

HOUSE BILL 961

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2lr2170
CF SB 808

By: **Delegates Kerr and Krebs**

Introduced and read first time: February 10, 2022

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Health Occupations – Physician Assistants – Revisions**

3 FOR the purpose of requiring a physician assistant to practice under a collaboration
4 agreement with a signing physician rather than under a delegation agreement with
5 a primary supervising physician; requiring a physician assistant to submit a
6 collaboration agreement to the State Board of Physicians before a certain date;
7 altering the scope of practice for a licensed physician assistant; repealing the
8 provisions of law governing the delegation of prescribing, dispensing, and
9 administering controlled dangerous substances, prescription drugs, and medical
10 devices and delegation agreements; and generally relating to physician assistants.

11 BY repealing

12 Article – Health Occupations
13 Section 15–302.1 and 15–302.2
14 Annotated Code of Maryland
15 (2021 Replacement Volume)

16 BY repealing and reenacting, without amendments,

17 Article – Health – General
18 Section 13–3301(a)
19 Annotated Code of Maryland
20 (2019 Replacement Volume and 2021 Supplement)

21 BY repealing and reenacting, with amendments,

22 Article – Health – General
23 Section 13–3301(d)(1)(v)2.
24 Annotated Code of Maryland
25 (2019 Replacement Volume and 2021 Supplement)

26 BY repealing and reenacting, without amendments,

27 Article – Health Occupations

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 Section 12–101(a)
 2 Annotated Code of Maryland
 3 (2021 Replacement Volume)

4 BY repealing and reenacting, with amendments,
 5 Article – Health Occupations
 6 Section 12–101(b), 12–102(c)(2)(iv), 14–306(e)(3)(iii)2., 15–101, 15–103(b), 15–202(b),
 7 15–205(a), 15–301, 15–302, 15–302.3, 15–306, 15–309(a), 15–310(b) and (c),
 8 15–313(a)(1) and (b), 15–314(a)(41), 15–317, 15–401(b), and 15–402.1(a)
 9 Annotated Code of Maryland
 10 (2021 Replacement Volume)

11 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
 12 That Section(s) 15–302.1 and 15–302.2 of Article – Health Occupations of the Annotated
 13 Code of Maryland be repealed.

14 SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read
 15 as follows:

16 **Article – Health – General**

17 13–3301.

18 (a) In this subtitle the following words have the meanings indicated.

19 (d) “Certifying provider” means an individual who:

20 (1) (v) 2. Has an active [delegation] **COLLABORATION** agreement
 21 with a [primary supervising] **SIGNING** physician **UNDER TITLE 15 OF THE HEALTH**
 22 **OCCUPATIONS ARTICLE AND** who is a certifying provider; and

23 **Article – Health Occupations**

24 12–101.

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

26 (b) “Authorized prescriber” means any licensed dentist, licensed dental hygienist
 27 with prescriptive authority under § 4–206.4 of this article, licensed physician, **LICENSED**
 28 **PHYSICIAN ASSISTANT**, licensed podiatrist, licensed veterinarian, advanced practice
 29 nurse with prescriptive authority under § 8–508 of this article, or other individual
 30 authorized by law to prescribe prescription or nonprescription drugs or devices.

31 12–102.

32 (c) (2) This title does not prohibit:

1 (iv) A licensed physician who complies with the requirements of item
2 (ii) of this paragraph from personally preparing and dispensing a prescription written by:

3 1. A physician assistant **PRACTICING** in accordance with a
4 **[delegation] COLLABORATION** agreement that complies with Title 15, Subtitle 3 of this
5 article; or

6 2. A nurse practitioner who is authorized to practice under
7 Title 8, Subtitle 3 of this article and is working with the physician in the same office setting;
8 or

9 14–306.

10 (e) Except as otherwise provided in this section, an individual may perform
11 X–ray duties without a license only if the duties:

12 (3) Are performed:

13 (iii) 2. By a licensed physician assistant who has completed a
14 course that includes anterior–posterior and lateral radiographic studies of extremities on
15 at least 20 separate patients **[under the direct supervision of the delegating physician or**
16 **radiologist]** using a mini C–arm or similar low–level radiation machine to perform
17 nonfluoroscopic X–ray procedures, if the duties:

18 A. Include only the X–ray procedures described in paragraph
19 (2)(iii) of this subsection; and

20 B. Are performed **[pursuant to a Board–approved delegation**
21 **agreement that includes a request to perform advanced duties under § 15–302(c)(2) of this**
22 **article] IN COLLABORATION WITH A PHYSICIAN IN ACCORDANCE WITH A**
23 **COLLABORATION AGREEMENT THAT MEETS THE REQUIREMENTS ESTABLISHED**
24 **UNDER TITLE 15 OF THIS ARTICLE.**

25 15–101.

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

27 **[(b) “Alternate supervising physician” means one or more physicians designated**
28 **by the primary supervising physician to provide supervision of a physician assistant in**
29 **accordance with the delegation agreement on file with the Board.**

30 (c) “Ambulatory surgical facility” means a facility:

31 (1) Accredited by:

1 (i) The American Association for Accreditation of Ambulatory
2 Surgical Facilities;

3 (ii) The Accreditation Association for Ambulatory Health Care; or

4 (iii) The Joint Commission on Accreditation of Healthcare
5 Organizations; or

6 (2) Certified to participate in the Medicare program, as enacted by Title
7 XVIII of the Social Security Act.

8 (d)] (B) “Board” means the State Board of Physicians, established under §
9 14–201 of this article.

10 (C) **“COLLABORATION” MEANS A COOPERATIVE RELATIONSHIP BETWEEN A**
11 **PHYSICIAN ASSISTANT AND ONE OR MORE PHYSICIANS.**

12 (D) **“COLLABORATION AGREEMENT” MEANS A WRITTEN OR ELECTRONIC**
13 **DOCUMENT THAT:**

14 (1) **CONFIRMS THAT A PHYSICIAN ASSISTANT WILL PERFORM**
15 **MEDICAL ACTS APPROPRIATE TO THE EDUCATION, TRAINING, AND EXPERIENCE OF**
16 **THE PHYSICIAN ASSISTANT;**

17 (2) **IS SUBMITTED TO THE BOARD; AND**

18 (3) **IS MUTUALLY AGREED TO AND SIGNED BY THE PHYSICIAN**
19 **ASSISTANT AND:**

20 (I) **A PHYSICIAN, ACTING ON BEHALF OF THE PHYSICIAN;**

21 (II) **AN AUTHORIZED PHYSICIAN THAT REPRESENTS A GROUP**
22 **OF PHYSICIANS; OR**

23 (III) **AN AUTHORIZED PHYSICIAN WHO REPRESENTS A HEALTH**
24 **CARE FACILITY THAT EMPLOYS, CONTRACTS, OR CREDENTIALS PHYSICIANS.**

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

26 (f) “Controlled dangerous substances” has the meaning stated in § 5–101 of the
27 Criminal Law Article.

28 (g) “Correctional facility” includes a State or local correctional facility.

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

3 (i) “Delegation agreement” means a document that is executed by a primary
4 supervising physician and a physician assistant containing the requirements of § 15–302
5 of this title.]

6 [(i–1)] (H) “Disciplinary panel” means a disciplinary panel of the Board
7 established under § 14–401 of this article.

8 [(j)] (I) “Dispense” or “dispensing” has the meaning stated in § 12–101 of this
9 article.

10 [(k)] (J) “Drug sample” means a unit of a prescription drug that is intended to
11 promote the sale of the drug and is not intended for sale.

12 [(l)] (K) “Hospital” means:

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

14 (2) A comprehensive care facility that:

15 (i) Meets the requirements of a hospital–based skilled nursing
16 facility under federal law; and

17 (ii) Offers acute care in the same building; and

18 (3) An emergency room that is physically connected to a hospital or a
19 freestanding medical facility that is licensed under Title 19, Subtitle 3A of the Health –
20 General Article.

21 [(m)] (L) “License” means a license issued by the Board to a physician assistant
22 under this title.

23 [(n)] (M) “National certifying examination” means the Physician Assistant
24 National Certifying Examination administered by the National Commission on
25 Certification of Physician Assistants or its successor.

26 [(o)] (N) “Physician assistant” means an individual who is licensed under this
27 title to practice medicine [with physician supervision] **UNDER A COLLABORATION**
28 **AGREEMENT.**

29 [(p)] (O) “Practice as a physician assistant” means the performance of medical
30 acts that are:

1 (1) [Delegated by a supervising physician to a physician assistant]
 2 **CONSISTENT WITH A COLLABORATION AGREEMENT;**

3 (2) Within the [supervising] **SIGNING** physician's scope of practice; and

4 (3) Appropriate to the physician assistant's education, training, and
 5 experience.

6 [(q)] (P) "Prescriptive authority" means the authority [delegated by a primary
 7 or alternate supervising physician to] **PROVIDED TO** a physician assistant [to:

8 (1) Prescribe and administer controlled dangerous substances, prescription
 9 drugs, medical devices, and the oral, written, or electronic ordering of medications; and

10 (2) Dispense as provided under § 15–302.2(b), (c), and (d) of this title]
 11 **UNDER A COLLABORATION AGREEMENT TO PRESCRIBE DRUGS AND DEVICES THAT**
 12 **IS CONSISTENT WITH THE PHYSICIAN ASSISTANT'S EDUCATION, TRAINING, AND**
 13 **EXPERIENCE.**

14 [(r) "Primary supervising physician" means a physician who:

15 (1) Completes a delegation agreement that meets the requirements under
 16 §§ 15–301(d) and (e) and 15–302 of this title and files a copy with the Board;

17 (2) Acts as the physician responsible to ensure that a physician assistant
 18 practices medicine in accordance with this title and the regulations adopted under this title;

19 (3) Ensures that a physician assistant practices within the scope of practice
 20 of the primary supervising physician or any designated alternate supervising physician;
 21 and

22 (4) Ensures that a list of alternate supervising physicians is maintained at
 23 the practice setting.]

24 [(s)] (Q) "Public health facility" means a site where clinical public health
 25 services are rendered under the auspices of the Department, a local health department in
 26 a county, or the Baltimore City Health Department.

27 (R) **"SIGNING PHYSICIAN" MEANS A PHYSICIAN WHO SIGNS A**
 28 **COLLABORATION AGREEMENT.**

29 [(t) "Starter dosage" means an amount of a drug sufficient to begin therapy:

30 (1) Of short duration of 72 hours or less; or

31 (2) Prior to obtaining a larger quantity of the drug to complete therapy.

1 (u) (1) “Supervision” means the responsibility of a physician to exercise
2 on-site supervision or immediately available direction for physician assistants performing
3 delegated medical acts.

4 (2) “Supervision” includes physician oversight of and acceptance of direct
5 responsibility for the patient services and care rendered by a physician assistant, including
6 continuous availability to the physician assistant in person, through written instructions,
7 or by electronic means and by designation of one or more alternate supervising physicians.]

8 15–103.

9 (b) (1) Subject to paragraph (2) of this subsection, an employer of a physician
10 assistant shall report to the Board, on the form prescribed by the Board, any termination
11 of employment of the physician assistant if the cause of termination is related to a quality
12 of care issue.

13 (2) Subject to subsection (d) of this section, a [supervising] **SIGNING**
14 physician or an employer of a physician assistant shall notify the Board within 10 days of
15 the termination of employment of the physician assistant for reasons that would be grounds
16 for discipline under this title.

17 (3) A [supervising] **SIGNING** physician and a physician assistant shall
18 notify the Board within 10 days of the termination of the relationship under a [delegation]
19 **COLLABORATION** agreement for any reason.

20 15–202.

21 (b) Of the three physician members of the Committee, two shall [be] **HAVE**
22 previously [or currently serving] **SERVED** as supervising physicians of a physician
23 assistant under a Board-approved delegation agreement **ENTERED INTO ON OR BEFORE**
24 **SEPTEMBER 30, 2022, OR BE CURRENTLY SERVING AS A SIGNING PHYSICIAN UNDER**
25 **A COLLABORATION AGREEMENT.**

26 15–205.

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

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

31 (2) Recommend to the Board approval, modification, or disapproval of an
32 application for licensure [or a delegation agreement];

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

4 (4) Report to the Board any alleged unauthorized practice of a physician
5 assistant.
6 15–301.

7 (a) [Nothing in this] **THIS** title may **NOT** be construed to authorize a physician
8 assistant to practice independent of a [primary or alternate supervising physician]
9 **COLLABORATION AGREEMENT**.

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

12 (1) [Delegated by the primary or alternate supervising physician]
13 **AUTHORIZED BY A COLLABORATION AGREEMENT**;

14 (2) Appropriate to the education, training, and experience of the physician
15 assistant; **AND**

16 (3) Customary to the practice of the [primary or alternate supervising]
17 **SIGNING** physician[; and

18 (4) Consistent with the delegation agreement filed with the Board].

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

20 [(1) (i) Taking complete, detailed, and accurate patient histories; and

21 (ii) Reviewing patient records to develop comprehensive medical
22 status reports;

23 (2) Performing physical examinations and recording all pertinent patient
24 data;

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

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

30 (5) Providing instructions and guidance regarding medical care matters to
31 patients;

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

4 (i) Recording patient progress notes;

5 (ii) Issuing diagnostic orders; and

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

8 (7) Exercising prescriptive authority under a delegation agreement and in
9 accordance with § 15–302.2 of this subtitle]

10 **(1) TAKING COMPREHENSIVE PATIENT HISTORIES AND PERFORMING**
11 **COMPREHENSIVE PHYSICAL EXAMINATIONS;**

12 **(2) EVALUATING, DIAGNOSING, AND MANAGING PATIENTS;**

13 **(3) PROVIDING MEDICAL TREATMENT TO PATIENTS;**

14 **(4) ORDERING, INTERPRETING, AND PERFORMING DIAGNOSTIC AND**
15 **THERAPEUTIC MEDICAL SERVICES;**

16 **(5) PROVIDING CONSULTATION ON MEDICAL MATTERS ON REQUEST;**

17 **(6) EXERCISING PRESCRIPTIVE AUTHORITY IN ACCORDANCE WITH**
18 **THE EDUCATION, TRAINING, AND EXPERIENCE OF THE PHYSICIAN ASSISTANT;**

19 **(7) EDUCATING PATIENTS ON HEALTH PROMOTION AND DISEASE**
20 **PREVENTION;**

21 **(8) WRITING, TRANSCRIBING, OR EXECUTING MEDICAL ORDERS;**

22 **(9) PERFORMING MEDICAL ACTS IN PUBLIC HEALTH FACILITIES,**
23 **NURSING HOMES, HOSPITALS, HOME HEALTH AGENCIES, ASSISTED LIVING**
24 **FACILITIES, AND HOSPICES;**

25 **(10) OBTAINING INFORMED CONSENT;**

26 **(11) SUPERVISING, DELEGATING, AND ASSIGNING DIAGNOSTIC AND**
27 **THERAPEUTIC MEDICAL SERVICES TO LICENSED AND UNLICENSED PERSONNEL;**

1 **(12) CERTIFYING THE HEALTH OR DISABILITY OF A PATIENT AS**
2 **REQUIRED BY ANY FEDERAL, STATE, OR LOCAL PROGRAM; AND**

3 **(13) AUTHENTICATING ANY DOCUMENT, CERTIFICATION,**
4 **VERIFICATION, OR AFFIDAVIT AS A PHYSICIAN.**

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

7 (2) Except as otherwise provided in this title, a physician may not
8 **[supervise] COLLABORATE WITH** a physician assistant in the performance of **[delegated]**
9 medical acts without **[filing a completed delegation agreement with] SUBMITTING A**
10 **COLLABORATION AGREEMENT TO** the Board.

11 (3) Except as otherwise provided in this title or in a medical emergency, a
12 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] INDIVIDUAL HAS NOT BEEN PREPARED THROUGH**
16 **EDUCATION, TRAINING, OR EXPERIENCE.**

17 (e) **[A] WHILE PRACTICING UNDER A COLLABORATION AGREEMENT, A**
18 physician assistant **[is the agent of the primary or alternate supervising physician in the**
19 **performance of all practice-related activities, including the oral, written, or electronic**
20 **ordering of diagnostic, therapeutic, and other medical services] SHALL COLLABORATE**
21 **AND CONSULT WITH THE SIGNING PHYSICIAN OR ANOTHER PHYSICIAN AS**
22 **AUTHORIZED UNDER THE COLLABORATION AGREEMENT.**

23 (f) Except as **[provided in subsection (g) of this section] OTHERWISE PROVIDED**
24 **IN THIS TITLE**, the following individuals may practice as a physician assistant without a
25 license:

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

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

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

1 **[(h) (G)** (1) If a medical act that is to be **[delegated] PERFORMED** under this
2 section is a part of the practice of a health occupation that is regulated under this article
3 by another board, any rule or regulation concerning that medical act shall be adopted
4 jointly by the State Board of Physicians and the board that regulates the other health
5 occupation.

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

8 15–302.

9 (a) A **[physician may delegate medical acts to a]** physician assistant **MAY**
10 **PERFORM MEDICAL ACTS** only after¹:

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

13 (2) Any advanced duties have been authorized as required under
14 subsection (c) of this section] **A COLLABORATION AGREEMENT HAS BEEN SUBMITTED**
15 **TO THE BOARD.**

16 (b) The **[delegation] COLLABORATION** agreement shall contain:

17 (1) A description of the qualifications of the **[primary supervising]**
18 **SIGNING** 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 that
22 are reasonable and appropriate to the practice setting;

23 (4) A description of the delegated medical acts that are within the primary
24 or alternate supervising physician's scope of practice and require specialized education or
25 training that is consistent with accepted medical practice;

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

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

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

1 **(3) AN ATTESTATION THAT THE PHYSICIAN ASSISTANT WILL**
2 **COLLABORATE AND CONSULT WITH APPROPRIATE MEMBERS OF A HEALTH CARE**
3 **TEAM, WHILE CONSIDERING A PATIENT’S CONDITION AND THE PHYSICIAN**
4 **ASSISTANT’S EDUCATION, TRAINING, AND EXPERIENCE;**

5 **[(8)] (4)** A description prepared by the [primary supervising] **SIGNING**
6 physician of the process by which the physician [assistant’s practice is reviewed
7 appropriate to the practice setting and consistent with current standards of acceptable
8 medical practice] **ASSISTANT WILL COLLABORATE WITH A PHYSICIAN;**

9 **[(9)] (5)** An attestation by the [primary supervising] physician [that the
10 physician will respond in a timely manner when contacted by the physician assistant]
11 **ASSISTANT AND THE SIGNING PHYSICIAN THAT THE PHYSICIAN ASSISTANT WILL**
12 **SEEK A TIMELY RESPONSE FROM THE SIGNING PHYSICIAN; AND**

13 **[(10)] (6)** The following statement: “The [primary supervising] **SIGNING**
14 physician and the physician assistant attest that:

15 (i) [They] **THE PHYSICIAN ASSISTANT** will establish a plan for the
16 types of cases that require a physician plan of care or require that the patient initially or
17 periodically be seen by [the supervising] A physician; and

18 (ii) The patient will be provided access to [the supervising] A
19 physician on request”]; and

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

22 **[(c) (1)** The Board may not require prior approval of a delegation agreement
23 that includes advanced duties, if an advanced duty will be performed in a hospital or
24 ambulatory surgical facility, provided that:

25 (i) A physician, with credentials that have been reviewed by the
26 hospital or ambulatory surgical facility as a condition of employment, as an independent
27 contractor, or as a member of the medical staff, supervises the physician assistant;

28 (ii) The physician assistant has credentials that have been reviewed
29 by the hospital or ambulatory surgical facility as a condition of employment, as an
30 independent contractor, or as a member of the medical staff; and

31 (iii) Each advanced duty to be delegated to the physician assistant is
32 reviewed and approved within a process approved by the governing body of the health care
33 facility before the physician assistant performs the advanced duties.

1 (2) (i) In any setting that does not meet the requirements of paragraph
2 (1) of this subsection, a primary supervising physician shall obtain the Board's approval of
3 a delegation agreement that includes advanced duties, before the physician assistant
4 performs the advanced duties.

5 (ii) 1. Before a physician assistant may perform X-ray duties
6 authorized under § 14-306(e) of this article in the medical office of the physician delegating
7 the duties, a primary supervising physician shall obtain the Board's approval of a
8 delegation agreement that includes advanced duties in accordance with subparagraph
9 2 of this subparagraph.

10 2. The advanced duties set forth in a delegation agreement
11 under this subparagraph shall be limited to nonfluoroscopic X-ray procedures of the
12 extremities, anterior-posterior and lateral, not including the head.

13 (3) Notwithstanding paragraph (1) of this subsection, a primary
14 supervising physician shall obtain the Board's approval of a delegation agreement before
15 the physician assistant may administer, monitor, or maintain general anesthesia or
16 neuroaxial anesthesia, including spinal and epidural techniques, under the agreement.

17 (d) For a delegation agreement containing advanced duties that require Board
18 approval, the Committee shall review the delegation agreement and recommend to the
19 Board that the delegation agreement be approved, rejected, or modified to ensure
20 conformance with the requirements of this title.

21 (e) The Committee may conduct a personal interview of the primary supervising
22 physician and the physician assistant.

23 (f) (1) On review of the Committee's recommendation regarding a primary
24 supervising physician's request to delegate advanced duties as described in a delegation
25 agreement, the Board:

26 (i) May approve the delegation agreement; or

27 (ii) 1. If the physician assistant does not meet the applicable
28 education, training, and experience requirements to perform the specified delegated acts,
29 may modify or disapprove the delegation agreement; and

30 2. If the Board takes an action under item 1 of this item:

31 A. Shall notify the primary supervising physician and the
32 physician assistant in writing of the particular elements of the proposed delegation
33 agreement that were the cause for the modification or disapproval; and

34 B. May not restrict the submission of an amendment to the
35 delegation agreement.

1 (2) To the extent practicable, the Board shall approve a delegation
2 agreement or take other action authorized under this subsection within 90 days after
3 receiving a completed delegation agreement including any information from the physician
4 assistant and primary supervising physician necessary to approve or take action.]

5 [(g)] (C) If the Board determines that **UNDER A COLLABORATION**
6 **AGREEMENT**, a [primary or alternate supervising physician or] physician assistant, **A**
7 **SIGNING PHYSICIAN, OR ANOTHER PHYSICIAN AUTHORIZED TO COLLABORATE WITH**
8 **THE PHYSICIAN ASSISTANT UNDER THE COLLABORATION AGREEMENT** is practicing
9 in a manner inconsistent with the requirements of this title or Title 14 of this article, the
10 Board on its own initiative or on the recommendation of the Committee may [demand
11 modification of the practice, withdraw the approval of the delegation agreement,] **MODIFY**
12 **THE COLLABORATION AGREEMENT** or refer the matter to a disciplinary panel for the
13 purpose of taking other disciplinary action under § 14–404 or § 15–314 of this article.

14 [(h)] (h) A primary supervising physician may not delegate medical acts under a
15 delegation agreement to more than four physician assistants at any one time, except in a
16 hospital or in the following nonhospital settings:

17 (1) A correctional facility;

18 (2) A detention center; or

19 (3) A public health facility.

20 (i) A person may not coerce another person to enter into a delegation agreement
21 under this subtitle.

22 (j) A physician may supervise a physician assistant:

23 (1) As a primary supervising physician in accordance with a delegation
24 agreement approved by the Board under this subtitle; or

25 (2) As an alternate supervising physician if:

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

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

31 (iii) The alternate supervising physician's period of supervision, in
32 the temporary absence of the primary supervising physician, does not exceed:

- 1 1. The period of time specified in the delegation agreement;
2 and
- 3 2. A period of 45 consecutive days at any one time; and
- 4 (iv) The physician assistant performs only those medical acts that:
- 5 1. Have been delegated under the delegation agreement filed
6 with the Board; and
- 7 2. Are within the scope of practice of the primary supervising
8 physician and alternate supervising physician.]

9 **[(k)] (D)** Subject to the notice required under § 15–103 of this title, a physician
10 assistant may terminate a [delegation agreement filed with] **COLLABORATION**
11 **AGREEMENT SUBMITTED TO** the Board under this subtitle at any time.

12 **[(l)] (1)** In the event of the sudden departure, incapacity, or death of the
13 primary supervising physician of a physician assistant, or change in license status that
14 results in the primary supervising physician being unable to legally practice medicine, an
15 alternate supervising physician designated under subsection (b) of this section may
16 supervise the physician assistant for not longer than 15 days following the event.

17 (2) If there is no designated alternate supervising physician or the
18 designated alternate supervising physician does not agree to supervise the physician
19 assistant, the physician assistant may not practice until the physician assistant receives
20 approval of a new delegation agreement under § 15–302.1 of this subtitle.

21 (3) An alternate supervising physician or other licensed physician may
22 assume the role of primary supervising physician by submitting a new delegation
23 agreement to the Board for approval under subsection (b) of this section.

24 (4) The Board may terminate a delegation agreement if:

25 (i) The physician assistant has a change in license status that
26 results in the physician assistant being unable to legally practice as a physician assistant;

27 (ii) At least 15 days have elapsed since an event listed under
28 paragraph (1) of this subsection if there is an alternate supervising physician designated
29 under subsection (b) of this section; or

30 (iii) Immediately after an event listed under paragraph (1) of this
31 subsection if there is no alternate supervising physician designated under subsection (b) of
32 this section.]

1 [(m)] (E) A physician assistant whose [delegation] **COLLABORATION** agreement
2 is terminated may not practice as a physician assistant until the physician assistant
3 [receives preliminary approval of a new delegation agreement under § 15–302.1 of this
4 subtitle] **HAS SUBMITTED A NEW COLLABORATION AGREEMENT TO THE BOARD.**

5 [(n)] (F) Individual members of the Board are not civilly liable for actions
6 regarding the [approval, modification, or disapproval of a delegation agreement described
7 in this section] **SUBMISSION OF A COLLABORATION AGREEMENT.**

8 [(o)] A physician assistant may practice in accordance with a delegation agreement
9 filed with the Board under this subtitle.]

10 [15–302.3.] **15–302.1.**

11 [(a)] On a quarterly basis, the Board shall provide to the **STATE** Board of Pharmacy
12 a list of physician assistants [whose delegation agreements include the delegation of
13 prescriptive authority].

14 [(b)] The list required under subsection (a) of this section shall specify whether
15 each physician assistant has been delegated the authority to prescribe controlled dangerous
16 substances, prescription drugs, or medical devices.

17 [(c)] If a primary supervising physician who has delegated authority to exercise
18 prescriptive authority to a physician assistant subsequently restricts or removes the
19 delegation, the primary supervising physician shall notify the Board of the restriction or
20 removal within 5 business days.]

21 15–306.

22 A license authorizes the licensee to practice as a physician assistant [under a
23 delegation agreement] **AS AUTHORIZED BY A COLLABORATION AGREEMENT** while the
24 license is effective.

25 15–309.

26 [(a)] Each licensee shall keep a license and [delegation agreement]
27 **COLLABORATION AGREEMENT** for inspection at the primary place of business of the
28 licensee.

29 15–310.

30 [(b)] In return for the privilege given to the physician assistant to perform
31 [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 requested
2 by the Board in writing; and

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

5 (c) The unreasonable failure or refusal of the licensed physician assistant or
6 applicant to submit to an examination is prima facie evidence of the licensed physician
7 assistant's inability to perform [delegated] medical acts and is cause for denial of the
8 application or immediate suspension of the license.

9 15-313.

10 (a) (1) Except as otherwise provided under § 10-226 of the State Government
11 Article, before the Board takes any action to [reject or] modify a [delegation agreement or
12 advanced duty,] **COLLABORATION AGREEMENT**, the Board shall give the licensee the
13 opportunity for a hearing before the Board.

14 (b) Any licensee aggrieved under this subtitle by a final decision of the Board
15 [rejecting or] modifying a [delegation agreement or advanced duty] **COLLABORATION**
16 **AGREEMENT** may petition for judicial review as allowed by the Administrative Procedure
17 Act.

18 15-314.

19 (a) Subject to the hearing provisions of § 15-315 of this subtitle, a disciplinary
20 panel, on the affirmative vote of a majority of the quorum, may reprimand any physician
21 assistant, place any physician assistant on probation, or suspend or revoke a license if the
22 physician assistant:

23 (41) Performs [delegated] medical acts beyond the scope of the [delegation]
24 **COLLABORATION** agreement filed with the Board or after notification from the Board that
25 an advanced duty has been disapproved;

26 15-317.

27 (a) A physician assistant in this State or in any other [state] **JURISDICTION**
28 **WITHIN THE UNITED STATES** is authorized to perform acts, tasks, or functions [as a
29 physician assistant under the supervision of a physician licensed to practice medicine] in
30 the State during a **STATE OF EMERGENCY OR DURING A STATE OR LOCAL** disaster as
31 defined by the Governor, within a county in which a state of disaster has been declared, or
32 counties contiguous to a county in which a state of disaster has been declared.

33 (b) The physician assistant shall notify the Board in writing of the [names,]
34 practice locations[,], and telephone numbers for the physician assistant [and each primary

1 supervising physician] within 30 days of the first performance of medical acts, tasks, or
2 functions as a physician assistant during the disaster.

3 (c) A team of physicians and physician assistants or physician assistants
4 practicing under this section may not be required to maintain on-site documentation
5 describing [supervisory] arrangements **UNDER A COLLABORATION AGREEMENT** as
6 otherwise required under this title.

7 15-401.

8 (b) Except as otherwise provided in this title, a person may not perform, attempt
9 to perform, or offer to perform any [delegated] medical act beyond the scope of the license
10 and which is consistent with a [delegation agreement filed with the Board]
11 **COLLABORATION AGREEMENT SUBMITTED TO THE BOARD.**

12 15-402.1.

13 (a) Except as otherwise provided in this subtitle, a licensed physician may not
14 employ [or supervise] an individual practicing as a physician assistant who does not have
15 a license.

16 SECTION 3. AND BE IT FURTHER ENACTED, That a physician assistant who
17 entered into a delegation agreement with a supervising physician on or before September
18 30, 2022:

19 (1) may continue to practice under the delegation agreement until the end
20 of September 30, 2023; and

21 (2) must submit to the State Board of Physicians a signed collaboration
22 agreement before October 1, 2023, to continue to practice in the State after September 30,
23 2023.

24 SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect
25 October 1, 2022.