



# Board of Physicians

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

---

**2025 SESSION  
POSITION PAPER**

**BILL NO.:** HB 776 - Maryland Medical Practice Act and Maryland Physician Assistants Act- Revisions  
**COMMITTEE:** Health and Government Operations  
**POSITION:** Letter of Support

---

**TITLE:** HB 776 - Maryland Medical Practice Act and Maryland Physician Assistants Act - Revisions

**POSITION & RATIONALE:**

The Maryland Board of Physicians (the Board) is submitting this Letter of Support for House Bill (HB) 776 - Maryland Medical Practice Act and Maryland Physician Assistants Act- Revisions. HB 776 would revise the Maryland Medical Practice Act and the Maryland Physician Assistants Act (the Acts) to correct errors, codify existing Board practices, standardize language, and eliminate inconsistent or redundant terms.

HB 776 originates from 2020 Sunset recommendations. During the 2020 legislative session, HB 560 and SB 395 (State Board of Physicians and Allied Health Advisory Committees – Sunset Extension and Program Evaluation) passed as emergency bills and were enacted on May 8, 2020. Section 5 of this legislation required that the Board submit to the legislature a report with recommendations for improving consistency of language between practitioners regulated and eliminating redundant language in the Acts. The revisions in this bill proposal aim to address those recommendations.

In addition, the bill and the amendments propose to make a number of substantive and non-substantive changes, which are detailed in **Attachment 1 - Proposed Changes and Rationale**. The Board is committed to working collaboratively with stakeholders on HB 776, and in response to several requested amendments, the Board worked hard to draft language that addresses all concerns while still maintaining the Board’s mission to protect the public.

One proposed change is to the existing reporting requirements. Currently, hospitals and other entities are required to make a report to the Board under certain circumstances, including when hospital privileges are revoked from a licensee, the employment of a licensee is terminated, or the licensee’s conduct may have violated disciplinary grounds.

The bill and amendments clarify what is required in the report, when a report is required, and who is required to file a report. The proposed changes are necessary as they will make reporting requirements consistent for all health practitioners and will address the Board's very serious

concern that there is currently significant underreporting.

There are 60 hospitals in Maryland and approximately 56,000 practitioners regulated by the Board, including more than 15,000 physicians with hospital privileges. In 2024, the Board received 12 mandated reports from hospitals, compared to 272 reports received from employers for allied health practitioners in 2024.

The proposed amendment eliminates the term “hospital” and substitutes it with “employer.” Often when the Board requests information regarding the required reports, hospitals state that the licensee is employed by another institution, such as a University, or that the licensee is an independent contractor. This causes delays in investigation and puts patient safety at risk. Therefore, by making the proposed amendments and changing the term to “employer,” the Board hopes to minimize any confusion to ensure that required reports are submitted as mandated.

The Board anticipates that this bill will positively impact the accessibility of the Acts for Board staff, regulated health practitioners, and legislators alike. It will also bring the Board into compliance with some of the 2020 Sunset recommendations and make needed revisions to protect the public. Thank you for your consideration, and we look forward to continuing to work with stakeholders on this legislation. For more information, please contact Madeline DelGreco, Health Policy Analyst, at 410-764-5053.

Sincerely,

A handwritten signature in cursive script that reads "Harbhajan Ajrawat".

Harbhajan Ajrawat, M.D.  
Chair, Maryland Board of Physicians

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

## Attachment 1 - Proposed Changes and Rationale

Statute	Change(s)/Rationale
14-101	<ul style="list-style-type: none"> <li>● (a-1) - Adds a definition of “advisory committee” for clarity and standardization.</li> <li>● (a-2) - Adds “5G” as the statute was not updated to include Genetic Counselors when they were added to the Title.</li> <li>● (a-3) - Adds a definition for “alternative health system” for clarity. This definition refers to one that already exists in 1-401.</li> <li>● (a-4) - Adds a definition for “applicant”, a term used throughout the Title, for clarity.</li> <li>● (c) (2) - Removes a citation to 14-101.1, which is no longer accurate as 14-101.1 is now removed.</li> <li>● (e) (2) - Adds a definition of “employer” for clarity.</li> <li>● (g) - Adds “allied health profession” for accuracy.</li> <li>● (i) - Makes minor language changes for better flow.</li> <li>● (n) - Replaces “physician rehabilitation program” (see (q) of this list) with a definition for “physician assistant”, a term used throughout the Title, for clarity.</li> <li>● (p) - Adds “in a hospital” to the definition of a registered cardiovascular invasive specialist for accuracy and clarity.</li> <li>● (q) - Removes “physician” from “physician rehabilitation program” for accuracy as the rehabilitation program is available for all licensees. Definitions are alphabetical, so this required re-lettering them.</li> </ul>
14-101.1	<p>Removes the Board's ability to approve a certification board. 14-101 (c) (1) defines board certification and includes a list of certifying boards, such as the American Board of Medical Specialities, the American Osteopathic Association, the Royal College of Physicians and Surgeons of Canada, and the College of Family Physicians of Canada. Board certification is not required for licensure or renewals and is more relevant for employment and insurance purposes.</p>
14-205	<ul style="list-style-type: none"> <li>● (b)(2) - Adds Title 15, which was missing erroneously.</li> <li>● (b)(3)(i) - Adds 14-5G-18 as the statute was not updated to include Genetic Counselors when they were added to the Title.</li> <li>● (c)(1)(i) - Adds “verification of license status” for accuracy.</li> <li>● (c)(1)(ii) - Adds “pending” for accuracy.</li> </ul>

	<ul style="list-style-type: none"> <li>● (2) - Replaces “physician” with “licensee” throughout for accuracy.</li> <li>● (d) - Prohibits the Board from releasing a list of applicants for licensure, previously in 14-309.</li> <li>● (e) - Adds the authority for the Board to adopt regulations for advisory committees to codify existing Board practices.</li> </ul>
14-206	<ul style="list-style-type: none"> <li>● (d)(1) - Adds Title 15, which is missing erroneously.</li> <li>● (d)(1)(i) - Replaces "licensed physician" with “licensee” for accuracy.</li> <li>● (d)(3) - Increases the fee if a person refuses the Board entry to a licensee’s place of business or a public premise if entry is required for an investigation from \$100 to \$1,000 to be an effective consequence and/or deterrent.</li> <li>● (e)(1) - Adds “or with an unauthorized person” for accuracy and clarity.</li> <li>● (e)(2) - Adds “Genetic Counseling” / “14-5G-24” as the statute was not updated to include Genetic Counselors when they were added to the Title.</li> <li>● (3)(i) - Adds the statutes for the allied health professions for accuracy.</li> </ul>
14-207	<ul style="list-style-type: none"> <li>● (b)(1) - Adds “provided to applicants or licensees” for clarity.</li> <li>● (b)(2) - Adds language regarding how fees are charged to codify existing Board practices.</li> <li>● (b)(4) - Adds language regarding how fees are charged to codify existing Board practices.</li> <li>● (d)(1),(2), and (3) - Makes corrections for accuracy and clarity regarding the Maryland Loan Assistant Repayment Program.</li> <li>● (f)(1) - Removes the word physician in “physician rehabilitation program” for accuracy and consistency.</li> <li>● (f)(2) - Removes language to codify existing Board practices as the Fund to the Physician Rehabilitation Program does not exist anymore.</li> </ul>
14-208	<p>Adds administrative penalties for certain administrative errors. It allows the Board to encourage compliance without disciplinary sanction.</p>
14-302	<ul style="list-style-type: none"> <li>● (2) (iii) (4.) - Corrects “Veterans Administration” with “U.S. Department of Veterans Affairs”.</li> <li>● (3) - Inserts standardized language for licensure exemption for individuals working for the federal government.</li> </ul>

14-306	Authorizes individuals who have passed part 1 and part 2 of the Comprehensive Osteopathic Medical Licensing Examination to qualify to practice as a supervised medical graduate. This is the examination typically taken by D.O.s and was left out erroneously.
14-307	<ul style="list-style-type: none"> <li>● (e) - Replaces “pass an examination required by the Board” with “meets any education, certification, training, or examination established by the Board” for accuracy and to codify existing Board practices.</li> <li>● (h)(1), (2), (4) - Adds written competency in the English language as a requirement to codify existing Board practices.</li> </ul>
14-308	Replaces outdated language “foreign” with “international” throughout.
14-309	Removes the requirement that the Board may not release a list of applicants for licensure, which was moved to 14-205.
14-315	Inserts standardized language regarding license renewals.
14-316	<ul style="list-style-type: none"> <li>● (a)(3) - Inserts standardized language regarding license renewals.</li> <li>● (b)(1) - Removes the requirement for the Board to provide a blank datasheet during renewals to codify Board practices, as this form no longer exists.</li> <li>● (c)(1)(iv)(2) - Adds “or competency” for clarity.</li> <li>● (c)(1)(v) - Adds requirement for licensees to meet any additional requirements established by the Board. For example, the legislature often requires new continuing medical education courses such as implicit bias. This change allows the Board the flexibility to adjust requirements accordingly but does not require updating the statute for temporary or time-limited requirements.</li> <li>● (f)(1) - Changes the timeframe to notify the Board of a name or address change from 60 to 30 days. The notification process has been expedited substantially due to technology changes. The Maryland Motor Vehicle Administration and Maryland Department of Assessments and Taxations have timeframes under 60 days.</li> <li>● (f)(2) - Removes reference to the secretary of the Board, a position that no longer exists, and makes other minor language changes for better flow.</li> </ul>

14-317	<ul style="list-style-type: none"> <li>● (2) - Established the requirement for licensees to submit a reinstatement application that the Board requires to codify existing Board practices.</li> <li>● (5) - Adds requirement for licensees to meet any additional requirements established by the Board. This change allows the Board the flexibility to adjust requirements accordingly but does not require updating the statute for temporary or time-limited requirements.</li> </ul>
14-401.1	<ul style="list-style-type: none"> <li>● (a) - Updates the process so that a complaint will be returned to the original disciplinary panel if delegation to the Office of Administrative Hearings is rescinded. The current statute incorrectly returns a complaint to the opposite disciplinary panel with no background on the complaint.</li> <li>● (f) - Changes the timeframes regarding peer reviews to codify Board practices, as these are the timeframes in current contracts with peer reviewers.</li> </ul>
14-402	<ul style="list-style-type: none"> <li>● (a) - Adds Title 15, which was left out erroneously.</li> <li>● (c) - Replaces “licensed individual” with “licensee or applicant” for accuracy and clarity.</li> <li>● (d) - Authorizes the Board to pay the cost of an examination for a licensee or applicant not previously licensed by the Board and requires an applicant for reinstatement to pay the cost of any required examination. It should not be the Board’s responsibility to pay for an examination if the individual was already licensed or allowed their license to lapse.</li> <li>● (e) - This section requires the Board to appoint the members of the Physician Rehabilitation Program. This requirement is outdated and no longer occurs. It was removed to codify current Board practices.</li> <li>● (f) - Replaces “physician rehabilitation program” with “rehabilitation program” for accuracy and consistency</li> </ul>
14-403	Makes minor language changes for clarity.
14-404	<ul style="list-style-type: none"> <li>● (4) - Separates the ground for professional, physical, or mental incompetence so that the practitioner can be charged with the appropriate ground based on the situation.</li> <li>● (19) - Adds “establishes a pattern of excessive or medically unnecessary procedures or treatment” for clarity and to better express what was meant by “gross overutilization of health care services”</li> <li>● (25) - Changes “knowingly” to “willfully” for consistency.</li> </ul>

	<ul style="list-style-type: none"> <li>• (37) and (38) - Removes “by corrupt means” as this is unclear in intent and purpose.</li> <li>• (46) - Adds a disciplinary ground for lying to a disciplinary panel.</li> </ul>
14-405	Adds “5G” as the statute was not updated to include Genetic Counselors when they were added to the Title.
14-409	Replaces “the Board” with “a disciplinary panel”. This change was a sunset recommendation.
14-411	<ul style="list-style-type: none"> <li>• Replaces “physician” with “licensee” throughout for accuracy.</li> <li>• (c) - Makes minor language changes for better flow.</li> <li>• (e) - Removes a section that only applies on or before 2013 and is now outdated.</li> </ul>
14-411.1	<ul style="list-style-type: none"> <li>• Replaces “internet site” with “website” throughout to update outdated language</li> <li>• (c)(1) - clarifies that the Board will disclose the filing to the public if an initial license is denied to codify Board practices.</li> <li>• (4)(i) - Increases the medical malpractice settlement amount from \$150,000 to \$1,000,000 to be reported to individuals if requested. It has been 22 years since the amount was changed (SB 500, 2003), and the Board now rarely sees any malpractice claims under \$1,000,000.</li> </ul>
14-413	Inserts standardized language for employer reporting requirements.
14-414	Removes previous duplicative language with 14-413 now that the standard language is being used. Replaces language with standard language prohibiting the employment of an individual without a license.
14-3A-01	Corrects a typographical error.
14-5A-01	Replaces “professional standards” with “advisory” for standardization.
14-5A-05	Replaces “professional standards” with “advisory” for standardization.
14-5A-06	Inserts standardized language for terms of advisory committees, including: (1) replacing “professional standards” with “advisory” for standardization, (2) establishing a quorum for consistency, (3) clarifying that physician and practitioner members must be in good standing and licensed in the State, (4) clarifies that each committee member must be a resident of Maryland.

14-5A-07	Inserts standardized language for the role and responsibilities of all advisory committees.
14-5A-08	Inserts the standardized language for the exemption from licensure for individuals employed by the federal government.
14-5A-14	Changes the timeframe to notify the Board of a name or address change from 60 to 30 days. The notification process has been expedited substantially due to technology changes. The Maryland Motor Vehicle Administration and Maryland Department of Assessments and Taxations have timeframes under 60 days.
14-5A-17	<ul style="list-style-type: none"> <li>● (a)(3) - Separates the ground for immoral or unprofessional conduct so that the practitioner can be charged with the appropriate ground based on the situation.</li> <li>● (a)(4) - Separates the ground for professional, physical, or mental incompetence, so that the practitioner can be charged with the appropriate ground based on the situation.</li> </ul>
14-5A-18	Inserts standardized language for employer reporting requirements.
14-5A-22.1	<ul style="list-style-type: none"> <li>● Inserts standardized language for employing a practitioner without a license.</li> <li>● Increases the fee from \$1,000 to \$5,000 for the employment of a practitioner without a license in order to be an effective consequence and/or deterrent.</li> </ul>
14-5A-23	Removes 14-5A-22.1, which is erroneously included.
14-5B-05	Inserts standardized language for advisory committees, including: (1) establishes a quorum for consistency, (2) clarifies that physician and practitioner members must be in good standing and licensed in the State, (3) clarifies that each committee member must be a resident of Maryland.
14-5B-06	Inserts standardized language regarding the roles and responsibilities of allied health committees.
14-5B-08	Inserts standardized language for the exemption from licensure for individuals employed by the federal government.
14-5B-11	Inserts “in the State” throughout for clarity.
14-5B-12.1	Changes the timeframe to notify the Board of a name or address change from 60 to 30 days. The notification process has been expedited substantially due to technology changes. The Maryland Motor Vehicle



	Administration and Maryland Department of Assessments and Taxations have timeframes under 60 days.
14-5B-14	<ul style="list-style-type: none"> <li>• (a)(3) - Separates the ground for immoral or unprofessional conduct so that the practitioner can be charged with the appropriate ground based on the situation.</li> <li>• (a)(4) - Separates the ground for professional, physical, or mental incompetence, so that the practitioner can be charged with the appropriate ground based on the situation.</li> <li>• (14), (15), (19), and (21) - Changes “knowingly” to “willfully” for consistency.</li> </ul>
14-5B-15	Inserts standardized language for employer reporting requirements.
14-5B-18.1	<ul style="list-style-type: none"> <li>• Inserts standardized language for employing a practitioner without a license.</li> <li>• Increases the fee from \$1,000 to \$5,000 for the employment of a practitioner without a license in order to be an effective consequence and/or deterrent.</li> </ul>
14-5B-19	Removes 14-5B-18.1, which is erroneously included.
14-5C-01	Replaces “professional standards” with “advisory” for standardization.
14-5C-05	Replaces “professional standards” with “advisory” for standardization.
14-5C-06	Inserts standardized language for terms of advisory committees, including: (1) replacing “professional standards” with “advisory” for standardization, (2) establishing a quorum for consistency, (3) clarifying that physician and practitioner members must be in good standing and licensed in the State, (4) clarifies that each committee member must be a resident of Maryland.
14-5C-07	Inserts standardized language for the role and responsibilities of all advisory committees.
14-5C-08	Inserts standardized language for the exemption from licensure for individuals employed by the federal government.
14-5C-10	Removes an exemption to the education requirement that expired in 2023 and is outdated.
14-5C-14.1	Changes the timeframe to notify the Board of a name or address change from 60 to 30 days. The notification process has been expedited substantially due to technology changes. The Maryland Motor Vehicle

	Administration and Maryland Department of Assessments and Taxations have timeframes under 60 days.
14-5C-17	<ul style="list-style-type: none"> <li>● (a)(3) - Separates the ground for immoral or unprofessional conduct so that the practitioner can be charged with the appropriate ground based on the situation.</li> <li>● (a)(4) - Separates the ground for professional, physical, or mental incompetence, so that the practitioner can be charged with the appropriate ground based on the situation.</li> <li>● (14), (15), (16), (19), and (21) - Changes “knowingly” to “willfully” for consistency.</li> </ul>
14-5C-18	Inserts standardized language for employer reporting requirements.
14-5C-22.1	Inserts standardized language for employing a practitioner without a license.
14-5C-23	Removes 14-5C-22.1, which is erroneously included.
14-5D-05	Inserts standardized language for terms of advisory committee members, including: (1) establishing a quorum for consistency, (2) clarifying that physician and practitioner members must be in good standing and licensed in the State, (3) clarifying that each committee member must be a resident of Maryland.
14-5D-06	Inserts standardized language for the role and responsibilities of all advisory committees.
14-5D-07	Inserts standardized language for the exemption from licensure for individuals employed by the federal government.
14-5D-10	Adds “in the State” for clarity.
14-5D-11.1	<ul style="list-style-type: none"> <li>● Inserts standardized language for employing a practitioner without a license.</li> <li>● Increases the fee from \$1,000 to \$5,000 for supervising or employing an individual without a license as an athletic trainer in order to be an effective deterrent.</li> </ul>
14-5D-11.2	Inserts standardized language for employer reporting requirements for practitioners in drug/alcohol treatment which was previously missing erroneously.
14-5D-12.1	Changes the timeframe to notify the Board of a name or address change from 60 to 30 days. The notification process has been expedited substantially due to technology changes. The Maryland Motor Vehicle

	Administration and Maryland Department of Assessments and Taxations have timeframes under 60 days.
14-5D-14	<ul style="list-style-type: none"> <li>• (a)(3) - Separates the ground for immoral or unprofessional conduct so that the practitioner can be charged with the appropriate ground based on the situation.</li> <li>• (a)(4) - Separates the ground for professional, physical, or mental incompetence, so that the practitioner can be charged with the appropriate ground based on the situation.</li> </ul>
14-5E-06	Inserts standardized language for terms of advisory committees, including: (1) establishes a quorum for consistency, (2) clarifies that physician and practitioner members must be in good standing and licensed in the State, (3) clarifies that each committee member must be a resident of Maryland.
14-5E-07	Inserts standardized language for the role and responsibilities of all advisory committees.
14-5E-08	Inserts standardized language for the exemption from licensure for individuals employed by the federal government.
14-5E-14	Changes the timeframe to notify the Board of a name or address change from 60 to 30 days. The notification process has been expedited substantially due to technology changes. The Maryland Motor Vehicle Administration and Maryland Department of Assessments and Taxations have timeframes under 60 days.
14-5E-16	<ul style="list-style-type: none"> <li>• (a)(3) - Separates the ground for immoral or unprofessional conduct so that the practitioner can be charged with the appropriate ground based on the situation.</li> <li>• (a)(4) - Separates the ground for professional, physical, or mental incompetence, so that the practitioner can be charged with the appropriate ground based on the situation.</li> <li>• (14), (15), (16), (19), and (21) - Changes “knowingly” to “willfully” for consistency.</li> </ul>
14-5E-18	Inserts standardized language for employer reporting requirements.
14-5E-22.1	Inserts standardized language prohibiting employing a practitioner who is not licensed, which was previously missing erroneously.
14-5F-07	Inserts standardized language for terms of advisory committees, including: (1) establishing a quorum for consistency, (2) clarifying that physician and practitioner members must be in good standing and

	licensed in the State, (3) clarifying that each committee member must be a resident of Maryland.
14-5F-08	Inserts standardized language for the role and responsibilities of all advisory committees.
14-5F-10	Inserts standardized language for the exemption from licensure for individuals employed by the federal government.
14-5F-12	Removed language regarding collaboration and consultation agreements. This language has been moved to 14-5F-12.1.
14-5F-12.1	Inserts language clarifying that a naturopathic doctor must continuously maintain a collaboration and consultation agreement to practice as a naturopathic doctor. This was the original intent for the requirement.
14-5F-12.2	Inserts language clarifying the requirements for terminating a collaboration and consultation agreement.
14-5F-15.1	Changes the timeframe to notify the Board of a name or address change from 60 to 30 days. The notification process has been expedited substantially due to technology changes. The Maryland Motor Vehicle Administration and Maryland Department of Assessments and Taxations have timeframes under 60 days.
14-5F-18	<ul style="list-style-type: none"> <li>● (a)(2) - Separates the ground for professional, physical, or mental incompetence so that the practitioner can be charged with the appropriate ground based on the situation.</li> <li>● (a)(19) - Separates the ground for immoral or unprofessional conduct so that the practitioner can be charged with the appropriate ground based on the situation.</li> <li>● (a)(21) - Changes “knowingly” to “willfully” for consistency.</li> </ul>
14-5F-19	Inserts standardized language for employer reporting requirements.
14-5F-20	Removes the previous language that is duplicative of 14-206 and inserts standardized language for internet profiles for licensees. This language is present in all other allied health sections and was erroneously missing in this section.
14-5F-21	Removes (f) which requires naturopathic doctors to pay the costs of a hearing for a violation of a disciplinary ground. This is inconsistent with all other allied health practitioners who do not have this requirement.

14-5F-25	Inserts standardized language prohibiting the employment of an individual who is not licensed or does not have a collaboration and consultation agreement which was previously missing erroneously.
14-5G-06	Inserts standardized language for terms of advisory committees, including: (1) establishing a quorum for consistency, (2) clarifying that physician and practitioner members must be in good standing and licensed in the State, (3) clarifying that each committee member must be a resident of Maryland.
14-5G-07	Inserts standardized language for the role and responsibilities of all advisory committees.
14-5G-08	Inserts standardized language for the exemption from licensure of individuals employed by the federal government, which was previously missing erroneously.
14-5G-10	Removes an outdated exemption to certification that expired in December 2024.
14-5G-15	Changes the timeframe to notify the Board of a name or address change from 60 to 30 days. The notification process has been expedited substantially due to technology changes. The Maryland Motor Vehicle Administration and Maryland Department of Assessments and Taxations have timeframes under 60 days.
14-5G-18	<ul style="list-style-type: none"> <li>● (a)(3) - Inserts standardized language for internet profiles for licensees. This language is present in all other allied health sections and was previously missing in this section erroneously.</li> <li>● (a)(4) - Separates the ground for professional, physical, or mental incompetence so that the practitioner can be charged with the appropriate ground based on the situation.</li> <li>● (a)(14), (15), (16), (21), and (23) - Changes “knowingly” to “willfully” for consistency.</li> <li>● (a)(17) - Adds “establishes a pattern of excessive or medically unnecessary procedures or treatment” for clarity and to better express what was meant by “gross overutilization of health care services”</li> </ul>
14-5G-20	Inserts standardized language for employer reporting requirements.
14-5G-26	<ul style="list-style-type: none"> <li>● Inserts standardized language for employing a practitioner without a license.</li> </ul>

	<ul style="list-style-type: none"> <li>Increases the fee from \$1,000 to \$5,000 for the employment of a practitioner without a license in order to be an effective consequence and/or deterrent.</li> </ul>
14-5G-27	Removes 14-5G-26, which is erroneously included.
14-602	Inserts standardized language for the exemption from licensure of individuals employed by the federal government.
14-606	Makes minor language changes for better flow.
15-103	<ul style="list-style-type: none"> <li>(b)(3) - Removes the requirement to notify the Board of the termination of a relationship in the collaboration agreement. This requirement was removed in consultation with MdAPA.</li> <li>Inserts standardized language for employer reporting requirements.</li> </ul>
15-202	Inserts standardized language for terms of advisory committees, including: (1) establishes a quorum for consistency, (2) clarifies that physician and practitioner members must be in good standing and licensed in the State, (3) clarifies that each committee member must be a resident of Maryland.
15-205	Inserts standardized language for the role and responsibilities of all advisory committees.
15-206	Inserts language regarding the Maryland Loan Assistance Repayment Program that was previously missing erroneously.
15-301	Inserts standardized language for the exemption from licensure of individuals employed by the federal government.
15-302	Removes the requirement to list each patient care physician to codify current Board practice. This requirement was removed in consultation with MdAPA.
15-302.1	Revises the requirement to notify the delegating patient care team physician rather than each patient care team physician. The requirement was removed in consultation with MdAPA.
15-302.2	<ul style="list-style-type: none"> <li>(a) - Replaces the outdated term “primary supervising physician” with the correct term “patient care team physician”.</li> <li>(d) - Removes the requirement to notify the Board if a physician removes the delegation of prescriptive authority. This was removed in consultation with MdAPA.</li> </ul>

15-303	Removes (5)(ii) and replaces it with “the Accreditation Review Commission on Education for the Physician Assistants or its predecessor”. (5)(ii) specifically names the predecessors. This change does not alter the authority of the statute and streamlines the language.
15-309	Changes the timeframe to notify the Board of a name or address change from 60 to 30 days. The notification process has been expedited substantially due to technology changes. The Maryland Motor Vehicle Administration and Maryland Department of Assessments and Taxations have timeframes under 60 days.
15-314	<ul style="list-style-type: none"> <li>● (a)(4) - Separates the ground for professional, physical, or mental incompetence so that the practitioner can be charged with the appropriate ground based on the situation.</li> <li>● (a)(25) - Changes “knowingly” to “willfully” for consistency.</li> <li>● (a)(19) - Adds “establishes a pattern of excessive or medically unnecessary procedures or treatment” for clarity and to better express what was meant by “gross overutilization of health care services”</li> <li>● (a)(47) - Adds a disciplinary ground for lying to a disciplinary panel</li> <li>● (37) and (38) - Removes “by corrupt means” as this is unclear in intent and purpose.</li> </ul>
15-402.1	<ul style="list-style-type: none"> <li>● Inserts standardized language for employing a practitioner without a license.</li> <li>● Increases the fee from \$1,000 to \$5,000 for the employment of a practitioner without a license in order to be an effective consequence and/or deterrent.</li> </ul>

