

# HOUSE BILL 806

J2

(4lr2422)

## ENROLLED BILL

— Health and Government Operations/Finance —

Introduced by ~~Delegate Kerr~~ Delegates Kerr, Alston, Bagnall, Bhandari, Chisholm, Cullison, Guzzone, Hill, Hutchinson, S. Johnson, Kaiser, Kipke, R. Lewis, Lopez, Martinez, M. Morgan, Pena-Melnyk, Reilly, Rosenberg, Szeliga, Taveras, White Holland, and Woods

Read and Examined by Proofreaders:

\_\_\_\_\_  
Proofreader.

\_\_\_\_\_  
Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ o'clock, \_\_\_\_\_ M.

\_\_\_\_\_  
Speaker.

### CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Physician Assistants – Revisions**  
3 **(Physician Assistant Modernization Act of 2024)**

4 FOR the purpose of requiring that a physician assistant have a collaboration agreement,  
5 rather than a delegation agreement, in order to practice as a physician assistant;  
6 altering the scope of practice of a physician assistant; altering the education required  
7 for licensure as a physician assistant; authorizing physician assistants who are  
8 employees of the federal government to perform acts, tasks, or functions as a  
9 physician assistant during a certain disaster; requiring the State Board of  
10 Physicians to review and update the list of advance duties for physician assistants;  
11 and generally relating to physician assistants.

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#### 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.

*Italics indicate opposite chamber/conference committee amendments.*



- 1 BY repealing and reenacting, without amendments,  
2 Article – Alcoholic Beverages and Cannabis  
3 Section 36–101(a)  
4 Annotated Code of Maryland  
5 (2016 Volume and 2023 Supplement)
- 6 BY repealing and reenacting, with amendments,  
7 Article – Alcoholic Beverages and Cannabis  
8 Section 36–101(m)(1)(v)  
9 Annotated Code of Maryland  
10 (2016 Volume and 2023 Supplement)
- 11 BY repealing and reenacting, without amendments,  
12 Article – Courts and Judicial Proceedings  
13 Section 3–2A–01(a)  
14 Annotated Code of Maryland  
15 (2020 Replacement Volume and 2023 Supplement)
- 16 BY repealing and reenacting, with amendments,  
17 Article – Courts and Judicial Proceedings  
18 Section 3–2A–01(f)  
19 Annotated Code of Maryland  
20 (2020 Replacement Volume and 2023 Supplement)
- 21 BY repealing and reenacting, with amendments,  
22 Article – Education  
23 Section 7–402(c) and 18–802(a)(8)  
24 Annotated Code of Maryland  
25 (2022 Replacement Volume and 2023 Supplement)
- 26 BY repealing and reenacting, without amendments,  
27 Article – Education  
28 Section 18–802(a)(1)  
29 Annotated Code of Maryland  
30 (2022 Replacement Volume and 2023 Supplement)
- 31 BY repealing and reenacting, without amendments,  
32 Article – Health – General  
33 Section 4–201(a) and 5–601(a)  
34 Annotated Code of Maryland  
35 (2023 Replacement Volume)
- 36 BY repealing and reenacting, with amendments,  
37 Article – Health – General  
38 Section 4–201(s) and 5–601(v)  
39 Annotated Code of Maryland  
40 (2023 Replacement Volume)

1 BY repealing and reenacting, with amendments,  
2 Article – Health Occupations  
3 Section ~~12-102(e)(2)(iv), (v), and (vi)~~ 12-102(a) and (c)(2)(iv), 14-306(a), 15-101,  
4 15-103, 15-202(b), 15-205(a), 15-301, 15-302, 15-302.2, 15-303, 15-306,  
5 15-309(a), 15-310, 15-314(a)(41), (43), (44), and (45), 15-317, 15-401, and  
6 15-402.1(a)  
7 Annotated Code of Maryland  
8 (2021 Replacement Volume and 2023 Supplement)

9 ~~BY adding to~~  
10 ~~Article – Health Occupations~~  
11 ~~Section 12-102(e)(2)(vii) and 15-314(a)(42)~~  
12 ~~Annotated Code of Maryland~~  
13 ~~(2021 Replacement Volume and 2023 Supplement)~~

14 BY repealing and reenacting, without amendments,  
15 Article – Health Occupations  
16 Section 15-202(a)(1) and (2)  
17 Annotated Code of Maryland  
18 (2021 Replacement Volume and 2023 Supplement)

19 BY repealing  
20 Article – Health Occupations  
21 Section 15-302.1, 15-302.3, 15-313, and 15-314(a)(42)  
22 Annotated Code of Maryland  
23 (2021 Replacement Volume and 2023 Supplement)

24 BY adding to  
25 Article – Health Occupations  
26 Section 15-302.1, 15-309(c) and (d), and 15-314(a)(42), (43), and (44)  
27 Annotated Code of Maryland  
28 (2021 Replacement Volume and 2023 Supplement)

29 BY repealing and reenacting, without amendments,  
30 Article – Transportation  
31 Section 13-616(a)(1)  
32 Annotated Code of Maryland  
33 (2020 Replacement Volume and 2023 Supplement)

34 BY repealing and reenacting, with amendments,  
35 Article – Transportation  
36 Section 13-616(a)(7)  
37 Annotated Code of Maryland  
38 (2020 Replacement Volume and 2023 Supplement)

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

### Article – Alcoholic Beverages and Cannabis

36–101.

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

(m) “Certifying provider” means an individual who:

(1) (v) 1. has an active, unrestricted license to practice as a physician assistant issued by the State Board of Physicians under Title 15 of the Health Occupations Article; ~~AND~~

2. ~~has an active delegation agreement with a primary supervising physician~~ COLLABORATION AGREEMENT WITH A PATIENT CARE TEAM PHYSICIAN who is a certifying provider; and

3. ~~is~~ is in good standing with the State Board of Physicians;

### Article – Courts and Judicial Proceedings

3–2A–01.

(a) In this subtitle the following terms have the meanings indicated unless the context of their use requires otherwise.

(f) (1) “Health care provider” means a hospital, a related institution as defined in § 19–301 of the Health – General Article, a medical day care center, a hospice care program, an assisted living program, a freestanding ambulatory care facility as defined in § 19–3B–01 of the Health – General Article, a physician, A PHYSICIAN ASSISTANT, an osteopath, an optometrist, a chiropractor, a registered or licensed practical nurse, a dentist, a podiatrist, a psychologist, a licensed certified social worker–clinical, and a physical therapist, licensed or authorized to provide one or more health care services in Maryland.

(2) “Health care provider” does not include any nursing institution conducted by and for those who rely upon treatment by spiritual means through prayer alone in accordance with the tenets and practices of a recognized church or religious denomination.

### Article – Education

7–402.

1 (c) The physical examination required under subsection (b) of this section shall  
2 be completed by:

3 (1) A licensed physician;

4 (2) A licensed physician assistant ~~[with a delegation agreement approved~~  
5 ~~by the State Board of Physicians]~~ **WHO HAS AN ACTIVE COLLABORATION AGREEMENT;**  
6 or

7 (3) A certified nurse practitioner.

8 18-802.

9 (a) (1) In this section the following words have the meanings indicated.

10 (8) "Physician assistant" means an individual [to whom duties are  
11 delegated by a licensed physician under the rules and regulations of the State Board of  
12 Physicians] **LICENSED UNDER TITLE 15 OF THE HEALTH OCCUPATIONS ARTICLE TO**  
13 **PRACTICE AS A PHYSICIAN ASSISTANT.**

#### 14 Article – Health – General

15 4-201.

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

17 (s) "Physician assistant" means an individual who is licensed under Title 15 of  
18 the Health Occupations Article to practice [medicine with physician supervision] **AS A**  
19 **PHYSICIAN ASSISTANT.**

20 5-601.

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

22 (v) "Physician assistant" means an individual who is licensed under Title 15 of  
23 the Health Occupations Article to practice [medicine with physician supervision] **AS A**  
24 **PHYSICIAN ASSISTANT.**

#### 25 Article – Health Occupations

26 12-102.

27 (a) (1) In this section the following terms have the meanings indicated.

1           (2) “In the public interest” means the dispensing of drugs or devices by a  
 2 licensed dentist, physician, nurse or midwife, or podiatrist to a patient when a pharmacy  
 3 is not conveniently available to the patient.

4           (3) “Nurse or midwife” means an individual licensed or certified by the  
 5 Board of Nursing under Title 8 of this article.

6           (4) ["Personally] EXCEPT AS PROVIDED IN § 15-302.2 OF THIS  
 7 ARTICLE, “PERSONALLY preparing and dispensing” means that the licensed dentist,  
 8 physician, nurse or midwife, or podiatrist:

9                   (i) Is physically present on the premises where the prescription is  
 10 filled; and

11                   (ii) Performs a final check of the prescription before it is provided to  
 12 the patient.

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

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

16                           1. A physician assistant [in accordance with a delegation  
 17 agreement that] **WHO** complies with Title 15, Subtitle 3 of this article; or

18                           2. An advanced practice registered nurse with prescriptive  
 19 authority under Title 8 of this article and is working with the physician in the same office  
 20 setting;

21                   (v) ~~A hospital-based clinic from dispensing prescriptions to its~~  
 22 ~~patients; [or]~~

23                   (vi) ~~An individual licensed or certified under Title 8 of this article~~  
 24 ~~from personally preparing and dispensing a drug or device as authorized under Title 8 of~~  
 25 ~~this article; OR~~

26                   (vii) ~~A PHYSICIAN ASSISTANT FROM PERSONALLY PREPARING~~  
 27 ~~AND DISPENSING A PRESCRIPTION IN ACCORDANCE WITH § 15-302.1 OF THIS~~  
 28 ~~ARTICLE.~~

29 14-306.

30           (a) [To] EXCEPT AS PROVIDED IN SUBSECTIONS (E) AND (F) OF THIS  
 31 SECTION, TO the extent permitted by the rules, regulations, and orders of the Board, an  
 32 individual to whom duties are delegated by a licensed physician OR PHYSICIAN  
 33 ASSISTANT may perform those duties without a license as provided in this section.

1 15-101.

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

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

6 [(c)] (B) “Ambulatory surgical facility” means a facility:

7 (1) Accredited by:

8 (i) The American Association for Accreditation of Ambulatory  
9 Surgical Facilities;

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

11 (iii) The Joint Commission on Accreditation of Healthcare  
12 Organizations; or

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

15 [(d)] (C) “Board” means the State Board of Physicians, established under §  
16 14-201 of this article.

17 (D) (1) **“COLLABORATION” MEANS THE COMMUNICATION AND  
18 DECISION-MAKING PROCESS AMONG HEALTH CARE PROVIDERS WHO ARE MEMBERS  
19 OF A PATIENT CARE TEAM RELATED TO THE TREATMENT OF A PATIENT THAT  
20 INCLUDES THE DEGREE OF COOPERATION NECESSARY TO PROVIDE TREATMENT  
21 AND CARE TO THE PATIENT AND INCLUDES:**

22 (I) **COMMUNICATION OF DATA AND INFORMATION ABOUT THE  
23 TREATMENT AND CARE OF A PATIENT, INCLUDING THE EXCHANGE OF CLINICAL  
24 OBSERVATIONS AND ASSESSMENTS; AND**

25 (II) **DEVELOPMENT OF AN APPROPRIATE PLAN OF CARE,  
26 INCLUDING:**

27 1. **DECISIONS REGARDING THE HEALTH CARE  
28 PROVIDED;**

29 2. **ACCESSING AND ASSESSMENT OF APPROPRIATE  
30 ADDITIONAL RESOURCES OR EXPERTISE; AND**

**3. ARRANGEMENT OF APPROPRIATE REFERRALS,  
TESTING, OR STUDIES.**

**(2) “COLLABORATION” DOES NOT REQUIRE THE CONSTANT,  
PHYSICAL PRESENCE OF A COLLABORATING PHYSICIAN ON-SITE IN THE PRACTICE  
SETTING, IF THE COLLABORATING PHYSICIAN IS ACCESSIBLE BY ELECTRONIC  
MEANS.**

**(E) “COLLABORATION AGREEMENT” MEANS A DOCUMENT THAT:**

**(1) OUTLINES THE COLLABORATION BETWEEN A PHYSICIAN  
ASSISTANT AND:**

**(I) AN INDIVIDUAL PHYSICIAN; OR**

**(II) A GROUP OF PHYSICIANS; AND**

**(2) IS DEVELOPED BY A PHYSICIAN ASSISTANT AND THE PHYSICIAN  
OR GROUP OF PHYSICIANS; ~~AND~~**

~~**(3) IS SUBMITTED TO THE BOARD.**~~

**[(e)] (F)** “Committee” means the Physician Assistant Advisory Committee.

**[(f)] (G)** “Controlled dangerous substances” has the meaning stated in § 5-101 of the Criminal Law Article.

**[(g)] (H)** “Correctional facility” includes a State or local correctional facility.

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

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

**[(i-1)] (I)** “Disciplinary panel” means a disciplinary panel of the Board established under § 14-401 of this article.

**(j)** “Dispense” or “dispensing” has the meaning stated in § 12-101 of this article.

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



1 (l) “Hospital” means:

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

3 (2) A comprehensive care facility that:

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

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

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

10 (m) “License” means a license issued by the Board to a physician assistant under  
11 this title.

12 (n) “National certifying examination” means the Physician Assistant National  
13 Certifying Examination administered by the National Commission on Certification of  
14 Physician Assistants or its successor.

15 **(O) “PATIENT CARE TEAM” MEANS A MULTIDISCIPLINARY TEAM OF HEALTH  
16 CARE PROVIDERS ACTIVELY FUNCTIONING AS A UNIT WITH THE LEADERSHIP OF  
17 ONE OR MORE PATIENT CARE TEAM PHYSICIANS FOR THE PURPOSE OF PROVIDING  
18 AND DELIVERING HEALTH CARE TO A PATIENT OR GROUP OF PATIENTS.**

19 **(P) “PATIENT CARE TEAM PHYSICIAN” MEANS A LICENSED PHYSICIAN WHO  
20 REGULARLY PRACTICES IN THE STATE AND WHO PROVIDES LEADERSHIP IN THE  
21 CARE OF PATIENTS AS PART OF A PATIENT CARE TEAM.**

22 **[(o)] (Q) “Physician assistant” means an individual who is licensed under this  
23 title to practice [medicine with physician supervision] AS A PHYSICIAN ASSISTANT.**

24 **[(p)] (R) “Practice as a physician assistant” means the performance of medical  
25 acts that are:**

26 **[(1)] (1) Delegated by a supervising physician to a physician assistant;**

27 **(2) Within the supervising physician’s scope of practice; and**

28 **(3) Appropriate to the physician assistant’s education, training, and  
29 experience]**

30 **(1) AUTHORIZED UNDER A LICENSE ISSUED BY THE BOARD; AND**

1                   **(2) AUTHORIZED UNDER THE PHYSICIAN ASSISTANT'S**  
2 **COLLABORATION AGREEMENT.**

3           **[(q)] (S)**       “Prescriptive authority” means the authority **[delegated by a primary**  
4 **or alternate supervising physician to] OF** a physician assistant to:

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

7                   (2)     Dispense as provided under ~~§ 15–302.2(b), (c), and (d)]~~ ~~§ 15–302.1~~ of  
8 this title.

9           **[(r)]**       “Primary supervising physician” means a physician who:

10                   (1)     Completes a delegation agreement that meets the requirements under  
11 §§ 15–301(d) and (e) and 15–302 of this title and files a copy with the Board;

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

14                   (3)     Ensures that a physician assistant practices within the scope of practice  
15 of the primary supervising physician or any designated alternate supervising physician;  
16 and

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

19           **[(s)] (T)**       “Public health facility” means a site where clinical public health  
20 services are rendered under the auspices of the Department, a local health department in  
21 a county, or the Baltimore City Health Department.

22           **[(t)] (U)**       “Starter dosage” means an amount of a drug sufficient to begin therapy:

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

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

25           **[(u)] (1)**       “Supervision” means the responsibility of a physician to exercise  
26 on–site supervision or immediately available direction for physician assistants performing  
27 delegated medical acts.

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

1 15–103.

2 (a) In this section, “alternative health care system” has the meaning stated in §  
3 1–401 of this article.

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

8 (2) Subject to subsection (d) of this section, a [supervising physician]  
9 **PHYSICIAN OR GROUP OF PHYSICIANS THAT DEVELOPS A COLLABORATION**  
10 **AGREEMENT WITH A PHYSICIAN ASSISTANT** or an employer of a physician assistant shall  
11 notify the Board within 10 days of the termination of employment of the physician assistant  
12 for reasons that would be grounds for discipline under this title.

13 (3) A [supervising physician and a] **PHYSICIAN OR GROUP OF**  
14 **PHYSICIANS THAT DEVELOPS A COLLABORATION AGREEMENT WITH A PHYSICIAN**  
15 **ASSISTANT OR THE** physician assistant shall notify the Board within 10 days of the  
16 termination of the relationship under a [delegation agreement for any reason]  
17 **COLLABORATION AGREEMENT**.

18 (c) Except as otherwise provided under subsections (b) and (d) of this section, a  
19 hospital, a related institution, an alternative health care system, or an employer of a  
20 physician assistant shall report to the Board any limitation, reduction, or other change of  
21 the terms of employment of the physician assistant or any termination of employment of  
22 the physician assistant for any reason that might be grounds for disciplinary action under  
23 § 15–314 of this title.

24 (d) A hospital, related institution, alternative health care system, or employer  
25 that has reason to know that a physician assistant has committed an action or has a  
26 condition that might be grounds for reprimand or probation of the physician assistant or  
27 suspension or revocation of the license of the physician assistant under § 15–314 of this  
28 title because the physician assistant is alcohol– or drug–impaired is not required to report  
29 to the Board if:

30 (1) The hospital, related institution, alternative health care system, or  
31 employer knows that the physician assistant is:

32 (i) In an alcohol or drug treatment program that is accredited by the  
33 Joint Commission on the Accreditation of Healthcare Organizations or is certified by the  
34 Department; or

35 (ii) Under the care of a health care practitioner who is competent  
36 and capable of dealing with alcoholism and drug abuse;

1           (2)    The hospital, related institution, alternative health care system, or  
2 employer is able to verify that the physician assistant remains in the treatment program  
3 until discharge; and

4           (3)    The action or condition of the physician assistant has not caused injury  
5 to any person while the physician assistant is practicing as a licensed physician assistant.

6           (e)    (1)    If the physician assistant enters, or is considering entering, an alcohol  
7 or drug treatment program that is accredited by the Joint Commission on Accreditation of  
8 Healthcare Organizations or that is certified by the Department, the physician assistant  
9 shall notify the hospital, related institution, alternative health care system, or employer of  
10 the physician assistant's decision to enter the treatment program.

11           (2)    If the physician assistant fails to provide the notice required under  
12 paragraph (1) of this subsection, and the hospital, related institution, alternative health  
13 care system, or employer learns that the physician assistant has entered a treatment  
14 program, the hospital, related institution, alternative health care system, or employer shall  
15 report to the Board that the physician assistant has entered a treatment program and has  
16 failed to provide the required notice.

17           (3)    If the physician assistant is found to be noncompliant with the  
18 treatment program's policies and procedures while in the treatment program, the  
19 treatment program shall notify the hospital, related institution, alternative health care  
20 system, or employer of the physician assistant's noncompliance.

21           (4)    On receipt of the notification required under paragraph (3) of this  
22 subsection, the hospital, related institution, alternative health care system, or employer of  
23 the physician assistant shall report the physician assistant's noncompliance to the Board.

24           (f)    A person is not required under this section to make any report that would be  
25 in violation of any federal or State law, rule, or regulation concerning the confidentiality of  
26 alcohol- and drug-abuse patient records.

27           (g)    The hospital, related institution, alternative health care system, or employer  
28 shall submit the report within 10 days of any action described in this section.

29           (h)    A report under this section is not subject to subpoena or discovery in any civil  
30 action other than a proceeding arising out of a hearing and decision of the Board or a  
31 disciplinary panel under this title.

32           (i)    (1)    A disciplinary panel may impose a civil penalty of up to \$1,000 for  
33 failure to report under this section.

34           (2)    The Board shall pay any fees collected under this subsection into the  
35 General Fund of the State.

1 (j) An employer shall make the report required under this section to the Board  
2 within 5 days after the date of termination of employment.

3 (k) The Board shall adopt regulations to implement the provisions of this section.  
4 15-202.

5 (a) (1) The Committee shall consist of 7 members appointed by the Board.

6 (2) Of the 7 Committee members:

7 (i) 3 shall be licensed physicians;

8 (ii) 3 shall be licensed physician assistants; and

9 (iii) 1 shall be a consumer.

10 (b) Of the three physician members of the Committee, two shall ~~be previously or~~  
11 ~~currently serving as supervising physicians of a physician assistant under a~~  
12 ~~Board approved delegation agreement]~~ **HAVE DEVELOPED A COLLABORATION**  
13 **CURRENTLY SERVING AS A PATIENT CARE TEAM PHYSICIAN UNDER A**  
14 **COLLABORATION AGREEMENT WITH A PHYSICIAN ASSISTANT.**

15 15-205.

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

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

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

22 (3) Report to the Board any conduct of a [supervising physician]  
23 **PHYSICIAN OR GROUP OF PHYSICIANS WHO DEVELOPS A COLLABORATION**  
24 **AGREEMENT WITH A PHYSICIAN ASSISTANT** or a physician assistant that may be cause  
25 for disciplinary action under this title or under § 14-404 of this article; and

26 (4) Report to the Board any alleged unauthorized practice of a physician  
27 assistant.

28 15-301.

1 (a) [Nothing in this] **THIS** title may **NOT** be construed to authorize a physician  
2 assistant to practice [independent of a primary or alternate supervising physician]  
3 **INDEPENDENTLY**.

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

6 [(1) Delegated by the primary or alternate supervising physician;]

7 [(2) (1) Appropriate to the education, training, and experience of the  
8 physician assistant;

9 ~~[(3) (2) Customary to the practice of the [primary or alternate  
10 supervising] physician; and~~

11 **(2) CUSTOMARY TO THE PRACTICE OF A PATIENT CARE TEAM**  
12 **PHYSICIAN; AND**

13 ~~[(4) (3) Consistent with the [delegation] **COLLABORATION** agreement  
14 filed with the Board.~~

15 **(3) IN A MANNER CONSISTENT WITH THE COLLABORATION**  
16 **AGREEMENT.**

17 (c) Patient services that may be provided by a physician assistant **UNDER A**  
18 **COLLABORATION AGREEMENT** include:

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

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

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

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

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

29 (5) Providing instructions and guidance regarding medical care matters to  
30 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) OBTAINING COMPREHENSIVE HEALTH HISTORIES;**

11 **(2) PERFORMING PHYSICAL EXAMINATIONS;**

12 **(3) EVALUATING, DIAGNOSING, MANAGING, AND PROVIDING**  
13 **MEDICAL TREATMENT;**

14 ~~**(4) ORDERING, PERFORMING, AND INTERPRETING DIAGNOSTIC**~~  
15 ~~**STUDIES, THERAPEUTIC PROCEDURES, AND LABORATORY TESTS;**~~

16 ~~**(5) ORDERING DIAGNOSTIC TESTS AND USING THE FINDINGS OR**~~  
17 ~~**RESULTS IN THE CARE OF PATIENTS;**~~

18 **(4) INTERPRETING AND EVALUATING PATIENT DATA AS AUTHORIZED**  
19 **BY A PATIENT CARE TEAM PHYSICIAN FOR THE PURPOSE OF DETERMINING**  
20 **MANAGEMENT AND TREATMENT OF PATIENTS;**

21 **(5) INITIATING REQUESTS FOR OR PERFORMING DIAGNOSTIC**  
22 **PROCEDURES AS INDICATED BY PERTINENT DATA AND AS AUTHORIZED BY A**  
23 **PATIENT CARE TEAM PHYSICIAN;**

24 **(6) EXERCISING PRESCRIPTIVE AUTHORITY IN ACCORDANCE WITH §**  
25 ~~**15-302.1**~~ **15-302.2** **OF THIS SUBTITLE;**

26 **(7) INFORMING PATIENTS ABOUT HEALTH PROMOTION AND DISEASE**  
27 **PREVENTION;**

28 **(8) PROVIDING CONSULTATIONS;**

29 **(9) WRITING MEDICAL ORDERS;**

~~(10) PROVIDING SERVICES IN HEALTH CARE FACILITIES, INCLUDING HOSPITALS, NURSING FACILITIES, ASSISTED LIVING FACILITIES, AND HOSPICE FACILITIES;~~

~~(11)~~ (10) OBTAINING INFORMED CONSENT;

~~(12) DELEGATING OR ASSIGNING THERAPEUTIC AND DIAGNOSTIC MEASURES TO BE PERFORMED BY LICENSED OR UNLICENSED PERSONNEL AND SUPERVISING LICENSED OR UNLICENSED PERSONNEL PERFORMING THERAPEUTIC AND DIAGNOSTIC MEASURES;~~

(11) DELEGATING MEDICAL ACTS TO LICENSED OR UNLICENSED PERSONNEL AS AUTHORIZED UNDER § 14-306 OF THIS ARTICLE IF THE PHYSICIAN ASSISTANT HAS AT LEAST 7,000 HOURS OF CLINICAL PRACTICE EXPERIENCE; AND

~~(13)~~ (12) CERTIFYING A PATIENT'S HEALTH OR DISABILITY AS REQUIRED BY A FEDERAL, STATE, OR LOCAL PROGRAM; ~~AND~~

~~(14) AUTHENTICATING ANY DOCUMENT THAT A PHYSICIAN MAY AUTHENTICATE THROUGH SIGNATURE, CERTIFICATION, STAMP VERIFICATION, AFFIDAVIT, OR ENDORSEMENT.~~

(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] ~~ENTER INTO A COLLABORATION~~ COLLABORATE WITH a physician assistant in the performance of [delegated] medical acts without ~~filing~~ NOTIFYING THE BOARD OF a completed [delegation] COLLABORATION 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~~ FOR WHICH THE individual has not been licensed; ~~and~~

(ii) ~~[The medical acts have not been delegated by a primary or alternate supervising physician.] THE INDIVIDUAL HAS NOT RECEIVED APPROPRIATE EDUCATION, TRAINING, AND EXPERIENCE~~

(II) THAT HAS NOT BEEN DELEGATED IN A MANNER CONSISTENT WITH THE COLLABORATION AGREEMENT;

(III) THAT IS NOT APPROPRIATE TO THE EDUCATION, TRAINING, AND EXPERIENCE OF THE PHYSICIAN ASSISTANT; AND



1                   **(IV) THAT IS NOT CUSTOMARY TO THE PRACTICE OF A PATIENT**  
 2 **CARE TEAM PHYSICIAN LISTED ON THE COLLABORATION AGREEMENT.**

3           [(e) A physician assistant is the agent of the primary or alternate supervising  
 4 physician in the performance of all practice-related activities, including the oral, written,  
 5 or electronic ordering of diagnostic, therapeutic, and other medical services.]

6           **(E) A PHYSICIAN ASSISTANT SHALL CONSULT AND COLLABORATE WITH OR**  
 7 **REFER AN INDIVIDUAL TO AN APPROPRIATE LICENSED PHYSICIAN OR ANY OTHER**  
 8 **HEALTH CARE PROVIDER AS APPROPRIATE.**

9           ~~**(F) A PHYSICIAN ASSISTANT WHO HAS NOT BEEN PREVIOUSLY LICENSED BY**~~  
 10 ~~**THE BOARD TO PRACTICE AS A PHYSICIAN ASSISTANT OR LICENSED, CERTIFIED, OR**~~  
 11 ~~**REGISTERED AS A PHYSICIAN ASSISTANT BY ANOTHER STATE REGULATORY**~~  
 12 ~~**AUTHORITY SHALL BE MENTORED BY A LICENSED PHYSICIAN OR PHYSICIANS WHO**~~  
 13 ~~**ARE IDENTIFIED IN AN INITIAL COLLABORATION AGREEMENT TO CONSULT AND**~~  
 14 ~~**COLLABORATE WITH THE PHYSICIAN ASSISTANT FOR AT LEAST 18 MONTHS AFTER**~~  
 15 ~~**THE DATE AN INITIAL COLLABORATION AGREEMENT IS SUBMITTED TO THE BOARD.**~~

16           **~~[(f)] (G)~~ Except as OTHERWISE provided in [subsection (g) of this section] THIS**  
 17 **TITLE, the following individuals may practice as a physician assistant without a license:**

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

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

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

26           ~~**(h)**~~ **(G) (1) If a medical act that is to be [delegated] PERFORMED BY A**  
 27 **PHYSICIAN ASSISTANT** under this section is a part of the practice of a health occupation  
 28 that is regulated under this article by another board, any rule or regulation concerning that  
 29 medical act shall be adopted jointly by the State Board of Physicians and the board that  
 30 regulates the other health occupation.

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

(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] **ASSISTANT MAY PRACTICE AS A PHYSICIAN ASSISTANT ONLY AFTER ~~SUBMITTING A COLLABORATION AGREEMENT TO THE BOARD PROVIDING NOTICE TO THE BOARD, IN A MANNER APPROVED BY THE BOARD, OF:~~**

**(1) THE EXECUTED COLLABORATION AGREEMENT; AND**

**(2) EACH PATIENT CARE TEAM PHYSICIAN LISTED ON THE COLLABORATION AGREEMENT.**

(b) (1) [The delegation agreement] ~~SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, A~~ **A COLLABORATION AGREEMENT** shall contain:

[(1)] (I) A description of the qualifications of the [primary supervising physician and] **PHYSICIAN ASSISTANT AND THE PHYSICIAN OR GROUP OF PHYSICIANS WHO DEVELOPED THE COLLABORATION AGREEMENT WITH THE** physician assistant;

(II) **ANY PRACTICE SPECIALTY OF THE PHYSICIAN OR GROUP OF PHYSICIANS; AND**

[(2)] (III) 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;

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

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

6 (10) The following statement: "The primary supervising physician and the  
 7 physician assistant attest that:

8 (i) They will establish a plan for the types of cases that require a  
 9 physician plan of care or require that the patient initially or periodically be seen by the  
 10 supervising physician; and

11 (ii) The patient will be provided access to the supervising physician  
 12 on request"; and

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

15 ~~(2) IF A PHYSICIAN ASSISTANT WHO SUBMITS AN INITIAL~~  
 16 ~~COLLABORATION AGREEMENT TO THE BOARD HAS NOT BEEN PREVIOUSLY~~  
 17 ~~LICENSED BY THE BOARD TO PRACTICE AS A PHYSICIAN ASSISTANT OR LICENSED,~~  
 18 ~~CERTIFIED, OR REGISTERED AS A PHYSICIAN ASSISTANT BY ANOTHER STATE~~  
 19 ~~REGULATORY AUTHORITY, THE INITIAL COLLABORATION AGREEMENT SHALL~~  
 20 ~~IDENTIFY A LICENSED PHYSICIAN OR PHYSICIANS WHO WILL CONSULT AND~~  
 21 ~~COLLABORATE WITH THE PHYSICIAN ASSISTANT FOR AT LEAST 18 MONTHS AFTER~~  
 22 ~~THE DATE THE INITIAL COLLABORATION AGREEMENT IS SUBMITTED TO THE BOARD.~~

23 ~~(3)~~ (2) A COLLABORATION AGREEMENT MAY INCLUDE PROVISIONS  
 24 LIMITING THE PHYSICIAN ASSISTANT'S SCOPE OF PRACTICE, SPECIFYING OFFICE  
 25 PROCEDURES, OR OTHERWISE DETAILING THE PRACTICE OF THE PHYSICIAN  
 26 ASSISTANT AS AGREED BY THE PHYSICIAN OR GROUP OF PHYSICIANS AND THE  
 27 PHYSICIAN ASSISTANT.

28 (e) (1) ~~The Board may not require [prior] approval of a [delegation agreement~~  
 29 ~~that includes advanced duties, if an advanced duty will be performed in a hospital or~~  
 30 ~~ambulatory surgical facility, provided that:~~

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

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

4                   (iii) ~~Each advanced duty to be delegated to the physician assistant is~~  
 5 ~~reviewed and approved within a process approved by the governing body of the health care~~  
 6 ~~facility before the physician assistant performs the advanced duties.] **COLLABORATION**~~  
 7 ~~**AGREEMENT.**~~

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

12                   ~~(ii) 1. Before a physician assistant may perform X-ray duties~~  
 13 ~~authorized under § 14-306(c) of this article in the medical office of the physician delegating~~  
 14 ~~the duties, a primary supervising physician shall obtain the Board's approval of a~~  
 15 ~~delegation agreement that includes advanced duties in accordance with subsubparagraph~~  
 16 ~~2 of this subparagraph.~~

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

20                   ~~[(3) (2) [Notwithstanding paragraph (1) of this subsection, a primary~~  
 21 ~~supervising physician shall obtain the Board's approval of a delegation agreement before]~~  
 22 ~~**A PHYSICIAN ASSISTANT SHALL SUBMIT TO THE BOARD A COLLABORATION**~~  
 23 ~~**AGREEMENT THAT CONTAINS ANESTHESIA DUTIES BEFORE** the physician assistant~~  
 24 ~~may administer, monitor, or maintain general anesthesia or neuroaxial anesthesia,~~  
 25 ~~including spinal and epidural techniques, under the agreement.~~

26                   ~~[(d) For a delegation agreement containing advanced duties that require Board~~  
 27 ~~approval, the Committee shall review the delegation agreement and recommend to the~~  
 28 ~~Board that the delegation agreement be approved, rejected, or modified to ensure~~  
 29 ~~conformance with the requirements of this title.~~

30                   ~~(e) The Committee may conduct a personal interview of the primary supervising~~  
 31 ~~physician and the physician assistant.~~

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

35                   ~~(i) May approve the delegation agreement; or~~

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

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

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

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

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

~~[(g)] (D) If the Board determines that a [primary or alternate supervising physician] PHYSICIAN OR GROUP OF PHYSICIANS THAT DEVELOPS A COLLABORATION AGREEMENT WITH A PHYSICIAN ASSISTANT or A physician assistant is practicing in a manner inconsistent with the requirements of this title or Title 14 of this article, the Board on its own initiative or on the recommendation of the Committee may demand modification of the practice[, withdraw the approval of the delegation agreement,] or refer the matter to a disciplinary panel for the purpose of taking other disciplinary action under § 14-404 OF THIS ARTICLE or § 15-314 of this [article] SUBTITLE.~~

~~[(h)] (E) [A primary supervising physician may not delegate medical acts under a delegation agreement to more than four physician assistants at any one time, except in a] A PHYSICIAN OR GROUP OF PHYSICIANS MAY NOT ENTER INTO A COLLABORATION AGREEMENT THAT ALLOWS FOR COLLABORATION OF MORE THAN EIGHT PHYSICIAN ASSISTANTS FOR EACH PHYSICIAN IN THE AGREEMENT AT ONE TIME, EXCEPT IN A hospital or in the following nonhospital settings:~~

~~(1) A correctional facility;~~

~~(2) A detention center; or~~

~~(3) A public health facility.~~

~~[(i)] (F) A person may not coerce another person to enter into a [delegation] COLLABORATION agreement under this subtitle.~~

~~[(j)] A physician may supervise a physician assistant.~~

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

3           ~~(2) As an alternate supervising physician if:~~

4                   ~~(i) The alternate supervising physician supervises in accordance~~  
5 ~~with a delegation agreement filed with the Board;~~

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

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

11                   ~~1. The period of time specified in the delegation agreement;~~  
12 ~~and~~

13                   ~~2. A period of 45 consecutive days at any one time; and~~

14                   ~~(iv) The physician assistant performs only those medical acts that:~~

15                   ~~1. Have been delegated under the delegation agreement filed~~  
16 ~~with the Board; and~~

17                   ~~2. Are within the scope of practice of the primary supervising~~  
18 ~~physician and alternate supervising physician.]~~

19           ~~[(k)] (G) Subject to the notice required under § 15-103 of this title, a physician~~  
20 ~~assistant may terminate a [delegation agreement filed with the Board under]~~  
21 ~~COLLABORATION AGREEMENT DEVELOPED IN ACCORDANCE WITH this subtitle at any~~  
22 ~~time.~~

23           ~~[(l)] (H) (1) In the event of the sudden departure, incapacity, or death of [the~~  
24 ~~primary supervising physician of a physician assistant] A PATIENT CARE TEAM~~  
25 ~~PHYSICIAN, or change in license status that results in [the primary supervising physician]~~  
26 ~~A PATIENT CARE TEAM PHYSICIAN being unable to legally practice medicine, [an~~  
27 ~~alternate supervising physician designated under subsection (b) of this section may~~  
28 ~~supervise the physician assistant for not longer than 15 days following the event] THE~~  
29 ~~COLLABORATION AGREEMENT SHALL REMAIN ACTIVE AND VALID UNDER THE~~  
30 ~~SUPERVISION OF THE REMAINING LISTED PATIENT CARE TEAM PHYSICIANS.~~

31                   ~~(2) If there is no [designated alternate supervising physician] REMAINING~~  
32 ~~PATIENT CARE TEAM PHYSICIAN LISTED ON THE COLLABORATION AGREEMENT or~~  
33 ~~the [designated alternate supervising physician] REMAINING PATIENT CARE TEAM~~

1 ~~PHYSICIAN does not agree to supervise the physician assistant, the physician assistant~~  
2 ~~may not practice until the physician assistant receives approval of a new [delegation]~~  
3 ~~COLLABORATION agreement under [§ 15-302.1 of] this subtitle.~~

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

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

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

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

13 ~~(iii) Immediately after an event listed under paragraph (1) of this~~  
14 ~~subsection if there is no alternate supervising physician designated under subsection (b) of~~  
15 ~~this section.]~~

16 ~~(I) THE BOARD SHALL NOTIFY THE PHYSICIAN ASSISTANT AND PHYSICIAN~~  
17 ~~OR GROUP OF PHYSICIANS WHO HAVE ENTERED INTO A COLLABORATION~~  
18 ~~AGREEMENT WITH A PHYSICIAN ASSISTANT IMMEDIATELY IF:~~

19 ~~(1) THE PHYSICIAN ASSISTANT HAS A CHANGE IN LICENSE~~  
20 ~~STATUS THAT RESULTS IN THE PHYSICIAN ASSISTANT BEING UNABLE TO LEGALLY~~  
21 ~~PRACTICE AS A PHYSICIAN ASSISTANT; OR~~

22 ~~(2) AN EVENT DESCRIBED IN SUBSECTION (H) OF THIS SECTION~~  
23 ~~OCCURS.~~

24 ~~[(m)] (J) A physician assistant whose [delegation] COLLABORATION agreement~~  
25 ~~is terminated may not practice as a physician assistant until the physician assistant~~  
26 ~~[receives preliminary approval of a new delegation agreement under § 15-302.1 of this~~  
27 ~~subtitle] SUBMITS A NEW COLLABORATION AGREEMENT TO THE BOARD.~~

28 ~~[(n) Individual members of the Board are not civilly liable for actions regarding~~  
29 ~~the approval, modification, or disapproval of a delegation agreement described in this~~  
30 ~~section.~~

31 ~~(e) A physician assistant may practice in accordance with a delegation agreement~~  
32 ~~filed with the Board under this subtitle.]~~

1           **(C) IF THE BOARD DETERMINES THAT A PATIENT CARE TEAM PHYSICIAN OR**  
2 **PHYSICIAN ASSISTANT IS PRACTICING IN A MANNER INCONSISTENT WITH THE**  
3 **REQUIREMENTS OF THIS TITLE OR TITLE 14 OF THIS ARTICLE, THE BOARD ON ITS**  
4 **OWN INITIATIVE OR ON THE RECOMMENDATION OF THE COMMITTEE MAY DEMAND**  
5 **MODIFICATION OF THE PRACTICE, WITHDRAW THE APPROVAL OF AN ADVANCED**  
6 **DUTY REGARDLESS OF WHETHER THE ADVANCED DUTY REQUIRES PRIOR APPROVAL**  
7 **UNDER THIS SECTION, OR REFER THE MATTER TO A DISCIPLINARY PANEL FOR THE**  
8 **PURPOSE OF TAKING OTHER DISCIPLINARY ACTION UNDER § 14-404 OF THIS**  
9 **ARTICLE OR § 15-314 OF THIS SUBTITLE.**

10           **(D) (1) EXCEPT AS PROVIDED UNDER PARAGRAPH (2) OF THIS**  
11 **SUBSECTION, A PATIENT CARE TEAM PHYSICIAN MAY NOT DELEGATE MEDICAL ACTS**  
12 **UNDER A COLLABORATION AGREEMENT TO MORE THAN EIGHT PHYSICIAN**  
13 **ASSISTANTS AT ANY ONE TIME.**

14           **(2) A PATIENT CARE TEAM PHYSICIAN MAY DELEGATE MEDICAL ACTS**  
15 **UNDER A COLLABORATION AGREEMENT TO MORE THAN EIGHT PHYSICIAN**  
16 **ASSISTANTS IN:**

17                   **(I) A HOSPITAL;**

18                   **(II) A CORRECTIONAL FACILITY;**

19                   **(III) A DETENTION CENTER; OR**

20                   **(IV) A PUBLIC HEALTH FACILITY.**

21           **(E) A PERSON MAY NOT COERCE ANOTHER PERSON TO ENTER INTO A**  
22 **COLLABORATION AGREEMENT UNDER THIS SUBTITLE.**

23           **(F) SUBJECT TO THE NOTICE REQUIRED UNDER § 15-103 OF THIS TITLE, A**  
24 **PHYSICIAN ASSISTANT MAY TERMINATE A COLLABORATION AGREEMENT UNDER**  
25 **THIS SUBTITLE AT ANY TIME.**

26           **(G) (1) IN THE EVENT OF A SUDDEN DEPARTURE, INCAPACITY, OR DEATH**  
27 **OF A PATIENT CARE TEAM PHYSICIAN, OR CHANGE IN LICENSE STATUS THAT**  
28 **RESULTS IN A PATIENT CARE TEAM PHYSICIAN BEING UNABLE TO LEGALLY**  
29 **PRACTICE MEDICINE, THE COLLABORATION AGREEMENT WILL REMAIN ACTIVE AND**  
30 **VALID UNDER THE SUPERVISION OF ANY REMAINING LISTED PATIENT CARE TEAM**  
31 **PHYSICIANS.**

32           **(2) IF THERE IS NO REMAINING PATIENT CARE TEAM PHYSICIAN**  
33 **LISTED ON THE COLLABORATION AGREEMENT, THE PHYSICIAN ASSISTANT MAY NOT**  
34 **PRACTICE UNTIL THE PHYSICIAN ASSISTANT HAS EXECUTED A NEW**



1 COLLABORATION AGREEMENT AND, IF APPLICABLE, HAS BOARD APPROVAL TO  
2 PERFORM ANY ADVANCED DUTIES DELEGATED TO THE PHYSICIAN ASSISTANT  
3 UNDER THE NEW COLLABORATION AGREEMENT.

4 (3) THE BOARD MAY TERMINATE A COLLABORATION AGREEMENT IF:

5 (I) THE PHYSICIAN ASSISTANT HAS A CHANGE IN LICENSE  
6 STATUS THAT RESULTS IN THE PHYSICIAN ASSISTANT BEING UNABLE TO LEGALLY  
7 PRACTICE AS A PHYSICIAN ASSISTANT; OR

8 (II) IMMEDIATELY AFTER AN EVENT LISTED UNDER  
9 PARAGRAPH (1) OF THIS SUBSECTION IF THERE IS NO REMAINING PATIENT CARE  
10 TEAM PHYSICIAN LISTED IN THE COLLABORATION AGREEMENT.

11 (H) A PHYSICIAN ASSISTANT WHOSE COLLABORATION AGREEMENT IS  
12 TERMINATED MAY NOT PRACTICE AS A PHYSICIAN ASSISTANT UNTIL THE PHYSICIAN  
13 ASSISTANT EXECUTES A NEW COLLABORATION AGREEMENT UNDER THIS SECTION.

14 (I) A PHYSICIAN ASSISTANT MAY PRACTICE IN ACCORDANCE WITH A  
15 COLLABORATION AGREEMENT UNDER THIS SUBTITLE.

16 (J) A PATIENT CARE TEAM PHYSICIAN MAY BE ADDED OR REMOVED FROM  
17 A COLLABORATION AGREEMENT BY PROVIDING NOTIFICATION TO THE BOARD.

18 (K) THE BOARD MAY MODIFY A COLLABORATION AGREEMENT IF IT FINDS  
19 THAT:

20 (1) THE COLLABORATION AGREEMENT DOES NOT MEET THE  
21 REQUIREMENTS OF THIS SUBTITLE; OR

22 (2) THE PHYSICIAN ASSISTANT IS UNABLE TO PERFORM THE  
23 DELEGATED DUTIES SAFELY.

24 (L) A COLLABORATION AGREEMENT SHALL BE MAINTAINED AT THE  
25 PRACTICE SETTING AND MADE AVAILABLE TO THE BOARD ON REQUEST.

26 (M) A LICENSED PHYSICIAN ASSISTANT WHO FAILS TO COMPLY WITH THE  
27 COLLABORATION AGREEMENT REQUIREMENTS IS SUBJECT TO AN ADMINISTRATIVE  
28 PENALTY AS ESTABLISHED IN REGULATIONS.

29 [15-302.1.

30 (a) If a delegation agreement does not include advanced duties or the advanced  
31 duties have been approved under § 15-302(c)(1) of this subtitle, a physician assistant may

1 assume the duties under a delegation agreement on the date that the Board acknowledges  
2 receipt of the completed delegation agreement.

3 (b) In this section, “pending” means that a delegation agreement that includes  
4 delegation of advanced duties in a setting that does not meet the requirements under §  
5 15–302(c)(1) of this subtitle has been executed and submitted to the Board for its approval,  
6 but:

7 (1) The Committee has not made a recommendation to the Board; or

8 (2) The Board has not made a final decision regarding the delegation  
9 agreement.

10 (c) Subject to subsection (d) of this section, if a delegation agreement is pending,  
11 on receipt of a temporary practice letter from the staff of the Board, a physician assistant  
12 may perform the advanced duty if:

13 (1) The primary supervising physician has been previously approved to  
14 supervise one or more physician assistants in the performance of the advanced duty; and

15 (2) The physician assistant has been previously approved by the Board to  
16 perform the advanced duty.

17 (d) If the Committee recommends a denial of the pending delegation agreement  
18 or the Board denies the pending delegation agreement, on notice to the primary supervising  
19 physician and the physician assistant, the physician assistant may no longer perform the  
20 advanced duty that has not received the approval of the Board.

21 (e) The Board may disapprove any delegation agreement if it believes that:

22 (1) The agreement does not meet the requirements of this subtitle; or

23 (2) The physician assistant is unable to perform safely the delegated  
24 duties.

25 (f) If the Board disapproves a delegation agreement or the delegation of any  
26 function under an agreement, the Board shall provide the primary supervising physician  
27 and the physician assistant with written notice of the disapproval.

28 (g) A physician assistant who receives notice that the Board has disapproved a  
29 delegation agreement or an advanced function under the delegation agreement shall  
30 immediately cease to practice under the agreement or to perform the disapproved function.]

31 **15–302.1.**

32 **(A) IN THIS SECTION, “EXEMPT FACILITY” MEANS:**

1           **(1) A HOSPITAL;**

2           **(2) AN AMBULATORY SURGICAL FACILITY;**

3           **(3) A FEDERALLY QUALIFIED HEALTH CENTER; OR**

4           **(4) ANOTHER PRACTICE SETTING LISTED ON A HOSPITAL**  
5 **DELINEATION OF PRIVILEGES DOCUMENT.**

6           **(B) EXCEPT AS PROVIDED IN SUBSECTION (E) OF THIS SECTION, A**  
7 **PHYSICIAN ASSISTANT MAY PERFORM ADVANCED DUTIES WITHOUT BOARD**  
8 **APPROVAL IF THE ADVANCED DUTY WILL BE PERFORMED IN AN EXEMPT FACILITY**  
9 **AND:**

10           **(1) THE PHYSICIAN ASSISTANT IS SUPERVISED BY A PHYSICIAN WITH**  
11 **CREDENTIALS THAT HAVE BEEN REVIEWED BY THE EXEMPT FACILITY AS A**  
12 **CONDITION OF EMPLOYMENT AS AN INDEPENDENT CONTRACTOR OR AS A MEMBER**  
13 **OF THE MEDICAL STAFF;**

14           **(2) THE PHYSICIAN ASSISTANT HAS CREDENTIALS THAT HAVE BEEN**  
15 **REVIEWED BY THE EXEMPT FACILITY AS A CONDITION OF EMPLOYMENT AS AN**  
16 **INDEPENDENT CONTRACTOR OR AS A MEMBER OF THE MEDICAL STAFF; AND**

17           **(3) THE ADVANCED DUTY TO BE DELEGATED TO THE PHYSICIAN**  
18 **ASSISTANT IS REVIEWED AND APPROVED IN A PROCESS APPROVED BY THE EXEMPT**  
19 **FACILITY BEFORE THE PHYSICIAN ASSISTANT PERFORMS THE ADVANCED DUTY.**

20           **(C) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION AND**  
21 **SUBSECTION (D) OF THIS SECTION AND EXCEPT AS PROVIDED IN SUBSECTION (E) OF**  
22 **THIS SECTION, A PHYSICIAN ASSISTANT MAY PERFORM ADVANCED DUTIES IN A**  
23 **PRACTICE SETTING THAT IS NOT AN EXEMPT FACILITY ONLY AFTER THE PHYSICIAN**  
24 **ASSISTANT OBTAINS BOARD APPROVAL OF THE ADVANCED DUTY UNDER THE**  
25 **COLLABORATION AGREEMENT.**

26           **(2) (I) SUBJECT TO SUBPARAGRAPH (II) OF THIS PARAGRAPH, A**  
27 **PHYSICIAN ASSISTANT MAY PERFORM X-RAY DUTIES AUTHORIZED UNDER §**  
28 **14-306(E) OF THIS ARTICLE IN THE MEDICAL OFFICE OF A PATIENT CARE TEAM**  
29 **PHYSICIAN ONLY AFTER THE PHYSICIAN ASSISTANT OBTAINS BOARD APPROVAL OF**  
30 **THE X-RAY DUTY UNDER THE COLLABORATION AGREEMENT.**

31           **(II) A COLLABORATION AGREEMENT MAY AUTHORIZE THE**  
32 **DELEGATION OF X-RAY DUTIES LIMITED TO NONFLUOROSCOPIC X-RAY**

1 PROCEDURES OF THE EXTREMITIES, ANTERIOR-POSTERIOR AND LATERAL, NOT  
2 INCLUDING THE HEAD.

3 (D) A PHYSICIAN ASSISTANT MAY NOT PERFORM THE MEDICAL ACTS OF  
4 ADMINISTERING GENERAL ANESTHESIA OR NEUROAXIAL ANESTHESIA, INCLUDING  
5 SPINAL, EPIDURAL, AND IMAGE GUIDED INTERVENTIONAL SPINE PROCEDURES.

6 (E) A PHYSICIAN ASSISTANT MAY PERFORM AN ADVANCED DUTY IN  
7 COLLABORATION WITH A PATIENT CARE TEAM PHYSICIAN WITHOUT PRIOR  
8 APPROVAL OF THE BOARD IF:

9 (1) THE BOARD HAS PREVIOUSLY APPROVED THE PHYSICIAN  
10 ASSISTANT TO PERFORM THE ADVANCED DUTY IN COLLABORATION WITH A PATIENT  
11 CARE TEAM PHYSICIAN; OR

12 (2) THE PHYSICIAN ASSISTANT HAS AT LEAST 7,000 HOURS OF  
13 CLINICAL PRACTICE EXPERIENCE.

14 (F) IF AN ADVANCED DUTY REQUIRES BOARD APPROVAL, THE COMMITTEE:

15 (1) SHALL REVIEW THE COLLABORATION AGREEMENT;

16 (2) MAY CONDUCT A PERSONAL INTERVIEW OF THE PHYSICIAN  
17 ASSISTANT AND PATIENT CARE TEAM PHYSICIANS; AND

18 (3) MAY RECOMMEND TO THE BOARD THAT THE COLLABORATION  
19 AGREEMENT BE MODIFIED TO ENSURE CONFORMANCE WITH THE REQUIREMENTS  
20 OF THIS TITLE.

21 (G) (1) ON REVIEW OF THE COMMITTEE'S RECOMMENDATIONS  
22 REGARDING THE REQUEST OF A PATIENT CARE TEAM PHYSICIAN TO DELEGATE  
23 ADVANCED DUTIES AS DESCRIBED IN A COLLABORATION AGREEMENT, THE BOARD  
24 MAY MODIFY THE PERFORMANCE OF ADVANCED DUTIES UNDER A COLLABORATION  
25 AGREEMENT IF THE PHYSICIAN ASSISTANT DOES NOT MEET THE APPLICABLE  
26 EDUCATION, TRAINING, AND EXPERIENCE REQUIREMENTS TO PERFORM THE  
27 SPECIFIED ADVANCED DUTIES.

28 (2) IF THE BOARD MAKES A MODIFICATION UNDER PARAGRAPH (1)  
29 OF THIS SUBSECTION, THE BOARD:

30 (I) SHALL NOTIFY EACH PATIENT CARE TEAM PHYSICIAN  
31 LISTED IN THE COLLABORATION AGREEMENT AND THE PHYSICIAN ASSISTANT IN  
32 WRITING OF THE PARTICULAR ELEMENTS OF THE ADVANCED DUTY APPROVAL  
33 REQUEST THAT WERE THE CAUSE FOR THE MODIFICATION; AND

1                   **(II) MAY NOT RESTRICT THE SUBMISSION OF AN AMENDMENT**  
 2 **TO THE ADVANCED DUTY.**

3                   **(H) DOCUMENTATION DEMONSTRATING A PHYSICIAN ASSISTANT'S**  
 4 **AUTHORITY TO PERFORM AN ADVANCED DUTY UNDER THIS SECTION SHALL BE**  
 5 **MAINTAINED AT THE FACILITY IN WHICH THE PHYSICIAN ASSISTANT IS PERFORMING**  
 6 **THE ADVANCED DUTY.**

7                   **(I) INDIVIDUAL MEMBERS OF THE BOARD ARE NOT CIVILLY LIABLE FOR**  
 8 **ACTIONS REGARDING THE APPROVAL, MODIFICATION, OR DISAPPROVAL OF AN**  
 9 **ADVANCED DUTY UNDER THE COLLABORATION AGREEMENT DESCRIBED IN THIS**  
 10 **SECTION.**

11 ~~§15-302.2. §15-302.1.~~

12                   ~~¶(a)~~ A ~~primary supervising~~ **PATIENT CARE TEAM** physician may not delegate  
 13 prescribing, dispensing, and administering of controlled dangerous substances,  
 14 prescription drugs, or medical devices unless the primary supervising physician and  
 15 physician assistant include in the ~~delegation~~ **COLLABORATION** agreement:

16                   ~~(1) A notice of intent to delegate prescribing and, if applicable, dispensing~~

17                   **(1) THE AUTHORITY OF THE PHYSICIAN ASSISTANT TO PRESCRIBE**  
 18 **AND, IF APPLICABLE, DISPENSE** of controlled dangerous substances, prescription drugs,  
 19 or medical devices;

20                   (2) An attestation that all prescribing and, if applicable, dispensing  
 21 activities of the physician assistant will comply with applicable federal and State **LAW AND**  
 22 regulations;

23                   (3) An attestation that all medical charts or records will contain a notation  
 24 of any prescriptions written or dispensed by a physician assistant in accordance with this  
 25 section;

26                   (4) An attestation that all prescriptions ~~written or~~ dispensed under this  
 27 section will include the physician assistant's name and the ~~supervising~~ **PATIENT CARE**  
 28 **TEAM** physician's name, business address, and business telephone number legibly written  
 29 or printed;

30                   **(5) AN ATTESTATION THAT ALL PRESCRIPTIONS WRITTEN UNDER**  
 31 **THIS SECTION WILL INCLUDE THE PHYSICIAN ASSISTANT'S NAME, BUSINESS**  
 32 **ADDRESS, AND BUSINESS TELEPHONE NUMBER LEGIBLY WRITTEN OR PRINTED;**

33                   ~~(5)~~ **(6)** An attestation that the physician assistant has:

1 (i) Passed the physician assistant national certification exam  
 2 administered by the National Commission on the Certification of Physician Assistants  
 3 within the previous 2 years; or

4 (ii) Successfully completed 8 category 1 hours of pharmacology  
 5 education within the previous 2 years; and

6 ~~(6)~~ **(7)** An attestation that the physician assistant has:

7 (i) A bachelor's degree or its equivalent; or

8 (ii) Successfully completed 2 years of work experience as a physician  
 9 assistant.

10 (b) (1) A ~~primary supervising~~ **PATIENT CARE TEAM** physician may not  
 11 delegate the prescribing or dispensing of substances that are identified as Schedule I  
 12 controlled dangerous substances under § 5–402 of the Criminal Law Article.

13 (2) A ~~primary supervising~~ **PATIENT CARE TEAM** physician may delegate  
 14 the prescribing or dispensing of substances that are identified as Schedules II through V  
 15 controlled dangerous substances under § 5–402 of the Criminal Law Article, including  
 16 legend drugs as defined under § 503(b) of the Federal Food, Drug, and Cosmetic Act.

17 (3) A ~~primary supervising~~ **PATIENT CARE TEAM** physician may not  
 18 delegate the prescribing or dispensing of controlled dangerous substances to a physician  
 19 assistant unless the physician assistant has a valid:

20 (i) State controlled dangerous substance registration; and

21 (ii) Federal Drug Enforcement Agency (DEA) registration.†

22 ~~(A) IN THIS SECTION, "PERSONALLY PREPARE AND DISPENSE" MEANS THAT~~  
 23 ~~A PHYSICIAN ASSISTANT:~~

24 ~~(1) IS PHYSICALLY PRESENT ON THE PREMISES WHERE A~~  
 25 ~~PRESCRIPTION IS FILLED; AND~~

26 ~~(2) PERFORMS A FINAL CHECK OF THE PRESCRIPTION BEFORE IT IS~~  
 27 ~~PROVIDED TO THE PATIENT.~~

28 ~~(B) SUBJECT TO THE COLLABORATION AGREEMENT SUBMITTED UNDER §~~  
 29 ~~15-302 OF THIS SUBTITLE, A PHYSICIAN ASSISTANT MAY PRESCRIBE, PROCURE,~~  
 30 ~~DISPENSE, ORDER, OR ADMINISTER:~~

~~(1) SUBJECT TO SUBSECTION (C)(2) OF THIS SECTION, DRUGS AND SUBSTANCES THAT ARE IDENTIFIED AS SCHEDULES II THROUGH V CONTROLLED DANGEROUS SUBSTANCES UNDER §§ 5-403 THROUGH 5-406 OF THE CRIMINAL LAW ARTICLE, INCLUDING LEGEND DRUGS AS DEFINED UNDER § 503(B) OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT;~~

~~(2) MEDICAL DEVICES; AND~~

~~(3) DURABLE MEDICAL EQUIPMENT.~~

~~(C) (1) A PHYSICIAN ASSISTANT MAY NOT PRESCRIBE OR DISPENSE SUBSTANCES THAT ARE IDENTIFIED AS SCHEDULE I CONTROLLED DANGEROUS SUBSTANCES UNDER § 5-402 OF THE CRIMINAL LAW ARTICLE.~~

~~(2) A PHYSICIAN ASSISTANT MAY NOT PRESCRIBE OR DISPENSE CONTROLLED DANGEROUS SUBSTANCES UNLESS THE PHYSICIAN ASSISTANT HAS A VALID:~~

~~(i) STATE CONTROLLED DANGEROUS SUBSTANCE REGISTRATION; AND~~

~~(ii) FEDERAL DRUG ENFORCEMENT AGENCY (DEA) REGISTRATION.~~

~~[(c) (d) (C) (1) A PATIENT CARE TEAM PHYSICIAN MAY AUTHORIZE A physician assistant TO personally may prepare and dispense a drug that the physician assistant is authorized to prescribe under a delegation COLLABORATION agreement if:]~~

~~[(1) (I) Except as otherwise provided under § 12-102(g) of this article, the supervising PATIENT CARE TEAM physician possesses a dispensing permit; and~~

~~(2) (II) The physician assistant dispenses drugs only within:~~

~~(i) 1. The supervising PATIENT CARE TEAM physician's scope of practice; and~~

~~(ii) 2. The scope of the delegation COLLABORATION agreement.]~~

~~(2) A PATIENT CARE TEAM PHYSICIAN MAY DELEGATE ANY DISPENSING DUTIES, INCLUDING THE PERFORMANCE OF THE FINAL CHECK OF PRESCRIPTIONS AS REQUIRED UNDER § 12-102(A)(4)(II) OF THIS ARTICLE.~~

1 (D) IF A PATIENT CARE TEAM PHYSICIAN WHO HAS DELEGATED AUTHORITY  
2 TO EXERCISE PRESCRIPTIVE AUTHORITY TO A PHYSICIAN ASSISTANT  
3 SUBSEQUENTLY RESTRICTS OR REMOVES THE DELEGATION, THE PATIENT CARE  
4 TEAM PHYSICIAN SHALL NOTIFY THE BOARD OF THE RESTRICTION OR REMOVAL  
5 WITHIN 5 BUSINESS DAYS.

6 ~~(I) A STARTER DOSAGE OF ANY DRUG THAT THE PHYSICIAN~~  
7 ~~ASSISTANT IS AUTHORIZED TO PRESCRIBE TO A PATIENT OF THE PHYSICIAN~~  
8 ~~ASSISTANT IF:~~

9 ~~1. THE STARTER DOSAGE COMPLIES WITH THE~~  
10 ~~LABELING REQUIREMENTS OF § 12 505 OF THIS ARTICLE;~~

11 ~~2. NO CHARGE IS MADE FOR THE STARTER DOSAGE; AND~~

12 ~~3. THE PHYSICIAN ASSISTANT ENTERS AN APPROPRIATE~~  
13 ~~RECORD IN THE PATIENT'S MEDICAL RECORD; OR~~

14 ~~(II) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, ANY~~  
15 ~~DRUG THAT A PHYSICIAN ASSISTANT MAY PRESCRIBE TO THE EXTENT AUTHORIZED~~  
16 ~~BY LAW IN THE COURSE OF TREATING A PATIENT AT:~~

17 ~~1. A MEDICAL FACILITY OR CLINIC THAT SPECIALIZES IN~~  
18 ~~THE TREATMENT OF MEDICAL CASES REIMBURSABLE THROUGH WORKERS'~~  
19 ~~COMPENSATION INSURANCE;~~

20 ~~2. A MEDICAL FACILITY OR CLINIC THAT IS OPERATED~~  
21 ~~ON A NONPROFIT BASIS;~~

22 ~~3. A HEALTH CENTER THAT OPERATES ON A CAMPUS OF~~  
23 ~~AN INSTITUTION OF HIGHER EDUCATION;~~

24 ~~4. A PUBLIC HEALTH FACILITY, A MEDICAL FACILITY~~  
25 ~~UNDER CONTRACT WITH A STATE OR LOCAL HEALTH DEPARTMENT, OR A FACILITY~~  
26 ~~FUNDED WITH PUBLIC FUNDS; OR~~

27 ~~5. A NONPROFIT HOSPITAL OR A NONPROFIT HOSPITAL~~  
28 ~~OUTPATIENT FACILITY AS AUTHORIZED UNDER THE POLICIES ESTABLISHED BY THE~~  
29 ~~HOSPITAL.~~

30 ~~(2) A PHYSICIAN ASSISTANT WHO PERSONALLY PREPARES AND~~  
31 ~~DISPENSES A DRUG IN THE COURSE OF TREATING A PATIENT AS AUTHORIZED UNDER~~  
32 ~~THIS SUBSECTION SHALL:~~



1           ~~(I) COMPLY WITH THE LABELING REQUIREMENTS OF § 12-505~~  
2 ~~OF THIS ARTICLE;~~

3           ~~(II) RECORD THE DISPENSING OF THE PRESCRIPTION DRUG ON~~  
4 ~~THE PATIENT'S CHART;~~

5           ~~(III) ALLOW THE OFFICE OF CONTROLLED SUBSTANCES~~  
6 ~~ADMINISTRATION TO ENTER AND INSPECT THE OFFICE IN WHICH THE PHYSICIAN~~  
7 ~~ASSISTANT PRACTICES AT ALL REASONABLE HOURS; AND~~

8           ~~(IV) EXCEPT FOR STARTER DOSAGES OR SAMPLES DISPENSED~~  
9 ~~WITHOUT CHARGE, PROVIDE THE PATIENT WITH A WRITTEN PRESCRIPTION,~~  
10 ~~MAINTAIN PRESCRIPTION FILES, AND MAINTAIN A SEPARATE FILE FOR SCHEDULE~~  
11 ~~II PRESCRIPTIONS FOR A PERIOD OF AT LEAST 5 YEARS.~~

12           ~~[(d)] (E) A physician assistant who personally dispenses a drug in the course of~~  
13 ~~treating a patient as authorized under subsections (b) and [(e)] (D) of this section shall~~  
14 ~~comply with the requirements under Titles 12 and 14 of this article and applicable federal~~  
15 ~~law and regulations.~~

16           ~~[(e) Before a physician assistant may renew a license for an additional 2-year~~  
17 ~~term under § 15-307 of this subtitle, the physician assistant shall submit evidence to the~~  
18 ~~Board of successful completion of 8 category 1 hours of pharmacology education within the~~  
19 ~~previous 2 years.]~~

20           ~~(F) A PRESCRIPTION DISPENSED UNDER THIS SECTION SHALL INCLUDE~~  
21 ~~THE PHYSICIAN ASSISTANT'S:~~

22           ~~(1) NAME;~~

23           ~~(2) BUSINESS ADDRESS; AND~~

24           ~~(3) BUSINESS TELEPHONE NUMBER.~~

25           ~~(G) A PHYSICIAN ASSISTANT STUDENT IN A TRAINING PROGRAM THAT IS~~  
26 ~~ACCREDITED BY THE ACCREDITATION REVIEW COMMISSION ON EDUCATION FOR~~  
27 ~~THE PHYSICIAN ASSISTANT MAY NOT EXERCISE PRESCRIPTIVE AUTHORITY.~~

28 [15-302.3.

29           (a) On a quarterly basis, the Board shall provide to the Board of Pharmacy a list  
30 of physician assistants whose delegation agreements include the delegation of prescriptive  
31 authority.

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

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

8 15-303.

9 (a) To qualify for a license, an applicant shall:

10 (1) Complete a criminal history records check in accordance with §  
11 14-308.1 of this article;

12 (2) Be of good moral character;

13 (3) Demonstrate oral and written competency in the English language as  
14 required by the Board;

15 (4) Be at least 18 years old; [and]

16 (5) [(i) Be a graduate of a physician assistant training program  
17 approved by the Board; or

18 (ii) Have passed the physician assistant national certifying  
19 examination administered by the National Commission on Certification of Physician  
20 Assistants prior to 1986, maintained all continuing education and recertification  
21 requirements, and been in continuous practice since passage of the examination] **EXCEPT**  
22 **AS PROVIDED IN SUBSECTION (B) OF THIS SECTION, HAVE SUCCESSFULLY**  
23 **COMPLETED AN EDUCATIONAL PROGRAM FOR PHYSICIAN ASSISTANTS ACCREDITED**  
24 **BY:**

25 (i) **THE ACCREDITATION REVIEW COMMISSION ON**  
26 **EDUCATION FOR THE PHYSICIAN ASSISTANT; OR**

27 (ii) **IF COMPLETED BEFORE 2001:**

28 1. **THE COMMITTEE ON ALLIED HEALTH EDUCATION**  
29 **AND ACCREDITATION; OR**

30 2. **THE COMMISSION ON ACCREDITATION OF ALLIED**  
31 **HEALTH EDUCATION PROGRAMS; AND**

1           **(6) HAVE PASSED THE PHYSICIAN ASSISTANT NATIONAL**  
2 **CERTIFYING EXAMINATION ADMINISTERED BY THE NATIONAL COMMISSION ON**  
3 **CERTIFICATION OF PHYSICIAN ASSISTANTS.**

4           **[(b) Except as otherwise provided in this title, the applicant shall pass a national**  
5 **certifying examination approved by the Board.]**

6           **[(c) (B) An applicant who graduates from [a physician assistant training**  
7 **program] AN ACCREDITED EDUCATIONAL PROGRAM FOR PHYSICIAN ASSISTANTS**  
8 **UNDER THIS SECTION after October 1, 2003, shall have a bachelor's degree or its**  
9 **equivalent.**

10 15-306.

11           A license authorizes the licensee to practice as a physician assistant [under a  
12 delegation agreement] while the license is effective.

13 15-309.

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

16           **(C) THE BOARD MAY AUDIT AND REVIEW COLLABORATION AGREEMENTS**  
17 **KEPT BY THE LICENSEE AT THE PRIMARY PLACE OF BUSINESS OF THE LICENSEE AT**  
18 **ANY TIME.**

19           **(D) A PHYSICIAN ASSISTANT WHO FAILS TO PRODUCE A COLLABORATION**  
20 **AGREEMENT TO THE BOARD ON REQUEST IS SUBJECT TO AN ADMINISTRATIVE**  
21 **PENALTY AS ESTABLISHED IN REGULATIONS.**

22 15-310.

23           (a) In reviewing an application for licensure or in investigating an allegation  
24 brought under § 15-314 of this subtitle, the Committee may request the Board to direct, or  
25 the Board on its own initiative may direct, the physician assistant to submit to an  
26 appropriate examination.

27           (b) In return for the privilege given to the physician assistant to [perform  
28 delegated medical acts] **PRACTICE AS A PHYSICIAN ASSISTANT** in the State, the  
29 physician assistant is deemed to have:

30           (1) Consented to submit to an examination under this section, if requested  
31 by the Board in writing; and

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

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

8 (d) The Board shall pay the costs of any examination made under this section.

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, the Board shall give the licensee the opportunity for a hearing before the  
13 Board.

14 (2) The Board shall give notice and hold the hearing under Title 10,  
15 Subtitle 2 of the State Government Article.

16 (3) The Board may administer oaths in connection with any proceeding  
17 under this section.

18 (4) At least 14 days before the hearing, the hearing notice shall be sent to  
19 the last known address of the applicant or licensee.

20 (b) Any licensee aggrieved under this subtitle by a final decision of the Board  
21 rejecting or modifying a delegation agreement or advanced duty may petition for judicial  
22 review as allowed by the Administrative Procedure Act.]

23 15-314.

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

28 (41) Performs [delegated] medical acts ~~beyond the scope of the [delegation]~~  
29 ~~COLLABORATION agreement filed with the Board [or after notification from the Board~~  
30 ~~that an advanced duty has been disapproved]~~ **IN A MANNER THAT IS NOT CONSISTENT**  
31 **WITH THE COLLABORATION AGREEMENT;**

32 ~~[(42) Performs delegated medical acts without the supervision of a~~  
33 ~~physician;]~~

1 (42) PERFORMS MEDICAL ACTS WHICH ARE OUTSIDE THE EDUCATION,  
 2 TRAINING, AND EXPERIENCE OF THE PHYSICIAN ASSISTANT;

3 (43) PERFORMS MEDICAL ACTS THAT ARE NOT CUSTOMARY TO THE  
 4 PRACTICE OF THE PATIENT CARE TEAM PHYSICIANS LISTED ON THE  
 5 COLLABORATION AGREEMENT;

6 ~~(42)~~ (44) PRACTICES AS A PHYSICIAN ASSISTANT WITHOUT FIRST  
 7 ~~SUBMITTING A COLLABORATION AGREEMENT TO THE BOARD;~~ PROVIDING NOTICE  
 8 TO THE BOARD AS REQUIRED UNDER § 15-302(A) OF THIS SUBTITLE;

9 ~~[(43)]~~ (45) Fails to complete a criminal history records check under §  
 10 14-308.1 of this article;

11 ~~[(44)]~~ (46) Fails to comply with the requirements of the Prescription Drug  
 12 Monitoring Program under Title 21, Subtitle 2A of the Health – General Article; or

13 ~~[(45)]~~ (47) Fails to comply with any State or federal law pertaining to the  
 14 practice as a physician assistant.

15 15-317.

16 (a) A physician assistant **WHO IS LICENSED** in this State or in any other state  
 17 **OR WHO IS AN EMPLOYEE OF THE FEDERAL GOVERNMENT** is authorized to perform  
 18 acts, tasks, or functions as a physician assistant [under the supervision of a physician  
 19 licensed to practice medicine in the State] during a disaster as defined by the Governor,  
 20 within a county in which a state of disaster has been declared, or counties contiguous to a  
 21 county in which a state of disaster has been declared.

22 (b) The physician assistant shall notify the Board in writing of the names,  
 23 practice locations, and telephone numbers for the physician assistant [and each primary  
 24 supervising physician] within 30 days [of] **AFTER** the first performance of medical acts,  
 25 tasks, or functions as a physician assistant during the disaster.

26 (c) A team of physicians and physician assistants or physician assistants  
 27 practicing under this section may not be required to maintain on-site documentation  
 28 describing [supervisory arrangements] **COLLABORATION AGREEMENTS** as otherwise  
 29 required under this title.

30 15-401.

31 [(a)] Except as otherwise provided in this title, a person may not practice, attempt  
 32 to practice, or offer to practice as a physician assistant in the State unless the person has  
 33 [a]:

1 (1) A license issued by the Board TO PRACTICE AS A PHYSICIAN  
 2 ASSISTANT; AND

3 ~~(2) SUBMITTED A COLLABORATION AGREEMENT TO THE BOARD.~~

4 (2) PROVIDED NOTICE TO THE BOARD AS REQUIRED UNDER §  
 5 15-302(A) OF THIS SUBTITLE.

6 [(b) Except as otherwise provided in this title, a person may not perform, attempt  
 7 to perform, or offer to perform any delegated medical act beyond the scope of the license  
 8 and which is consistent with a delegation agreement filed with the Board.]

9 15-402.1.

10 (a) Except as otherwise provided in this subtitle, a licensed physician may not  
 11 employ [or supervise] an individual practicing as a physician assistant who does not have  
 12 a license ~~OR WHO HAS NOT SUBMITTED A COLLABORATION AGREEMENT TO THE~~  
 13 ~~BOARD~~ PROVIDED NOTICE TO THE BOARD AS REQUIRED UNDER § 15-302(A) OF  
 14 THIS SUBTITLE.

#### 15 Article – Transportation

16 13-616.

17 (a) (1) In this subtitle the following words have the meanings indicated.

18 (7) “Licensed physician assistant” means an individual who is licensed  
 19 under Title 15 of the Health Occupations Article to practice [medicine with physician  
 20 supervision] **AS A PHYSICIAN ASSISTANT.**

21 SECTION 2. AND BE IT FURTHER ENACTED, That:

22 (a) A physician assistant authorized to practice under a delegation agreement on  
 23 October 1, 2024, may continue to practice as a physician assistant under the delegation  
 24 agreement.

25 (b) The delegation agreement in effect on October 1, 2024, shall be treated the  
 26 same as the collaboration agreement required under § 15-302 of the Health Occupations  
 27 Article, as enacted by Section 1 of this Act, until ~~an initial collaboration agreement is~~  
 28 ~~submitted to the State Board of Physicians by the physician assistant~~ the physician  
 29 assistant has provided notice to the State Board of Physicians as required under §  
 30 15-302(a) of the Health Occupations Article, as enacted under Section 1 of this Act.

31 SECTION 3. AND BE IT FURTHER ENACTED, That, on or before January 1, 2025,  
 32 the State Board of Physicians, with representatives from the Maryland Academy of  
 33 Physician Assistants, the Physician Assistant Education Association, and physician

1 assistant education programs in the State, shall review and update the list of advanced  
2 duties for physician assistants.

3 SECTION ~~3~~ 4. AND BE IT FURTHER ENACTED, That this Act shall take effect  
4 October 1, 2024.

Approved:

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Governor.

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Speaker of the House of Delegates.

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President of the Senate.