



To: House Health Committee

Bill: House Bill 377 - Physician Assistants – Parity with Other Health Care Practitioners

Date: February 4, 2026

Position: Favorable

The Maryland Academy of Physician Assistants strongly supports House Bill 377 - Physician Assistants – Parity with Other Health Care Practitioners. The bill adds physician assistants in a number of provider references throughout Maryland’s code. The bill’s purpose is to recognize that physician assistants play a similar role as other advanced practice clinicians in a range of healthcare settings.

Building on 2024 Collaborative Practice Legislation

House Bill 377 builds upon the Maryland General Assembly’s work in updating state law on physician assistants. In 2024, the Maryland General Assembly enacted legislation to modernize the licensure law to reflect that physician-physician assistant relationship was based on a collaborative agreement, rather than a delegation agreement (*House Bill 806/Senate Bill 167 – Physician Assistant Modernization Act (Delegate Kerr/Senator Carozza)*). House Bill 377 is an extension of the Maryland General Assembly’s prior work. The bill adds physician assistants to the law where other advanced practice clinicians are mentioned. If physician assistants can be utilized in the same manner as other advanced practice clinician colleagues, the healthcare system will be more effective and efficient. The bill updates twenty-two sections of law including (see fiscal note for more detail):

- Adding physician assistants to the list of providers who can certify an individual is eligible to participate in the Department of Disabilities Attendant Care Program;
- Allowing physician assistants to order emergency mental health evaluations, just as many other types of clinicians as well as peace officers are permitted to do; and

- Creating a seat for a physician assistant on the Statewide Advisory Commission on Immunizations.

Aligning with Rural Health Transformation Grant

Maryland has been awarded \$168 million in the first year of a five-year Rural Health Transformation Grant from CMS.ⁱ The funds will transform access to care for Maryland's rural communities from Western Maryland to the Eastern Shore. In evaluating state's application, CMS scored states using a set of criteria, including an evaluation of the statutory and regulatory environment for advanced practice clinicians, including physician assistants. CMS states that "(b)y allowing clinicians to practice at the top of their license, states can increase health service supply."ⁱⁱ House Bill 377 will help the state to continue to improve the utilization of physician assistants in primary care and other settings.

Supporting Hospitals in Reducing ER Wait Times

House Bill 377 updates over twenty sections of Maryland's law, including notably the statutory requirements for involuntary mental health admissions. Maryland's current law requires involuntary admissions to have a physician's signature along with one other clinician who may be another physician, a psychologist, a psychiatric nurse practitioner, a licensed clinical social worker, or a licensed clinical professional counselor. House Bill 377 proposes to add physician assistants to this list, which falls under their education and licensure parameters. At least seven other states have laws that explicitly recognize physician assistant's role in involuntary admissions - Alaska, Arizona, Florida, Idaho, Maine, Nevada, and New Hampshire.ⁱⁱⁱ

Maryland should consider utilizing physician assistants in psychiatric admissions. Marylanders have experienced the longest emergency room wait times in the country.^{iv} Maryland's law contributes to this issue by not recognizing physician assistants as the potential second signature in involuntary admissions. In data provided by one of our members, we saw that emergency departments staffed with one physician and physician assistants had a 600-1,200 minute length of stay for a behavioral health related complaint. In comparison, emergency departments staffed with a physician and another clinician able to sign had a 400-600 minute length of stay (see attached data).

Some people have raised questions about whether physician assistants have the expertise necessary to make determinations about involuntary mental health admissions. Maryland's licensure law already recognizes that hospitals can be responsible for making the determination of physician assistants' ability to practice in advanced settings, such as operating rooms, ICUs, and emergency rooms. The law exempts physician assistants who practice in hospitals from the requirement for an advanced duty review by the Board of Physicians. Physician assistants, just as other licensed clinicians, are also legally responsible for ensuring they have the ability to provide services.

Thank you for consideration of HB 377. We ask for a favorable report. If any additional information would be helpful, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

ⁱ <https://www.cms.gov/newsroom/press-releases/cms-announces-50-billion-awards-strengthen-rural-health-all-50-states>

ⁱⁱ <https://apply07.grants.gov/apply/opportunities/instructions/PKG00291485-instructions.pdf>

ⁱⁱⁱ Source: The American Academy of PAs

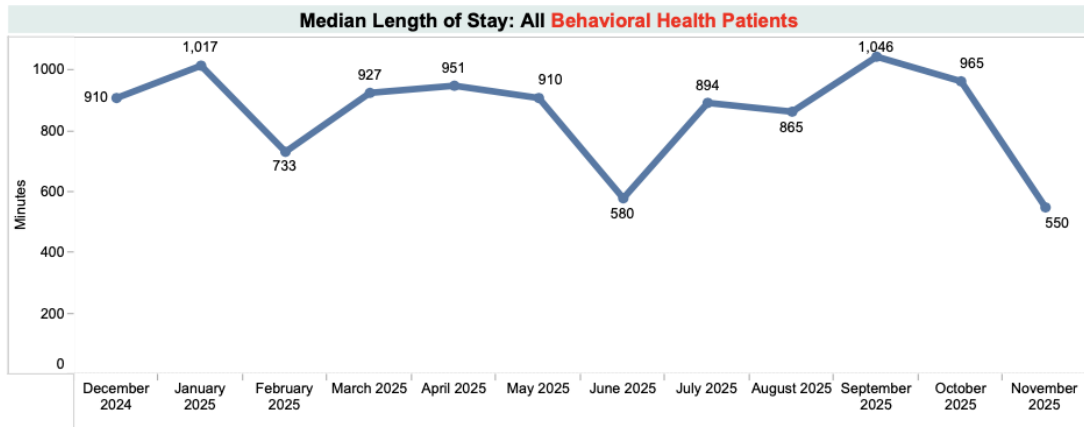
^{iv} https://mgaleg.maryland.gov/2024RS/fnotes/bil_0003/hb1143.pdf

Behavioral health length of stay (LOS)

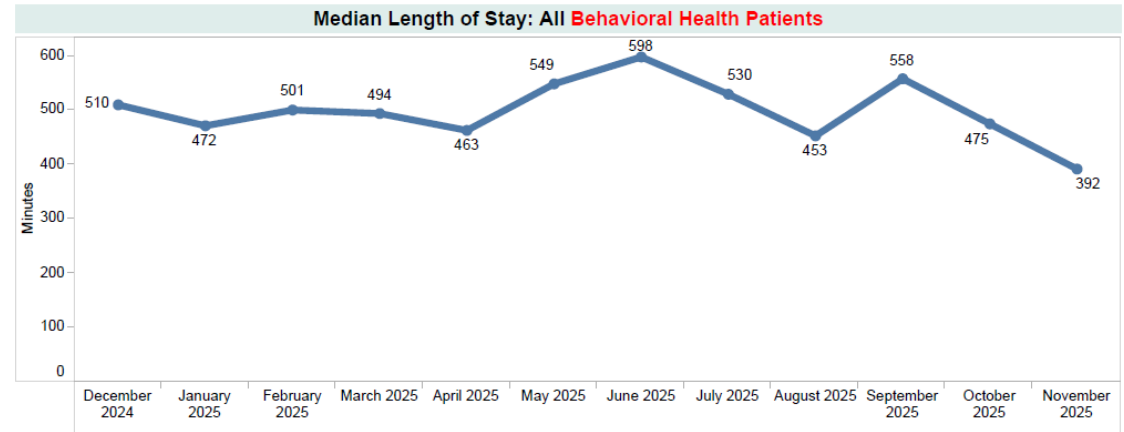
Comparing 3 Baltimore Area Hospitals

- 2 hospitals have single physician and PA coverage overnight, but secondary signatory overnight
- -3rd hospital has overnight psych coverage (meaning 2 signatories available)

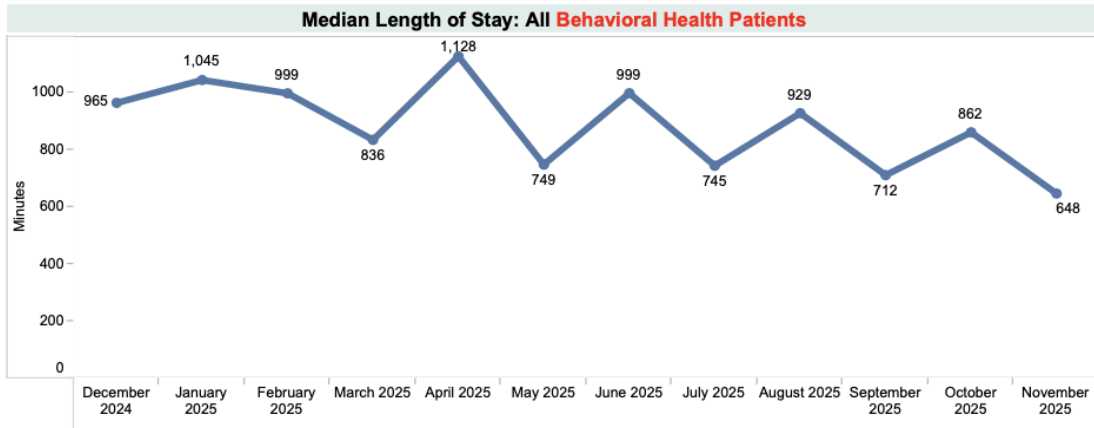
Hospital #1- no overnight 2nd signature



Hospital #3- with overnight 2nd signature available (2 physicians)



Hospital #2- no overnight 2nd signature



Hospitals with only a single physician and a PA overnight (meaning currently no 2nd physician or other clinician for mental health commitment paperwork) range from 600min to 1200min for median length of stay for behavioral health patients

Those with a 2nd signatory overnight range 400min-600min