FISCAL AND POLICY NOTE
First Reader

Senate Bill 808 (Senator Carozza)
Education, Health, and Environmental Affairs

Health Occupations - Physician Assistants - Revisions

This bill authorizes a physician assistant (PA) to practice medical acts consistent with a collaboration agreement with a signing physician that meets specified requirements rather than medical acts delegated by a supervising physician under an approved delegation agreement. The scope of practice for a PA is expanded to include additional duties. A PA may exercise prescriptive authority under a collaboration agreement in accordance with the education, training, and experience of the PA rather than prescribe and dispense prescription drugs as delegated by a supervising physician under a delegation agreement. The bill also makes conforming changes.

Fiscal Summary

State Effect: The Maryland Board of Physicians (MBP) can implement the bill with existing budgeted resources. MBP advises it will charge the same fee for submission of a collaboration agreement as it charges for approval of a delegation agreement with advanced duties; thus, revenues are not affected.

Local Effect: None.

Small Business Effect: Potential meaningful.
Analysis

Bill Summary:

Collaboration Agreements

“Collaboration” means a cooperative relationship between a PA and one or more physicians. A “collaboration agreement” means a written or electronic document that is submitted to MBP and is mutually agreed to and signed by the PA and (1) a physician; (2) an authorized physician that represents a group of physicians; or (3) an authorized physician who represents a health care facility that employs, contracts, or credentials physicians. A PA may perform medical acts only after a collaboration agreement has been submitted to MBP. “Signing physician” means a physician who signs a collaboration agreement.

A collaboration agreement must include (1) a description of the qualifications of the signing physician and PA (as under current law for delegation agreement); (2) a description of the settings in which the PA will practice (as under current law for a delegation agreement); (3) an attestation that the PA will collaborate and consult with appropriate members of a health care team, while considering a patient’s condition and the PA’s education, training, and experience; (4) a description prepared by the signing physician of the process by which the PA will collaborate with a physician; and (5) an attestation by the PA and the signing physician that the PA will seek a timely response from the signing physician. In addition, the agreement must include a statement that “The signing physician and the PA attest that the PA 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 a physician and the patient will be provided access to a physician on request.”

Scope of Practice

“PA” means an individual who is licensed by MBP to practice medicine under a collaboration agreement. While practicing under a collaboration agreement, a PA must collaborate and consult with the signing physician or another physician as authorized under the collaboration agreement.

Patient services that may be provided by a PA include:

- taking comprehensive patient histories and performing comprehensive physical examinations;
- evaluating, diagnosing, and managing patients;
- providing medical treatment to patients;
• ordering, interpreting, and performing diagnostic and therapeutic medical services;
• providing consultation on medical matters on request;
• exercising prescriptive authority in accordance with the education, training, and experience of the PA;
• educating patients on health promotion and disease prevention;
• writing, transcribing, or executing medical orders;
• performing medical acts in public health facilities, nursing homes, hospitals, home health agencies, assisted living facilities, and hospices;
• obtaining informed consent;
• supervising, delegating, and assigning diagnostic and therapeutic medical services to licensed and unlicensed personnel;
• certifying the health or disability of a patient as required by any Federal, State, or local program; and
• authenticating any document, certification, verification, or affidavit as a physician.

Prescriptive Authority

The bill repeals provisions requiring the delegation of prescribing, dispensing, and administering controlled dangerous substances, prescription drugs, and medical devices to a PA by a primary or alternate supervising physician under a delegation agreement. Instead, a PA may exercise prescriptive authority in accordance with the education, training, and experience of the PA. Prescriptive authority for a PA is defined as the authority provided to a PA under a collaboration agreement to prescribe drugs and devices that are consistent with the PA’s education, training, and experience.

Disciplinary Actions

If MBP determines that, under a collaboration agreement, a PA, a signing physician, or another physician authorized to collaborate with the PA is practicing in a manner inconsistent with specified requirements, MBP may, on its own initiative or on the recommendation of the Physician Assistant Advisory Committee, modify the collaboration agreement or refer the matter to a disciplinary panel for other disciplinary action.

Uncodified Language

A PA who entered into a delegation agreement with a supervising physician on or before September 30, 2022, may continue to practice under the delegation agreement for one year but must submit to MBP a signed collaboration agreement prior to September 30, 2023, to continue to practice in the State.
Current Law: A PA is not authorized to practice independent of a supervising physician. A PA may only be licensed to practice medical acts after the Physician Assistant Advisory Committee has approved a delegation agreement formed between a supervisory physician and a PA.

A “delegation agreement” means a document that is executed by a primary supervising physician and a PA that contains (1) a description of the qualifications of the primary supervising physician and PA; (2) a description of the settings in which the PA 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 PA are within the scope of practice of the primary or alternate supervising physician and appropriate to the PA’s education, training, and level of competence; (6) an attestation of continuous supervision of the PA 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 PA; (8) a description prepared by the primary supervising physician of the process by which the PA’s practice is reviewed appropriate to the practice setting and consistent with current standards of acceptable medical practice; and (9) an attestation by the primary supervising physician that the physician will respond in a timely manner when contacted by the PA. In addition, the agreement must include a statement in the following form: “The primary supervising physician and the PA attest that: 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; the patient will be provided access to the supervising physician on request”; and any other information deemed necessary by MBP.

To qualify for a license, a PA must have graduated from a PA training program, pass a national certifying exam approved by MBP, and have a bachelor’s degree or its equivalent if the applicant graduated from a PA training program after October 1, 2003. A PA may not practice within the scope of any of the following health occupations: radiography, nuclear medicine technology, nursing, optometry, physical therapy, psychology, radiation therapy, or psychotherapy.

Patient services that may be provided by a PA include:

- taking patient histories and reviewing patient records to develop medical status reports;
- performing physical examinations and recording patient data;
- interpreting and evaluating patient data as authorized by the supervising physician to determine management and treatment of patients;
• initiating requests for or performing diagnostic procedures as indicated by pertinent data and authorized by the supervising physician;
• providing instructions and guidance regarding medical care matters to patients;
• assisting the supervising physician in the delivery of services to patients, including recording patient progress notes, issuing diagnostic orders, and transcribing or executing specific orders at the direction of the supervising physician; and
• exercising prescriptive authority under a delegation agreement.

Advanced duties are medical acts that require additional training beyond the basic PA education program required for licensure. PAs must obtain prior approval from MBP before practicing any advanced duty. PAs must submit specific training and education documentation to MBP, including procedure logs, evidence of advanced education and training, and consent forms.

Prescriptive authority for a PA means the authority delegated by a primary or alternate supervising physician to a PA to prescribe and administer controlled dangerous substances, prescription drugs, medical devices, and the oral, written, or electronic ordering of medications; and dispense, as specified.

Small Business Effect: PAs that practice under a collaboration agreement may perform additional duties due to an expanded scope of practice. However, PAs must obtain their own credentials to prescribe and dispense prescription drugs (such as a dispensing permit).

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Additional Information

Prior Introductions: None.

Designated Cross File: HB 961 (Delegates Kerr and Krebs) - Health and Government Operations.

Information Source(s): Maryland Department of Health; Department of Legislative Services

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