

SENATE BILL 479

J2

2lr2535
CF 2lr2692

By: **Senator Ferguson**

Introduced and read first time: February 2, 2012

Assigned to: Education, Health, and Environmental Affairs

A BILL ENTITLED

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; and
6 generally relating to a patient’s access to a physician assistant’s supervising
7 physician.

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

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

15 **Article – Health Occupations**

16 15–301.

17 (a) Nothing in this title may be construed to authorize a physician assistant
18 to practice independent of a primary or alternate supervising physician.

19 (b) A license issued to a physician assistant shall limit the physician
20 assistant’s scope of practice to medical acts:

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

22 (2) Appropriate to the education, training, and experience of the
23 physician assistant;

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 (3) Customary to the practice of the primary or alternate supervising
2 physician; and

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

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

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

7 (ii) Reviewing patient records to develop comprehensive medical
8 status reports;

9 (2) Performing physical examinations and recording all pertinent
10 patient data;

11 (3) Interpreting and evaluating patient data as authorized by the
12 primary or alternate supervising physician for the purpose of determining
13 management and treatment of patients;

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

16 (5) Providing instructions and guidance regarding medical care
17 matters to patients;

18 (6) Assisting the primary or alternate supervising physician in the
19 delivery of services to patients who require medical care in the home and in health
20 care institutions, including:

21 (i) Recording patient progress notes;

22 (ii) Issuing diagnostic orders; and

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

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

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

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

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

(i) The individual has not been licensed; and

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

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

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

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

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

(h) (1) If a 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 medical act shall be adopted jointly by the State Board of Physicians and the board that regulates the other health occupation.

(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] **SHALL HAVE ACCESS TO** the supervising physician [and as]:

(1) ON REQUEST; OR

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

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