



# Board of Physicians

Wes Moore, Governor · Aruna Miller, Lt. Governor · Harbhajan Ajrawat, M.D., Chair

## 2024 SESSION POSITION PAPER

**BILL NO.:** SB 167  
**TITLE:** Physician Assistants - Revisions (Physician Assistant Modernization Act of 2024)  
**COMMITTEE:** Finance  
**POSITION:** Letter of Support with Amendments

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### **POSITION AND RATIONALE:**

The Maryland Board of Physicians (the Board) is respectfully submitting this letter of support with amendments for Senate Bill (SB) 167 – Physician Assistants – Revisions (Physician Assistant Modernization Act of 2024). The Board supports the bill's intent to modernize physician assistant (PA) practice by streamlining administrative processes and removing duplicative requirements. However, the board's primary objective remains patient safety through effective and proper oversight. The Board has concerns that some of the proposed changes are removing elements of regulatory oversight that will negatively impact patient safety. Nonetheless, the Board believes that this bill has great potential to balance the assurance of quality healthcare while reinforcing the weakened healthcare workforce.

Currently, PAs in Maryland function as physician extenders, delivering essential healthcare services under the supervision of a licensed primary supervising physician (PSP). PAs operate within a Delegation Agreement that outlines delegated medical acts and appropriate supervision mechanisms. SB 167 aims to expand the relationship between a PA and a patient care team physician (PSP under current law) by replacing the existing supervisory method of a Delegation Agreement with a Collaboration Agreement. Doing so would remove significant administrative requirements and processes that are burdensome and time-consuming for both the PA and the Board. Although the Board supports moving in this direction, a measured approach is necessary to maintain and allow the Board to fulfill its role as a proper regulatory and oversight body. The transition to a collaborative relationship between a patient care team physician and PA does not require abandoning the framework of delegation from physicians. However, as written in SB 167, this bill fundamentally redefines the role of PAs from physician extenders to collaborative providers with no delegation from the patient care team physician.

While SB 167 does require a PA to limit their practice to their education, training, and experience, the bill does not provide for any verification by the Board that their training requires delegation by the patient care team physician. Continuing the current framework

of delegation as a required means of oversight allows a collaborating physician to act as the proper lead in a patient care team setting. Under SB 167, without the proposed amendments, PAs could perform medical acts without the collaborating physician's approval.

In the current law, PAs are allowed to do all medical acts in the physician assistant curriculum (core duties) without any further training, education, or administrative requirements. In contrast, medical acts outside the conventional physician assistant curriculum are taught on the job to PAs (advanced duties). The current administrative approval process for advanced duties requires that the PA's additional education, training, and experience in learning the advanced duties be reviewed by the Physician Assistant Advisory Committee (PAAC) and approved by the Board. This process allows the Board to assure that PAs have received sufficient training prior to PAs performing these advanced procedures without direct oversight to protect Maryland patients. SB 167 proposes eliminating Board approval and PAAC review for these advanced medical acts. While the Board is open to some targeted exceptions for PAs in certain settings or with a certain amount of experience, removing this approval process entirely eliminates the Board's ability to effectively assure the public that a new PA is properly educated, trained, and experienced to perform these advanced medical acts.

The Board agrees with the overall intent of the bill and understands that there is a need to modernize the practice of PAs to align more accurately with current healthcare operations. The proposed amendments are a compromised means to balance the Board's mission of assuring quality healthcare with the needed reinforcement of the healthcare workforce. Therefore, the Board urges a favorable report on SB 167 with the amendments below.

### **Amendments:**

- **Amendment 1: Clarify that Collaboration Agreements Are Not Required to be Submitted to the Board.**

The Board supports simplifying and removing processes that may be repetitive and burdensome to the healthcare workforce. Submitting a Collaboration Agreement to the Board for approval is a duplicative administrative step - the delegated core duties in an initial Collaboration Agreement are already within the scope of practice of a PA and their education, training, and experience. The education and certification of a PA are already reviewed and verified during the licensure process and should not be required to be re-evaluated for licensed PAs.

The Board recommends replacing this language with a notification requirement that would mandate practitioners to notify the Board of a Collaboration Agreement, including any changes. This would allow the Board to update the practitioner profile for purposes of patient transparency while reducing administrative burdens for both the PA and the Board.

- **Amendment 2: Establish That Physician Assistants May Perform Medical Acts Delegated in a Manner Consistent With the Collaboration Agreement.**

In Maryland, PAs currently operate under Delegation Agreements, which outline delegated medical tasks and appropriate supervision. SB 167 proposes replacing this system with a Collaboration Agreement, a modernization that the Board

supports. However, the collaborative model SB 167 proposes would fundamentally change a PA's role from a physician extender to a collaborator who would consult with patient care team physicians as needed. Although SB 167 limits a PA's scope of practice to their education, training, and experience, it also removes delegation. Establishing that PAs may perform medical acts delegated in a manner consistent with the Collaboration Agreement would ensure the proper mechanics and relationship for a patient care team.

- **Amendment 3: Establish Civil Penalties, Disciplinary Grounds, and Board Oversight Regarding Delegated Duties Consistent with the Collaboration Agreement.**

The Board is responsible for ensuring quality healthcare and protecting Maryland patients by assuring that healthcare providers have sufficient education, training, and experience. For the past decades, the Board has been involved in approving core duty Delegation Agreements and advanced duties. SB 167 modernizes the process by replacing Delegation Agreements with Collaboration Agreements and eases administrative burdens by allowing the agreements to be kept at the practice level. The Board believes this will enhance healthcare access by streamlining administrative procedures for PAs entering the workforce.

To properly enforce the Maryland Medical Practice Act, protect patients, and ensure patient quality of care, the Board will need to modify the disciplinary grounds. Currently, the Board is forced to impose the same disciplinary penalties for failures related to failing to file appropriate paperwork as more serious patient safety concerns. Establishing civil penalties for failure to comply with the Collaboration Agreement requirements would allow a penalty more commensurate with the violations. Modifications of disciplinary grounds are necessary to reflect the updated relationships created by the proposed bill, such as adding a disciplinary ground for PAs who perform duties beyond their education, training, and experience. Further, codifying the Board's authority to audit the Collaboration Agreements kept at the practice level is necessary if the agreements are no longer going to be submitted to the Board.

- **Amendment 4: Prescriptive and Dispensing Authority Modifications.**

The Board recognizes that removing delegation will require altering current language regarding prescriptive authority and will mean that PAs will no longer be eligible to dispense under a supervising physician's dispensing permit. However, the Board is concerned with the removal of pharmacological continuing education requirements for PAs with prescriptive authority. Furthermore, the Board does not believe that Title 15, which governs physician assistants, is the correct title of law to codify the proposed change to dispensing permits. Currently, dispensing permits are established under Health Occupations Article § 12-102, Maryland Annotated Code. If PAs are to become dispensing practitioners, they would need to be incorporated into this section of law.

- **Amendments 5 - 7: Reinstate the Advanced Duty Approval Process, with Exemptions.**

While the Board recognizes that the current advanced duty approval process creates administrative burdens and delays, the Board does believe that some oversight is necessary to verify that PAs are appropriately trained to perform certain advanced

duties. The Board has identified a number of areas where PAs have demonstrated their qualifications either through an external credentialing process, prior Board approval, or via significant clinical experience. Therefore, the Board proposes creating exemptions to the advanced duty approval process for PAs who meet any of these criteria.

In practice, this would remove the majority of advanced duty approval requests. PAs would only need to request approval from the Board for the performance of an advanced duty if they are working in an unregulated practice setting without credentialing, have never previously been approved to perform the advanced duty, and have under 10,000 hours of clinical experience. Based on current data, the Board believes that this will cover more than two-thirds of all PAs in Maryland. Nevertheless, it is crucial for these newly trained PAs who are not working in the highly supervised hospital setting and who are learning an advanced duty for the first time to continue to obtain approval by the Board.

- o **Amendment 5: Exempt Physician Assistants Employed in Hospitals, Ambulatory Surgical Centers, and Practice Settings Listed on a Delineation of Privileges Document.**

As hospitals and other facilities regulated by the state perform their own credentialing, the Board believes the current requirement for approval of Delegation Agreements containing advanced duties is duplicative and unnecessary. Removing this step will streamline the process for PAs employed by these facilities while maintaining the current approval process for PAs with less than 10,000 hours of clinical experience working in private practice settings where there is less regulatory oversight and where they are not receiving independent credentialing.

- o **Amendment 6: Exempt Physician Assistants Who Have Previously Been Approved for Those Duties.**

Currently, a Delegation Agreement containing advanced duties must be reviewed by the PAAC and approved by the Board, even if the PA was previously approved to perform these duties. This creates obstacles for PAs who have a change in employment after they have already demonstrated that they possess the education, training, and experience to perform these duties. While the Board has developed regulations to create temporary practice letters allowing such PAs to temporarily practice while waiting for their advanced duties to be approved, the Board believes PAs should be able to “carry” their advanced duties even when changing Collaboration Agreements, provided any duties they perform are within the scope of practice of a patient care team physician listed on the Collaboration Agreement.

- **Amendment 7: Exempt Physician Assistants With at Least 10,000 Hours of Clinical Experience.**

The board's opposition to removing the approval of advanced duties altogether derives from the lack of education, training, and experience that a PA may be exposed to during their standard educational curriculum. SB 167 eliminates the distinction between core duties taught in physician assistant programs and advanced duties learned on the job. Currently, PAs can

perform advanced duties without Board approval if done in a training capacity and under the direct onsite supervision of a delegating PSP, ensuring that PAs are sufficiently trained and experienced before their approved practice without the presence of a PSP. To maintain the patient standard of care while streamlining administrative processes, the board suggests removing the advanced duty approval process for PAs with over 10,000 hours (5 years) of clinical experience, allowing PAs adequate time on the job to gain the proper knowledge, skills, and exposure to perform these advanced medical acts and to have time for new PAs to better develop their own understanding of their abilities. States such as Alabama, Arizona, Maine, Oregon, and Utah have enacted similar requirements for a collaborative relationship between a physician and a PA.

Thank you for your consideration. For more information, please contact:

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Sincerely,

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**The opinion of the Boards expressed in this document does not necessarily reflect that of the Maryland Department of Health or the Administration.**