



MARYLAND ACADEMY OF  
AUDIOLOGY

Maryland Academy of Audiology

P.O. Box 710

Parkville, MD 21234

<https://maaudiology.org/>

The Honorable Chair Heather A. Bagnall  
Health Committee  
Lowe House Office Building  
Room 240  
6 Bladen St.  
Annapolis, Maryland 21401

February 2, 2026

Re: **HB 377: Physician Assistants – Parity With Other Health Care Practitioners**

**POSITION: FAVORABLE WITH AMENDMENT**

Madam Chair Bagnall, Vice Chair Cullison, and Committee Members,

On behalf of the Maryland Academy of Audiology (MAA), I am writing to express our support for House Bill 377 with recommended amendments (**favorable with amendments**). This bill would expand the list of healthcare practitioners authorized to take certain actions, including providing certifications for individuals with disabilities and admissions to mental health facilities, to include physician assistants (PAs).

Maryland faces a significant shortage of healthcare providers, as documented by multiple sources. According to a Maryland Health Care Commission (MHCC) report from 2023-2026, more than 1.7 million Marylanders reside in primary care and mental health professional shortage areas.<sup>1</sup> The National Institutes of Health (NIH) rated Maryland with a grade of 'C' for physician demand in 2017, projecting severe shortages in the future.<sup>2</sup> The American Medical Association (AMA) reports an anticipated physician shortfall of at least 37,000 to as many as 100,000 over the next decade.<sup>3</sup>

Gene Ransom, III, CEO of MedChi, was quoted in the Baltimore Banner identifying the primary care physician shortage as the most acute shortage among available healthcare providers in Maryland.<sup>4</sup> The Maryland Health Care Commission notes there are only 80 primary care physicians for every 10,000

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<sup>1</sup> [https://mhcc.maryland.gov/mhcc/pages/plr/plr/documents/2023/plr\\_strategic\\_rpt\\_2023.pdf](https://mhcc.maryland.gov/mhcc/pages/plr/plr/documents/2023/plr_strategic_rpt_2023.pdf)

<sup>2</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7006215/>

<sup>3</sup> <https://www.ama-assn.org/press-center/press-releases/ama-president-sounds-alarm-national-physician-shortage>

<sup>4</sup> <https://www.thebaltimorebanner.com/community/public-health/maryland-doctors-hard-to-find-TGPPWBIXYFCVBIXYA75ASGMWBY/>



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residents.<sup>5</sup> MedChi has documented physician shortages for nearly two decades.<sup>6</sup> Physician assistants can help address these critical gaps across all areas of medicine.

The MAA represents nearly 600 licensed audiologists who practice in Maryland and the patients they serve. The MAA mission is to enhance the ability of members to achieve career and practice objectives by fostering professional autonomy, providing quality continuing education, and increasing public and consumer awareness of hearing and balance disorders and the value of audiologic services. Audiologists work closely with federal, state, and private third-party payers to optimize coverage of services provided for the evaluation and treatment of patients in their care.

The MAA is acutely aware of the physician shortage and its impact on patient care. Audiologists are licensed to evaluate, diagnose, manage, and treat auditory (hearing, tinnitus) and vestibular conditions affecting the human ear.<sup>7</sup> Often, audiologists serve as the initial point of entry into the healthcare system for individuals experiencing sudden hearing loss, acute unilateral (one ear) hearing loss, onset of tinnitus (ringing in the ears), and vestibular (balance) disorders.

We respectfully request that "audiologist" be added to the list of providers on page 11 who can sign certificates of sick leave for individuals who miss more than five days of work. This amendment would prevent patients from needing to schedule additional appointments with other providers, thereby reducing delays in their return to work. The addition of audiologists to this list will not have any fiscal impact on the State of Maryland. The amended legislation is attached for your reference.

The Maryland Academy of Audiology respectfully requests a **favorable with amendments** committee report on House Bill 377. The MAA appreciates your consideration of this important legislation and stands ready to provide any additional information or assistance as needed.

Sincerely,

A handwritten signature in black ink that reads "Alicia D.D. Spoor, Au.D." with a stylized flourish at the end.

Alicia D.D. Spoor, Au.D.  
Doctor of Audiology  
Legislative Chair, MAA

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<sup>5</sup> <https://mhcc.maryland.gov/transparency/PhysicianProfile.html>

<sup>6</sup> <https://www.medchi.org/Portals/18/files/Law%20&%20Advocacy/Initiatives%20Page/Workforce%20Study%20Executive%20Summary.pdf>

<sup>7</sup> [https://health.maryland.gov/boardsahs/Documents/AUDHADSLP\\_Statute.pdf](https://health.maryland.gov/boardsahs/Documents/AUDHADSLP_Statute.pdf)

# HOUSE BILL 377

J2

6lr1798  
CF 6lr2208

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By: **Delegate S. Johnson**

Introduced and read first time: January 19, 2026

Assigned to: Health

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## A BILL ENTITLED

1 AN ACT concerning

2 **Physician Assistants – Parity With Other Health Care Practitioners**

3 FOR the purpose of altering certain provisions of law to include physician assistants in the  
4 health care practitioners who may take certain actions, including actions related to  
5 the guardianship of disabled persons, admission of individuals to mental health  
6 facilities, the Emergency and Allergy Treatment Program, and the Attendant Care  
7 Program; requiring the Maryland Department of Health to cover charges related to  
8 examinations by a physician assistant for certain emergency evaluatees; altering the  
9 membership and duties of the Statewide Advisory Commission on Immunization;  
10 and generally relating to physician assistants.

11 BY repealing and reenacting, with amendments,  
12 Article – Correctional Services  
13 Section 9–601.1(e)(1)  
14 Annotated Code of Maryland  
15 (2025 Replacement Volume)

16 BY repealing and reenacting, with amendments,  
17 Article – Estates and Trusts  
18 Section 13–705(c)(2)  
19 Annotated Code of Maryland  
20 (2022 Replacement Volume and 2025 Supplement)

21 BY repealing and reenacting, with amendments,  
22 Article – Health – General  
23 Section 5–606, 10–601(g) and (h), 10–610(c), 10–611(b), (c), and (e), 10–615(6),  
24 10–616(a)(1) and (c), 10–619, 10–620(f), 10–622(b) and (d), 10–623(a),  
25 10–624(a)(1), 10–628(a)(1), 13–701, 13–705, 13–707(b)(1) and (c),  
26 18–214(d)(11) and (12), 19–705.1(b)(1)(vi), and 19–2001(a)(4)  
27 Annotated Code of Maryland  
28 (2023 Replacement Volume and 2025 Supplement)

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 BY repealing and reenacting, without amendments,  
2 Article – Health – General  
3 Section 10–601(a), 10–620(a), 18–214(b), 19–705.1(a) and (b)(2), and 19–2001(a)(1)  
4 and (b)(1)  
5 Annotated Code of Maryland  
6 (2023 Replacement Volume and 2025 Supplement)

7 BY adding to  
8 Article – Health – General  
9 Section 10–601(g) and 18–214(d)(12)  
10 Annotated Code of Maryland  
11 (2023 Replacement Volume and 2025 Supplement)

12 BY repealing and reenacting, with amendments,  
13 Article – Human Services  
14 Section 7–404(a)  
15 Annotated Code of Maryland  
16 (2019 Replacement Volume and 2025 Supplement)

17 BY repealing and reenacting, without amendments,  
18 Article – State Personnel and Pensions  
19 Section 9–504(a)  
20 Annotated Code of Maryland  
21 (2024 Replacement Volume and 2025 Supplement)

22 BY repealing and reenacting, with amendments,  
23 Article – State Personnel and Pensions  
24 Section 9–504(b)  
25 Annotated Code of Maryland  
26 (2024 Replacement Volume and 2025 Supplement)

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

29 **Article – Correctional Services**

30 9–601.1.

31 (e) (1) A pregnant incarcerated individual who is deemed to need infirmary  
32 care shall be admitted to the infirmary on order of a primary care nurse practitioner, A  
33 **PHYSICIAN ASSISTANT**, or AN obstetrician.

34 **Article – Estates and Trusts**

35 13–705.

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

5 (i) Two licensed physicians; or

6 (ii) 1. One licensed physician; and

7 2. A. One licensed psychologist;

8 B. One licensed certified social worker–clinical; [or]

9 C. One nurse practitioner; **OR**

10 **D. ONE LICENSED PHYSICIAN ASSISTANT.**

11 **Article – Health – General**

12 5–606.

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

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

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

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

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

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

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

7 10-601.

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

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

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

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

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

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

19 10-610.

20 (c) A facility may not admit an individual under this section unless:

21 (1) The individual has a mental disorder;

22 (2) The mental disorder is susceptible to care or treatment;

23 (3) The applicant understands the nature of a request for admission; and

24 (4) Assent to the admission has been given:

25 (i) By the admitting physician of the facility; or

26 (ii) For a child or adolescent unit of a State facility, by:

27 1. 1 physician and 1 psychologist;

28 2. **1 PHYSICIAN AND 1 PHYSICIAN ASSISTANT;**

- 1                   [2.] 3.2 physicians;
- 2                   [3.] 4.1 physician and 1 psychiatric nurse practitioner;
- 3                   [4.] 5.1 physician and 1 licensed certified social worker—clinical;
- 4 or
- 5                   [5.] 6.1 physician and 1 licensed clinical professional counselor.
- 6 10–611.

7           (b)     A disabled person may apply for voluntary admission of the disabled person

8 if:

9                   (1)     The disabled person submits a formal, written application that contains

10 the disabled person’s personal information and is on the form required by the

11 Administration; and

12                   (2)     In accordance with subsections (c) through (e) of this section, either a

13 physician and a psychologist, two physicians, [or] a physician and a psychiatric nurse

14 practitioner, **OR A PHYSICIAN AND A PHYSICIAN ASSISTANT** certify that:

15                           (i)     The disabled person has the capacity to execute an application

16 for voluntary admission; and

17                           (ii)    The disabled person understands both the criteria for voluntary

18 admission set forth under this section and the procedure for requesting discharge from the

19 facility.

20           (c)     (1)     A certificate for voluntary admission of a disabled person under

21 subsection (b) of this section shall:

22                           (i)     Be based on the personal examination of the physician,

23 psychologist, [or] psychiatric nurse practitioner, **OR PHYSICIAN ASSISTANT** who signs the

24 certificate; and

25                           (ii)    Be in the form that the Secretary of Health adopts, by rule or

26 regulation.

27           (2)     The rules and regulations shall require the form to include an opinion

28 that:

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

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

1 (iii) The disabled person understands the nature of the request for  
2 admission; and

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

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

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

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

12 10–615.

13 Each application for involuntary admission to a facility or Veterans' Administration  
14 hospital under this part shall:

15 (6) Be accompanied by the certificates of:

16 (i) 1 physician and 1 psychologist;

17 (ii) 2 physicians;

18 **(III) 1 PHYSICIAN AND 1 PHYSICIAN ASSISTANT;**

19 ~~[(iii)]~~ **(IV)** 1 physician and 1 psychiatric nurse practitioner;

20 ~~[(iv)]~~ **(V)** 1 physician and 1 licensed certified social worker–clinical;

21 or

22 ~~[(v)]~~ **(VI)** 1 physician and 1 licensed clinical professional counselor;

23 and

24 10–616.

25 (a) (1) A certificate for involuntary admission of an individual under this part  
26 shall:

27 (i) Be based on the personal examination of the physician,  
28 psychologist, psychiatric nurse practitioner, **PHYSICIAN ASSISTANT**, licensed certified

1 social worker—clinical, or licensed clinical professional counselor who signs the certificate;  
2 and

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

4 (c) A certificate may not be used for an admission if the physician, psychologist,  
5 psychiatric nurse practitioner, **PHYSICIAN ASSISTANT**, licensed certified social  
6 worker—clinical, or licensed clinical professional counselor who signed the certificate:

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

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

11 10–619.

12 Within 12 hours of notification by a physician, licensed psychologist, psychiatric  
13 nurse practitioner, **PHYSICIAN ASSISTANT**, licensed certified social worker—clinical, or  
14 licensed clinical professional counselor who has certified an individual under this part, a  
15 facility operated by the Maryland Department of Health shall receive and evaluate the  
16 individual certified for involuntary admission if:

17 (1) The individual’s involuntary admission is not limited by § 10–617 of  
18 this subtitle;

19 (2) An application for admission has been completed;

20 (3) A certifying physician, psychologist, psychiatric nurse practitioner,  
21 **PHYSICIAN ASSISTANT**, licensed certified social worker—clinical, or licensed clinical  
22 professional counselor is unable to place the individual in a facility not operated by the  
23 Department; and

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

26 10–620.

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

28 (f) (1) “Mental disorder” means the behavioral or other symptoms that  
29 indicate:

30 (i) To a lay petitioner who is submitting an emergency petition, a  
31 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;

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

(iii) Any other interested person.

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

(i) The examination or observation; or

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

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

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

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

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

9 10-623.

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

16 10-624.

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

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

20 (ii) Is signed and submitted by a physician, psychologist,  
21 **PHYSICIAN ASSISTANT**, clinical social worker, licensed clinical professional counselor,  
22 clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse  
23 practitioner, licensed clinical marriage and family therapist, health officer or designee of a  
24 health officer, or peace officer.

25 10-628.

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

33 13-701.

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

6 13-705.

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

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

14 (b) A certificate holder may:

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

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

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

26 13-707.

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

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

1 18-214.

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

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

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

6 **(12) ONE PHYSICIAN ASSISTANT MEMBER OF THE MARYLAND**  
7 **ACADEMY OF PHYSICIAN ASSISTANTS; AND**

8 **[(12)] (13)** Up to three additional members selected by the Secretary.

9 19-705.1.

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

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

13 (vi) A requirement that each member shall have an opportunity to  
14 select a primary physician, **A PHYSICIAN ASSISTANT**, or a certified nurse practitioner from  
15 among those available to the health maintenance organization; and

16 (2) This subsection may not be construed to require that a health  
17 maintenance organization include certified nurse practitioners on the health maintenance  
18 organization’s provider panel as primary care providers.

19 19-2001.

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

21 (4) (i) Except as provided in subparagraph (ii) of this paragraph,  
22 “health care practitioner” means any individual licensed or certified under the Health  
23 Occupations Article who:

24 1. Is a licensed practical nurse, registered nurse, or certified  
25 nursing assistant; or

26 2. Practices in an allied health care field, as defined by the  
27 Office in regulation.

28 (ii) “Health care practitioner” does not include:

29 1. An acupuncturist;





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