FUND.
- 31 15–403.
- 32 (a) A person who violates § 15–401 or § 15–402 of this subtitle:

$\frac{1}{2}$	(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				
3 4	(2) Shall lose [certification] LICENSURE as a physician assistant under this title.				
5 6 7	(b) (1) In addition to the penalties under subsection (a) of this section, a person who violates § 15–401 of this subtitle may be subject to a civil penalty assessed by the Board in an amount not exceeding \$5,000.				
8 9 10 11	(2) In addition to the penalties under paragraph (1) of this subsection, a person who violates § 15–309 of this title may be subject to a civil penalty assessed by the Board in an amount not exceeding \$100.				
12 13	[(2)] (3) The Board shall pay any civil penalty collected under this subsection into the Board of Physicians Fund.				
14 15	SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2010.				
	Approved:				
	Governor.				
	President of the Senate.				
	Speaker of the House of Delegates				