

HOUSE BILL 584

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2lr2692
CF SB 479

By: **Delegates Tarrant, Cullison, Kach, Krebs, Murphy, Reznik, and V. Turner**

Introduced and read first time: February 6, 2012

Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 18, 2012

CHAPTER _____

1 AN ACT concerning

2 **Health Occupations – Physician Assistants – Patient’s Access to Supervising**
3 **Physician**

4 FOR the purpose of ~~requiring certain patients to have access to certain physicians who~~
5 ~~supervise certain physician assistants under certain circumstances; repealing a~~
6 requirement that certain patients be seen by certain physicians who supervise
7 certain physician assistants under certain circumstances; requiring certain
8 delegation agreements to contain a certain statement; and generally relating to
9 a patient’s access to a physician assistant’s supervising physician.

10 BY repealing and reenacting, with amendments,
11 Article – Health Occupations
12 Section 15–301 and 15–302(b)
13 Annotated Code of Maryland
14 (2009 Replacement Volume and 2011 Supplement)

15 BY repealing and reenacting, without amendments,
16 Article – Health Occupations
17 Section 15–302(a)
18 Annotated Code of Maryland
19 (2009 Replacement Volume and 2011 Supplement)

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

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.



1 **Article – Health Occupations**

2 15–301.

3 (a) Nothing in this title may be construed to authorize a physician assistant
4 to practice independent of a primary or alternate supervising physician.5 (b) A license issued to a physician assistant shall limit the physician
6 assistant’s scope of practice to medical acts:

7 (1) Delegated by the primary or alternate supervising physician;

8 (2) Appropriate to the education, training, and experience of the
9 physician assistant;10 (3) Customary to the practice of the primary or alternate supervising
11 physician; and

12 (4) Consistent with the delegation agreement filed with the Board.

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

14 (1) (i) Taking complete, detailed, and accurate patient histories;
15 and16 (ii) Reviewing patient records to develop comprehensive medical
17 status reports;18 (2) Performing physical examinations and recording all pertinent
19 patient data;20 (3) Interpreting and evaluating patient data as authorized by the
21 primary or alternate supervising physician for the purpose of determining
22 management and treatment of patients;23 (4) Initiating requests for or performing diagnostic procedures as
24 indicated by pertinent data and as authorized by the supervising physician;25 (5) Providing instructions and guidance regarding medical care
26 matters to patients;27 (6) Assisting the primary or alternate supervising physician in the
28 delivery of services to patients who require medical care in the home and in health
29 care institutions, including:

30 (i) Recording patient progress notes;

1 (ii) Issuing diagnostic orders; and

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

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

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

8 (2) Except as otherwise provided in this title, a physician may not
9 supervise a physician assistant in the performance of delegated medical acts without
10 filing a completed delegation agreement with the Board.

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

13 (i) The individual has not been licensed; and

14 (ii) The medical acts have not been delegated by a primary or
15 alternate supervising physician.

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

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

21 (1) A physician assistant student enrolled in a physician assistant
22 educational program that is accredited by the Accreditation Review Commission on
23 Education for the Physician Assistant or its successor and approved by the Board; or

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

26 (g) A physician may not delegate prescriptive authority to a physician
27 assistant student in a training program that is accredited by the Accreditation Review
28 Commission on Education for the Physician Assistant or its successor.

29 (h) (1) If a medical act that is to be delegated under this section is a part
30 of the practice of a health occupation that is regulated under this article by another
31 board, any rule or regulation concerning that medical act shall be adopted jointly by
32 the State Board of Physicians and the board that regulates the other health
33 occupation.

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

3 ~~(i) Notwithstanding the provisions of this section, a patient being treated~~
4 ~~regularly [for a life threatening, chronic, degenerative, or disabling condition shall be~~
5 ~~seen initially by] SHALL HAVE ACCESS TO the supervising physician [and as];~~

6 ~~(1) ON REQUEST; OR~~

7 ~~(2) AS frequently as the patient's CLINICAL condition requires[, but~~
8 ~~no less than within every five appointments or within 180 days, whichever occurs~~
9 ~~first].~~

10 15-302.

11 (a) A physician may delegate medical acts to a physician assistant only after:

12 (1) A delegation agreement has been executed and filed with the
13 Board; and

14 (2) Any advanced duties have been authorized as required under
15 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 specialized
25 education or training that is consistent with accepted medical practice;

26 (5) An attestation that all medical acts to be delegated to the
27 physician assistant are within the scope of practice of the primary or alternate
28 supervising physician and appropriate to the physician assistant's education, training,
29 and level of competence;

30 (6) An attestation of continuous supervision of the physician assistant
31 by the primary supervising physician through the mechanisms described in the
32 delegation agreement;

1 (7) An attestation by the primary supervising physician of the
2 physician’s acceptance of responsibility for any care given by the physician assistant;

3 (8) A description prepared by the primary supervising physician of the
4 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 (10) THE FOLLOWING STATEMENT: “THE PRIMARY SUPERVISING
10 PHYSICIAN AND THE PHYSICIAN ASSISTANT ATTEST THAT:

11 (i) THEY WILL ESTABLISH A PLAN FOR THE TYPES OF
12 CASES THAT REQUIRE A PHYSICIAN PLAN OF CARE OR REQUIRE THAT THE
13 PATIENT INITIALLY OR PERIODICALLY BE SEEN BY THE SUPERVISING
14 PHYSICIAN; AND

15 (ii) THE PATIENT WILL BE PROVIDED ACCESS TO THE
16 SUPERVISING PHYSICIAN ON REQUEST”; AND

17 [(10)] (11) Any other information deemed necessary by the Board to
18 carry out the provisions of this subtitle.

19 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
20 October 1, 2012.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.