

SENATE BILL 326

J2

6lr2208
CF HB 377

By: ~~Senators Lam and Carozza~~, Carozza, and Beidle

Introduced and read first time: January 22, 2026

Assigned to: Finance

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 1, 2026

CHAPTER _____

1 AN ACT concerning

2 **Physician Assistants and Midwives – Parity With Other Health Care**
3 **Practitioners**
4 **(Physician Assistant Parity Act of 2026)**

5 FOR the purpose of altering certain provisions of law to include physician assistants in the
6 health care practitioners who may take certain actions, including actions related to
7 the guardianship of disabled persons, admission of individuals to mental health
8 facilities, the Emergency and Allergy Treatment Program, and the Attendant Care
9 Program; altering the health care practitioners that may order that a pregnant
10 incarcerated individual be admitted to the infirmary; altering the health care
11 practitioners that health maintenance organizations must allow each member to
12 select from among those available to the health maintenance organization; requiring
13 the Maryland Department of Health to cover charges related to examinations by a
14 physician assistant for certain emergency evaluatees; altering the membership and
15 duties of the Statewide Advisory Commission on Immunization; requiring the
16 Maryland Health Care Commission to review certain data and evaluate whether
17 there is a longer average length of stay for individuals who are the subject of an
18 application for involuntary admission who are brought during an overnight shift to
19 certain emergency departments; and generally relating to physician assistants,
20 certified nurse–midwives, and licensed certified midwives.

21 BY repealing and reenacting, with amendments,
22 Article – Correctional Services
23 Section 9–601.1(e)(1)
24 Annotated Code of Maryland

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.



- 1 (2025 Replacement Volume)
- 2 BY repealing and reenacting, with amendments,
3 Article – Estates and Trusts
4 Section 13–705(c)(2)
5 Annotated Code of Maryland
6 (2022 Replacement Volume and 2025 Supplement)
- 7 BY repealing and reenacting, with amendments,
8 Article – Health – General
9 Section 5–606, 10–601(g) and (h), ~~10–610(e)~~, 10–611(b), (c), and (e), ~~10–615(G)~~,
10 ~~10–616(a)(1) and (e)~~, ~~10–619~~, 10–620(f), 10–622(b) and (d), 10–623(a),
11 10–624(a)(1), 10–628(a)(1), 13–701, 13–705, 13–707(b)(1) and (c),
12 18–214(d)(11) and (12), 19–705.1(b)(1)(vi), and 19–2001(a)(4)
13 Annotated Code of Maryland
14 (2023 Replacement Volume and 2025 Supplement)
- 15 BY repealing and reenacting, without amendments,
16 Article – Health – General
17 Section 10–601(a), 10–620(a), 18–214(b), 19–705.1(a) and (b)(2), and 19–2001(a)(1)
18 and (b)(1)
19 Annotated Code of Maryland
20 (2023 Replacement Volume and 2025 Supplement)
- 21 BY adding to
22 Article – Health – General
23 Section 10–601(g) and 18–214(d)(12)
24 Annotated Code of Maryland
25 (2023 Replacement Volume and 2025 Supplement)
- 26 BY repealing and reenacting, with amendments,
27 Article – Human Services
28 Section 7–404(a)
29 Annotated Code of Maryland
30 (2019 Replacement Volume and 2025 Supplement)
- 31 BY repealing and reenacting, without amendments,
32 Article – State Personnel and Pensions
33 Section 9–504(a)
34 Annotated Code of Maryland
35 (2024 Replacement Volume and 2025 Supplement)
- 36 BY repealing and reenacting, with amendments,
37 Article – State Personnel and Pensions
38 Section 9–504(b)
39 Annotated Code of Maryland
40 (2024 Replacement Volume and 2025 Supplement)

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

3 **Article – Correctional Services**

4 9–601.1.

5 (e) (1) A pregnant incarcerated individual who is deemed to need infirmary
6 care shall be admitted to the infirmary on order of a ~~primary care nurse practitioner, A~~
7 ~~PHYSICIAN ASSISTANT, or AN obstetrician~~ **NURSE PRACTITIONER, CERTIFIED**
8 **NURSE–MIDWIFE, LICENSED CERTIFIED MIDWIFE, PHYSICIAN ASSISTANT, OR**
9 **PHYSICIAN.**

10 **Article – Estates and Trusts**

11 13–705.

12 (c) (2) Notwithstanding the provisions of paragraph (1) of this subsection, a
13 petition for guardianship of a disabled person shall include signed and verified certificates
14 of competency from the following health care professionals who have examined or evaluated
15 the disabled person:

- 16 (i) Two licensed physicians; or
- 17 (ii) 1. One licensed physician; and
- 18 2. A. One licensed psychologist;
- 19 B. One licensed certified social worker–clinical; [or]
- 20 C. One nurse practitioner; **OR**
- 21 **D. ONE LICENSED PHYSICIAN ASSISTANT.**

22 **Article – Health – General**

23 5–606.

24 (a) (1) Prior to providing, withholding, or withdrawing treatment for which
25 authorization has been obtained or will be sought under this subtitle, the attending
26 physician and a second physician [or a], nurse practitioner, **OR PHYSICIAN ASSISTANT,**
27 one of whom shall have examined the patient within 2 hours before making the
28 certification, shall certify in writing that the patient is incapable of making an informed
29 decision regarding the treatment. The certification shall be based on a personal
30 examination of the patient.

1 (2) If a patient is unconscious, or unable to communicate by any means, the
 2 certification of a second physician [or a], nurse practitioner, **OR PHYSICIAN ASSISTANT** is
 3 not required under paragraph (1) of this subsection.

4 (3) When authorization is sought for treatment of a mental illness, the
 5 second physician [or the], nurse practitioner, **OR PHYSICIAN ASSISTANT** may not be
 6 otherwise currently involved in the treatment of the person assessed.

7 (4) The cost of an assessment to certify incapacity under this subsection
 8 shall be considered for all purposes a cost of the patient's treatment.

9 (b) A health care provider may not withhold or withdraw life-sustaining
 10 procedures on the basis of an advance directive where no agent has been appointed or on
 11 the basis of the authorization of a surrogate, unless:

12 (1) The patient's attending physician and a second physician [or a], nurse
 13 practitioner, **OR PHYSICIAN ASSISTANT** have certified that the patient is in a terminal
 14 condition or has an end-stage condition; or

15 (2) Two physicians, one of whom is a neurologist, neurosurgeon, or other
 16 physician who has special expertise in the evaluation of cognitive functioning, certify that
 17 the patient is in a persistent vegetative state.

18 10-601.

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

20 **(G) "PHYSICIAN ASSISTANT" MEANS AN INDIVIDUAL WHO IS LICENSED**
 21 **UNDER TITLE 15 OF THE HEALTH OCCUPATIONS ARTICLE TO PRACTICE AS A**
 22 **PHYSICIAN ASSISTANT.**

23 **[(g)] (H)** "Psychiatric nurse practitioner" means an individual who is:

24 (1) Licensed as a registered nurse and certified as a nurse practitioner
 25 under Title 8 of the Health Occupations Article; and

26 (2) Practicing in the State as a certified registered nurse
 27 practitioner-psychiatric mental health.

28 **[(h)] (I)** "Psychologist" means an individual who is licensed under Title 18 of the
 29 Health Occupations Article to practice psychology.

30 ~~10-610.~~

31 ~~(e) A facility may not admit an individual under this section unless:~~

- 1 ~~(1) The individual has a mental disorder;~~
- 2 ~~(2) The mental disorder is susceptible to care or treatment;~~
- 3 ~~(3) The applicant understands the nature of a request for admission; and~~
- 4 ~~(4) Assent to the admission has been given:~~
 - 5 ~~(i) By the admitting physician of the facility; or~~
 - 6 ~~(ii) For a child or adolescent unit of a State facility, by:~~
 - 7 ~~1. 1 physician and 1 psychologist;~~
 - 8 ~~2. 1 PHYSICIAN AND 1 PHYSICIAN ASSISTANT;~~
 - 9 ~~[2.] 3. 2 physicians;~~
 - 10 ~~[3.] 4. 1 physician and 1 psychiatric nurse practitioner;~~
 - 11 ~~[4.] 5. 1 physician and 1 licensed certified social worker clinical;~~
 - 12 ~~or~~
 - 13 ~~[5.] 6. 1 physician and 1 licensed clinical professional counselor.~~

14 10-611.

15 (b) A disabled person may apply for voluntary admission of the disabled person
 16 if:

17 (1) The disabled person submits a formal, written application that contains
 18 the disabled person's personal information and is on the form required by the
 19 Administration; and

20 (2) In accordance with subsections (c) through (e) of this section, either a
 21 physician and a psychologist, two physicians, [or] a physician and a psychiatric nurse
 22 practitioner, **OR A PHYSICIAN AND A PHYSICIAN ASSISTANT** certify that:

23 (i) The disabled person has the capacity to execute an application
 24 for voluntary admission; and

25 (ii) The disabled person understands both the criteria for voluntary
 26 admission set forth under this section and the procedure for requesting discharge from the
 27 facility.

1 (c) (1) A certificate for voluntary admission of a disabled person under
2 subsection (b) of this section shall:

3 (i) Be based on the personal examination of the physician,
4 psychologist, [or] psychiatric nurse practitioner, **OR PHYSICIAN ASSISTANT** who signs the
5 certificate; and

6 (ii) Be in the form that the Secretary of Health adopts, by rule or
7 regulation.

8 (2) The rules and regulations shall require the form to include an opinion
9 that:

10 (i) The disabled person has a mental disorder;

11 (ii) The mental disorder is susceptible to care or treatment;

12 (iii) The disabled person understands the nature of the request for
13 admission; and

14 (iv) The disabled person is able to give continuous assent to retention
15 by the facility.

16 (e) A certificate may not be used for an admission if the physician, psychologist,
17 [or] psychiatric nurse practitioner, **OR PHYSICIAN ASSISTANT** who signed the certificate:

18 (1) Has a financial interest, through ownership or compensation, in a
19 proprietary facility and admission to that proprietary facility is sought for the disabled
20 person whose status is being certified; or

21 (2) Is related, by blood or marriage, to the disabled person or the guardian
22 of the person of the disabled person.

23 ~~10-615.~~

24 ~~Each application for involuntary admission to a facility or Veterans' Administration~~
25 ~~hospital under this part shall:~~

26 ~~(6) Be accompanied by the certificates of:~~

27 ~~(i) 1 physician and 1 psychologist;~~

28 ~~(ii) 2 physicians;~~

29 ~~(iii) 1 PHYSICIAN AND 1 PHYSICIAN ASSISTANT;~~

30 ~~[(iii)] (iv) 1 physician and 1 psychiatric nurse practitioner;~~

1 ~~[(iv)] (v)~~ 1 physician and 1 licensed certified social worker clinical;
2 ~~or~~

3 ~~[(v)] (VI)~~ 1 physician and 1 licensed clinical professional counselor;
4 ~~and~~

5 ~~10-616.~~

6 (a) (1) ~~A certificate for involuntary admission of an individual under this part~~
7 ~~shall:~~

8 (i) ~~Be based on the personal examination of the physician,~~
9 ~~psychologist, psychiatric nurse practitioner, PHYSICIAN ASSISTANT, licensed certified~~
10 ~~social worker clinical, or licensed clinical professional counselor who signs the certificate;~~
11 ~~and~~

12 (ii) ~~Be in the form that the Secretary adopts, by rule or regulation.~~

13 (e) ~~A certificate may not be used for an admission if the physician, psychologist,~~
14 ~~psychiatric nurse practitioner, PHYSICIAN ASSISTANT, licensed certified social~~
15 ~~worker clinical, or licensed clinical professional counselor who signed the certificate:~~

16 (1) ~~Has a financial interest, through ownership or compensation, in a~~
17 ~~proprietary facility and admission to that proprietary facility is sought for the individual~~
18 ~~whose status is being certified; or~~

19 (2) ~~Is related, by blood or marriage, to the individual or to the applicant.~~

20 ~~10-610.~~

21 ~~Within 12 hours of notification by a physician, licensed psychologist, psychiatric~~
22 ~~nurse practitioner, PHYSICIAN ASSISTANT, licensed certified social worker clinical, or~~
23 ~~licensed clinical professional counselor who has certified an individual under this part, a~~
24 ~~facility operated by the Maryland Department of Health shall receive and evaluate the~~
25 ~~individual certified for involuntary admission if:~~

26 (1) ~~The individual's involuntary admission is not limited by § 10-617 of~~
27 ~~this subtitle;~~

28 (2) ~~An application for admission has been completed;~~

29 (3) ~~A certifying physician, psychologist, psychiatric nurse practitioner,~~
30 ~~PHYSICIAN ASSISTANT, licensed certified social worker clinical, or licensed clinical~~
31 ~~professional counselor is unable to place the individual in a facility not operated by the~~
32 ~~Department; and~~

~~(4) The Department is unable to provide for the placement of the person other than in a facility operated by the Department.~~

10-620.

(a) In Part IV of this subtitle the following words have the meanings indicated.

(f) (1) "Mental disorder" means the behavioral or other symptoms that indicate:

(i) To a lay petitioner who is submitting an emergency petition, a clear disturbance in the mental functioning of another individual; and

(ii) To the following health professionals doing an examination, at least one mental disorder that is described in the version of the American Psychiatric Association's "Diagnostic and Statistical Manual – Mental Disorders" that is current at the time of the examination:

1. Physician;
2. Psychologist;
3. Clinical social worker;
4. Licensed clinical professional counselor;
5. Clinical nurse specialist in psychiatric and mental health nursing (APRN/PMH);
6. Psychiatric nurse practitioner (CRNP-PMH);
7. **PHYSICIAN ASSISTANT**; or
- [7.] 8. Licensed clinical marriage and family therapist.

(2) "Mental disorder" does not include intellectual disability.

10-622.

(b) (1) The petition for emergency evaluation of an individual may be made by:

(i) A physician, psychologist, **PHYSICIAN ASSISTANT**, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, licensed clinical marriage and family therapist, or health officer or designee of a health officer who has examined the individual;

1 (ii) A peace officer who personally has observed the individual or the
2 individual's behavior; or

3 (iii) Any other interested person.

4 (2) An individual who makes a petition for emergency evaluation under
5 paragraph (1)(i) or (ii) of this subsection may base the petition on:

6 (i) The examination or observation; or

7 (ii) Other information obtained that is pertinent to the factors giving
8 rise to the petition.

9 (d) (1) A petitioner who is a physician, psychologist, **PHYSICIAN ASSISTANT**,
10 clinical social worker, licensed clinical professional counselor, clinical nurse specialist in
11 psychiatric and mental health nursing, psychiatric nurse practitioner, licensed clinical
12 marriage and family therapist, health officer, or designee of a health officer shall give the
13 petition to a peace officer.

14 (2) The peace officer shall explain to the petitioner:

15 (i) The serious nature of the petition; and

16 (ii) The meaning and content of the petition.

17 10-623.

18 (a) If the petitioner under Part IV of this subtitle is not a physician, psychologist,
19 **PHYSICIAN ASSISTANT**, clinical social worker, licensed clinical professional counselor,
20 clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse
21 practitioner, licensed clinical marriage and family therapist, health officer or designee of a
22 health officer, or peace officer, the petitioner shall present the petition to the court for
23 immediate review.

24 10-624.

25 (a) (1) A peace officer shall take an emergency evaluatee to the nearest
26 emergency facility if the peace officer has a petition under Part IV of this subtitle that:

27 (i) Has been endorsed by a court within the last 5 days; or

28 (ii) Is signed and submitted by a physician, psychologist,
29 **PHYSICIAN ASSISTANT**, clinical social worker, licensed clinical professional counselor,
30 clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse
31 practitioner, licensed clinical marriage and family therapist, health officer or designee of a
32 health officer, or peace officer.

1 10-628.

2 (a) (1) If an emergency evaluatee cannot pay or does not have insurance that
3 covers the charges for emergency services, an initial consultant examination by a physician,
4 **PHYSICIAN ASSISTANT**, or nurse practitioner, and transportation to an emergency facility
5 and, for an involuntary admission of the emergency evaluatee, to the admitting facility, the
6 Department shall pay the appropriate party the actual cost or a reasonable rate for this
7 service, whichever is lower, except that hospitals shall be paid at rates approved by the
8 Health Services Cost Review Commission.

9 13-701.

10 The Emergency and Allergy Treatment Program is a program in the Department for
11 the purpose of providing a means of authorizing certain individuals to administer
12 life-saving treatment to individuals who have severe adverse reactions to allergens or
13 insect stings when physician, **PHYSICIAN ASSISTANT**, registered nurse practitioner, or
14 emergency medical services are not immediately available in a youth camp.

15 13-705.

16 (a) (1) A registered nurse practitioner, **PHYSICIAN ASSISTANT**, or a physician
17 licensed to practice [medicine] in the State may prescribe emergency use epinephrine in
18 the name of a certificate holder.

19 (2) A registered nurse practitioner, a pharmacist [licensed to practice
20 pharmacy in the State], **A PHYSICIAN ASSISTANT**, or a physician **LICENSED TO**
21 **PRACTICE IN THE STATE** may dispense emergency use epinephrine under a prescription
22 issued to a certificate holder.

23 (b) A certificate holder may:

24 (1) On presentment of a certificate, receive from any registered nurse
25 practitioner, **PHYSICIAN ASSISTANT**, or any physician licensed to practice [medicine] in
26 the State a prescription for emergency use epinephrine and the necessary paraphernalia
27 for the administration of emergency use epinephrine; and

28 (2) Possess and store prescribed emergency use epinephrine and the
29 necessary paraphernalia for the administration of emergency use epinephrine.

30 (c) In an emergency situation when registered nurse practitioner, physician,
31 **PHYSICIAN ASSISTANT**, or emergency medical services are not immediately available, a
32 certificate holder or agent may administer emergency use epinephrine to an individual who
33 is experiencing or believed in good faith by the certificate holder or agent to be experiencing
34 anaphylaxis.

1 13-707.

2 (b) (1) A cause of action may not arise against any physician **OR PHYSICIAN**
3 **ASSISTANT** for any act or omission when the physician **OR PHYSICIAN ASSISTANT** in good
4 faith prescribes or dispenses emergency use epinephrine and the necessary paraphernalia
5 for the administration of emergency use epinephrine to a person certified by the
6 Department under this subtitle.

7 (c) This section does not affect, and may not be construed as affecting, any
8 immunities from civil liability or defenses established by any other provision of the Code or
9 by common law to which a volunteer, registered nurse practitioner, physician, **PHYSICIAN**
10 **ASSISTANT**, or pharmacist may be entitled.

11 18-214.

12 (b) There is a Statewide Advisory Commission on Immunizations.

13 (d) The following members are subject to term limits:

14 (11) One physician member of the American College of Physicians – Internal
15 Medicine Society of Maryland; [and]

16 **(12) ONE PHYSICIAN ASSISTANT MEMBER OF THE MARYLAND**
17 **ACADEMY OF PHYSICIAN ASSISTANTS; AND**

18 **[(12)] (13)** Up to three additional members selected by the Secretary.

19 19-705.1.

20 (a) The Secretary shall adopt regulations that set out reasonable standards of
21 quality of care that a health maintenance organization shall provide to its members.

22 (b) (1) The standards of quality of care shall include:

23 (vi) A requirement that each member shall have an opportunity to
24 select a primary physician, **A PHYSICIAN ASSISTANT, A CERTIFIED NURSE-MIDWIFE, A**
25 **LICENSED CERTIFIED MIDWIFE**, or a certified nurse practitioner from among those
26 available to the health maintenance organization; and

27 (2) This subsection may not be construed to require that a health
28 maintenance organization include certified nurse practitioners on the health maintenance
29 organization's provider panel as primary care providers.

30 19-2001.

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

1 (iii) attending an institution of postsecondary or higher education, as
2 defined in § 10–101 of the Education Article.

3 (2) The remainder of the eligible individuals receiving financial assistance
4 under the Program shall be individuals who:

5 (i) reside in a nursing facility or similar institution licensed to
6 provide chronic or intermediate care and who will be deinstitutionalized as a result of the
7 Program; or

8 (ii) are certified by an attending physician, **PHYSICIAN ASSISTANT**,
9 or certified nurse practitioner as being at risk of placement in a nursing facility or similar
10 institution licensed to provide chronic or intermediate care if attendant care services are
11 not received in the community.

12 Article – State Personnel and Pensions

13 9–504.

14 (a) An employee who uses sick leave for 5 or more consecutive workdays for
15 personal illness or disability or the illness or disability of a member of the employee's
16 immediate family may not receive payment under this subtitle unless the employee gives
17 the employee's immediate supervisor an original certificate of illness or disability.

18 (b) The certificate required under subsection (a) of this section shall be signed by
19 one of the following:

20 (1) a medical doctor who is authorized to practice medicine or surgery by
21 the state in which the doctor practices;

22 (2) if authorized to practice in a state and performing within the scope of
23 that authority:

24 (i) a chiropractor;

25 (ii) a clinical psychologist;

26 (iii) a dentist;

27 (iv) a licensed certified social worker – clinical;

28 (v) a nurse midwife;

29 (vi) a nurse practitioner;

30 (vii) an oral surgeon;

1 (viii) an optometrist;

2 (ix) a physical therapist;

3 **(X) A PHYSICIAN ASSISTANT;**

4 **[(x)] (XI)** a podiatrist; or

5 **[(xi)] (XII)** a licensed professional counselor – clinical;

6 (3) an accredited Christian Science practitioner; or

7 (4) a health care provider as defined by the federal Family Medical Leave

8 Act.

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

10 (a) The Maryland Health Care Commission shall:

11 (1) review data on the average length of stay in emergency departments for
 12 individuals who are the subject of an application for involuntary admission under Title 10,
 13 Subtitle 6, Part III of the Health – General Article; and

14 (2) evaluate whether there is a longer average length of stay for individuals
 15 who are brought during an overnight shift to emergency departments that lack a sufficient
 16 number of clinicians with authority to certify an application for involuntary admission
 17 under § 10–615 of the Health – General Article, but are staffed with physician assistants.

18 (b) On or before November 1, 2026, the Maryland Health Care Commission shall
 19 report its findings and recommendations to the Senate Finance Committee and the House
 20 Health Committee, in accordance with § 2–1257 of the State Government Article.

21 SECTION ~~2~~ 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
 22 October 1, 2026.

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.