

Chapter 241

(Senate Bill 479)

AN ACT concerning

Health Occupations – Physician Assistants – Patient’s Access to Supervising Physician

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

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

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

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

Article – Health Occupations

15–301.

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

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

- (1) Delegated by the primary or alternate supervising physician;
- (2) Appropriate to the education, training, and experience of the physician assistant;

- (3) Customary to the practice of the primary or alternate supervising physician; and
 - (4) Consistent with the delegation agreement filed with the Board.
- (c) Patient services that may be provided by a physician assistant include:
- (1) (i) Taking complete, detailed, and accurate patient histories; and
 - (ii) Reviewing patient records to develop comprehensive medical status reports;
 - (2) Performing physical examinations and recording all pertinent patient data;
 - (3) Interpreting and evaluating patient data as authorized by the primary or alternate supervising physician for the purpose of determining management and treatment of patients;
 - (4) Initiating requests for or performing diagnostic procedures as indicated by pertinent data and as authorized by the supervising physician;
 - (5) Providing instructions and guidance regarding medical care matters to patients;
 - (6) Assisting the primary or alternate supervising physician in the delivery of services to patients who require medical care in the home and in health care institutions, including:
 - (i) Recording patient progress notes;
 - (ii) Issuing diagnostic orders; and
 - (iii) Transcribing or executing specific orders at the direction of the primary or alternate supervising physician; and
 - (7) Exercising prescriptive authority under a delegation agreement and in accordance with § 15–302.2 of this subtitle.
- (d) (1) Except as otherwise provided in this title, an individual shall be licensed by the Board before the individual may practice as a physician assistant.

(2) Except as otherwise provided in this title, a physician may not supervise a physician assistant in the performance of delegated medical acts without 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].~~

15-302.

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

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

(2) Any advanced duties have been authorized as required under subsection (c) of this section.

(b) The delegation agreement shall contain:

(1) A description of the qualifications of the primary supervising physician and physician assistant;

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

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

(4) A description of the delegated medical acts that are within the primary or alternate supervising physician's scope of practice and require 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;

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

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

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

(9) An attestation by the primary supervising physician that the physician will respond in a timely manner when contacted by the physician assistant; [and]

(10) THE FOLLOWING STATEMENT: “THE PRIMARY SUPERVISING PHYSICIAN AND THE PHYSICIAN ASSISTANT ATTEST THAT:

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

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

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

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

Approved by the Governor, May 2, 2012.