

Chapter 274

(House Bill 323)

AN ACT concerning

Health Occupations – Licensure of Physician Assistants

FOR the purpose of requiring an individual to be licensed rather than certified by the State Board of Physicians before the individual may practice as a physician assistant; ~~repealing certain language prohibiting a physician assistant from practicing within the scope of certain health occupations;~~ requiring hospitals, related institutions, alternative health care systems and employers to report to the ~~State~~ Board certain changes in the terms of employment of physician assistants; making certain exceptions for alcohol- or drug-impaired physician assistants; authorizing the ~~State~~ Board to impose a certain civil penalty for failure to make a certain report; ~~repealing the Physician Assistant Advisory Committee within the State Board and certain provisions of law relating to the Committee;~~ altering the appointments and qualifications for members of the Physician Assistant Advisory Committee within the Board; authorizing the Board, rather than the Secretary of Health and Mental Hygiene, to recommend the removal of certain members of the Committee; authorizing the Executive Director of the Board and certain agents or investigators to enter certain premises under certain circumstances; prohibiting a person from denying or interfering with the entry on premises under certain circumstances; providing for a certain criminal penalty; ~~repealing certain obsolete language; limiting the scope of practice of physician assistants to certain medical acts; repealing~~ altering the authority of the ~~State~~ Board to review and approve certain delegation agreements; requiring physicians to file completed delegation agreements with the ~~State~~ Board in order to supervise physician assistants; authorizing physician assistants to perform certain functions that are delegated by primary or alternate supervising physicians; requiring primary or alternate supervising physicians to provide certain supervision; requiring primary supervising physicians to execute certain delegation agreements and file certain agreements with the ~~State~~ Board; repealing a requirement that certain patients be seen by supervising physicians within a certain number of appointments or days; altering requirements for the content, review, and approval of certain delegation agreements; prohibiting under certain circumstances, the Board from requiring prior approval of delegation agreements that include certain advanced duties if the duties will be performed in certain hospitals or ambulatory surgical facilities; requiring certain prior approval of a delegation agreement if certain advanced duties are to be performed in certain settings or certain anesthesia is to be administered, monitored, or maintained; increasing the number of physician assistants a primary supervising physician may supervise at one time in certain settings; requiring a new delegation agreement to be submitted

within a certain period of time under certain circumstances; authorizing certain physicians to delegate certain medical acts to physician assistants under certain circumstances; ~~requiring the State Board to set a certain fee in a certain manner~~; authorizing physician assistants to practice in accordance with certain delegation agreements; authorizing primary ~~or alternate~~ supervising physicians to delegate dispensing of certain controlled dangerous substances, prescription drugs, or medical devices under certain circumstances; altering certain circumstances when primary ~~or alternate~~ supervising physicians may delegate prescribing and administering of certain controlled dangerous substances, prescription drugs, and medical devices to physician assistants; authorizing physician assistants to ~~prepare and~~ dispense a sample or starter dosages of certain drugs under certain circumstances; establishing certain qualifications for licensure of physician assistants; making a certain exception; ~~authorizing the State Board to place certain licensees on inactive status~~; requiring licensees to keep licenses and delegation agreements for inspection at their primary place of business and notify the State Board of certain changes; ~~authorizing the Physician Assistant Rehabilitation Board to request the State Board to direct physician assistants to submit to certain examinations under certain circumstances~~; establishing a certain administrative penalty for failure to report certain changes; repealing certain language relating to entities with whom the State Board contracts under the Physician Assistant Rehabilitation Program; altering certain provisions relating to the discipline of physician assistants; adding certain grounds for the discipline of physicians; ~~authorizing certain physician assistants to respond to a need for medical care without supervision or with any available supervision under certain emergency circumstances~~; authorizing certain physician assistants to perform under certain supervision during certain disasters without being required to maintain certain documentation; exempting physicians who supervise physician assistants under certain emergency circumstances from certain requirements; authorizing the State Board to assess a certain civil penalty under certain circumstances; repealing certain definitions; altering certain definitions; making certain stylistic and technical changes; and generally relating to the licensure of physician assistants.

BY repealing and reenacting, with amendments,

Article – Health Occupations

Section 15–101, ~~15–102~~, 15–103, 15–202, 15–203, 15–205, 15–206, 15–301, 15–302, 15–302.1, 15–302.2, 15–302.3, 15–303, 15–304, ~~15–305~~, 15–306, 15–307, 15–308, 15–309, 15–310, 15–311, 15–312, 15–313, ~~15–314~~, 15–315, 15–401, 15–402, and 15–403

Annotated Code of Maryland
(2009 Replacement Volume)

BY repealing

Article – Health Occupations

~~Section 15-201, 15-202, 15-203, 15-204, and 15-302.1~~ Section 15-305 and 15-314

Annotated Code of Maryland
(2009 Replacement Volume)

BY repealing and reenacting, without amendments,

Article – Health Occupations
Section 15-102, 15-201, and 15-204
Annotated Code of Maryland
(2009 Replacement Volume)

BY adding to

Article – Health Occupations
Section ~~15-308.1 and 15-316~~ 15-305, 15-314, 15-316, 15-317, and 15-402.1
Annotated Code of Maryland
(2009 Replacement Volume)

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

Article – Health Occupations

15-101.

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

(b) “Alternate supervising physician” means one or more physicians designated by the **PRIMARY** supervising physician to provide supervision of a physician assistant [during the absence of the supervising physician and] in accordance with the delegation agreement on file with the Board.

(c) “AMBULATORY SURGICAL FACILITY” MEANS A FACILITY:

(1) ACCREDITED BY:

(i) THE AMERICAN ASSOCIATION FOR ACCREDITATION OF AMBULATORY SURGICAL FACILITIES;

(ii) THE ACCREDITATION ASSOCIATION FOR AMBULATORY HEALTH CARE; OR

(iii) THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTH CARE ORGANIZATIONS; OR

(2) CERTIFIED TO PARTICIPATE IN THE MEDICARE PROGRAM, AS ENACTED BY TITLE XVIII OF THE SOCIAL SECURITY ACT.

~~(D)~~ **(D)** “Board” means the State Board of Physicians, established under § 14–201 of this article.

[(d)] “Certificate” means a certificate issued by the Board to a physician assistant under this title.]

(e) “Committee” means the Physician Assistant Advisory Committee.‡

~~[(f)]~~ ~~(D)~~ “Controlled dangerous substances” has the meaning stated in § 5–101 of the Criminal Law Article.

~~[(g)]~~ ~~(E)~~ “Correctional facility” includes a State or local correctional facility.

~~[(h)]~~ ~~(F)~~ “Delegated medical acts” means activities that constitute the practice of medicine delegated by a physician under Title 14 of this article.

~~[(i)]~~ ~~(G)~~ “Delegation agreement” means a document that is executed by a **PRIMARY** supervising physician and a physician assistant containing the requirements of ~~§ 15–302] §§ 15–302 AND 15–302.1~~ of this title.

[(j)] “Designated pharmacy” means a pharmacy that has an agreement to supply medications for a hospital, public health facility, correctional facility, or detention center if:

(1) The hospital, public health facility, correctional facility, or detention center does not have an on–site pharmacy; or

(2) The on–site pharmacy at the hospital, public health facility, correctional facility, or detention center is closed or does not have a particular medication in stock.]

(J) “DISPENSE” MEANS TO DISPENSE DRUG SAMPLES OR STARTER DOSAGES.

(K) “DRUG SAMPLE” MEANS A UNIT OF A PRESCRIPTION DRUG THAT IS INTENDED TO PROMOTE THE SALE OF THE DRUG AND IS NOT INTENDED FOR SALE.

[(k)] ~~(H)~~ **(L)** “Hospital” means:

- (1) A hospital as defined under § 19–301 of the Health – General Article;
- (2) A comprehensive care facility that:
- (i) Meets the requirements of a hospital–based skilled nursing facility under federal law; **AND**
 - (ii) Offers acute care in the same building[; and
 - (iii) Has the same protocols and degree of supervision of physician assistants as it does in its acute care area]; and
- (3) An emergency room that is physically connected to a hospital **OR A FREESTANDING MEDICAL FACILITY THAT IS LICENSED UNDER TITLE 19, SUBTITLE ~~3B~~ 3A OF THE HEALTH – GENERAL ARTICLE.**

~~(H)~~ **(M)** “**LICENSE**” MEANS A LICENSE ISSUED BY THE BOARD TO A PHYSICIAN ASSISTANT UNDER THIS TITLE.

[(l)] ~~(J)~~ **(N)** “National certifying examination” means [an examination offered by a national organization, which certifies physician assistants as having achieved a certain level of training] **THE PHYSICIAN ASSISTANT NATIONAL CERTIFYING EXAMINATION ADMINISTERED BY THE NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS OR ITS SUCCESSOR.**

[(m)] ~~(I)~~ **(O)** “Physician assistant” means an individual who is [certified] **LICENSED** under this title to [perform delegated medical acts under the supervision of a] **PRACTICE MEDICINE WITH physician SUPERVISION.**

[(n)] ~~(L)~~ **(P)** “Practice as a physician assistant” means the performance of medical acts that are:

- (1) Delegated by a ~~PRIMARY OR ALTERNATE~~ supervising physician to a physician assistant;
- (2) Within the ~~PRIMARY OR ALTERNATE~~ supervising physician’s scope of practice; and
- (3) Appropriate to the physician assistant’s education, training, and experience ~~AS DETERMINED BY THE PRIMARY SUPERVISING PHYSICIAN.~~

[(o)] ~~(M)~~ **(Q)** “Prescriptive authority” means the authority delegated by a **PRIMARY OR ALTERNATE** supervising physician to a physician assistant to [prescribe]:

(1) **PRESCRIBE** and administer controlled dangerous substances, prescription drugs, medical devices, and the oral, written, or electronic ordering of medications; AND

(2) **DISPENSE AS PROVIDED UNDER § 15-301.1(C), (D), AND (E) OF THIS TITLE.**

~~(n)~~ **(r)** **“PRIMARY SUPERVISING PHYSICIAN” MEANS A PHYSICIAN WHO:**

(1) **COMPLETES A DELEGATION AGREEMENT THAT MEETS THE REQUIREMENTS UNDER §§ 15-301(D) AND (E) AND 15-302 OF THIS TITLE AND FILES A COPY WITH THE BOARD;**

(2) **ACTS AS THE PHYSICIAN RESPONSIBLE TO ENSURE THAT A PHYSICIAN ASSISTANT PRACTICES MEDICINE IN ACCORDANCE WITH THIS TITLE AND THE REGULATIONS ADOPTED UNDER THIS TITLE;**

(3) ~~SEEKS TO ENSURE~~ **ENSURES** THAT A PHYSICIAN ASSISTANT PRACTICES WITHIN THE SCOPE OF PRACTICE OF THE PRIMARY SUPERVISING PHYSICIAN OR ANY DESIGNATED ALTERNATE SUPERVISING PHYSICIAN; AND

(4) ~~SEEKS TO ENSURE~~ **ENSURES** THAT A LIST OF ALTERNATE SUPERVISING PHYSICIANS IS MAINTAINED AT THE PRACTICE SETTING.

[(p)] **“Protocols” means written policies, bylaws, rules, or regulations established by a hospital, public health facility, correctional facility, or detention center that:**

(1) **Are established in consultation with and with the approval of its medical staff;**

(2) **Describe the delegated medical acts a physician assistant may execute; and**

(3) **Specify the minimum requirements for supervision by a physician.]**

[(q)] ~~(o)~~ **(s)** **“Public health facility” means a [fixed] site where clinical public health services are rendered under the auspices of the Department, a local health department in a county, or the Baltimore City Health Department.**

[(r)] **“Supervising physician” means a physician who has been approved by the Board to supervise one or more physician assistants.]**

(T) “STARTER DOSAGE” MEANS AN AMOUNT OF A DRUG SUFFICIENT TO BEGIN THERAPY:

(1) OF SHORT DURATION OF 72 HOURS OR LESS; OR

(2) PRIOR TO OBTAINING A LARGER QUANTITY OF THE DRUG TO COMPLETE THERAPY.

~~[(s)](P)~~ **(U)** (1) “Supervision” means ~~the responsibility of a physician to exercise on-site supervision or immediately available direction for physician assistants performing delegated medical acts]~~ ~~PHYSICIAN OVERSIGHT OF AND ACCEPTANCE OF RESPONSIBILITY FOR THE MEDICAL SERVICES AND CARE RENDERED BY A PHYSICIAN ASSISTANT.~~

(2) “Supervision” ~~includes physician oversight of and acceptance of direct responsibility for the patient services and care rendered by a physician assistant, including continuous availability to the physician assistant in person, through written instructions, or by electronic means and by designation of one or more alternate supervising physicians]~~ ~~DOES NOT REQUIRE THE ON-SITE PHYSICAL PRESENCE OF A PRIMARY SUPERVISING PHYSICIAN PROVIDED THAT THE PRIMARY SUPERVISING PHYSICIAN AND THE PHYSICIAN ASSISTANT ARE ABLE TO BE IN CONTACT WITH EACH OTHER BY TELECOMMUNICATION.~~

15-102.

~~(a)~~ A physician assistant may not practice within the scope of practice of any of the following health occupations authorized under this article:

- (1) Nursing;
- (2) Optometry;
- (3) Physical therapy; or
- (4) Psychology.

~~(b)~~ This title does not limit the right of an individual to practice a health occupation that the individual is authorized to practice under this article.

15-103.

(A) IN THIS SECTION, “ALTERNATIVE HEALTH CARE SYSTEM” HAS THE MEANING STATED IN § 1-401 OF THIS ARTICLE.

[(a)] (B) An employer of a physician assistant shall report to the Board, on the form prescribed by the Board, any termination of employment of the physician assistant if the cause of termination **IS** related to a quality of care issue.

(C) EXCEPT AS OTHERWISE PROVIDED UNDER SUBSECTIONS (B) AND (D) OF THIS SECTION, A HOSPITAL, A RELATED INSTITUTION, AN ALTERNATIVE HEALTH CARE SYSTEM, OR AN EMPLOYER OF A PHYSICIAN ASSISTANT SHALL REPORT TO THE BOARD, ~~ON THE FORM PRESCRIBED BY THE BOARD,~~ ANY LIMITATION, REDUCTION, OR OTHER CHANGE OF THE TERMS OF EMPLOYMENT OF THE PHYSICIAN ASSISTANT OR ANY TERMINATION OF EMPLOYMENT OF THE PHYSICIAN ASSISTANT FOR ANY REASON THAT MIGHT BE GROUNDS FOR DISCIPLINARY ACTION UNDER § 15-314 OF THIS TITLE.

(D) A HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER THAT HAS REASON TO KNOW THAT A PHYSICIAN ASSISTANT HAS COMMITTED AN ACTION OR HAS A CONDITION THAT MIGHT BE GROUNDS FOR REPRIMAND OR PROBATION OF THE PHYSICIAN ASSISTANT OR SUSPENSION OR REVOCATION OF THE LICENSE OF THE PHYSICIAN ASSISTANT UNDER § 15-314 OF THIS TITLE BECAUSE THE PHYSICIAN ASSISTANT IS ALCOHOL- OR DRUG-IMPAIRED IS NOT REQUIRED TO REPORT TO THE BOARD IF:

(1) THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER KNOWS THAT THE PHYSICIAN ASSISTANT IS:

(I) IN AN ALCOHOL OR DRUG TREATMENT PROGRAM THAT IS ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS OR IS CERTIFIED BY THE DEPARTMENT; OR

(II) UNDER THE CARE OF A HEALTH CARE PRACTITIONER WHO IS COMPETENT AND CAPABLE OF DEALING WITH ALCOHOLISM AND DRUG ABUSE;

(2) THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER IS ABLE TO VERIFY THAT THE PHYSICIAN ASSISTANT REMAINS IN THE TREATMENT PROGRAM UNTIL DISCHARGE; AND

(3) THE ACTION OR CONDITION OF THE PHYSICIAN ASSISTANT HAS NOT CAUSED INJURY TO ANY PERSON WHILE THE PHYSICIAN ASSISTANT IS PRACTICING AS A LICENSED PHYSICIAN ASSISTANT.

(E) (1) IF THE PHYSICIAN ASSISTANT ENTERS, OR IS CONSIDERING ENTERING, AN ALCOHOL OR DRUG TREATMENT PROGRAM THAT IS ACCREDITED

BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS OR THAT IS CERTIFIED BY THE DEPARTMENT, THE PHYSICIAN ASSISTANT SHALL NOTIFY THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER OF THE PHYSICIAN ASSISTANT'S DECISION TO ENTER THE TREATMENT PROGRAM.

(2) IF THE PHYSICIAN ASSISTANT FAILS TO PROVIDE THE NOTICE REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION, AND THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER LEARNS THAT THE PHYSICIAN ASSISTANT HAS ENTERED A TREATMENT PROGRAM, THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER SHALL REPORT TO THE BOARD THAT THE PHYSICIAN ASSISTANT HAS ENTERED A TREATMENT PROGRAM AND HAS FAILED TO PROVIDE THE REQUIRED NOTICE.

(3) IF THE PHYSICIAN ASSISTANT IS FOUND TO BE NONCOMPLIANT WITH THE TREATMENT PROGRAM'S POLICIES AND PROCEDURES WHILE IN THE TREATMENT PROGRAM, THE TREATMENT PROGRAM SHALL NOTIFY THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER OF THE PHYSICIAN ASSISTANT'S NONCOMPLIANCE.

(4) ON RECEIPT OF THE NOTIFICATION REQUIRED UNDER PARAGRAPH (3) OF THIS SUBSECTION, THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER OF THE PHYSICIAN ASSISTANT SHALL REPORT THE PHYSICIAN ASSISTANT'S NONCOMPLIANCE TO THE BOARD.

(F) A PERSON IS NOT REQUIRED UNDER THIS SECTION TO MAKE ANY REPORT THAT WOULD BE IN VIOLATION OF ANY FEDERAL OR STATE LAW, RULE, OR REGULATION CONCERNING THE CONFIDENTIALITY OF ALCOHOL- AND DRUG-ABUSE PATIENT RECORDS.

(G) THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER SHALL SUBMIT THE REPORT WITHIN 10 DAYS OF ANY ACTION DESCRIBED IN THIS SECTION.

(H) A REPORT UNDER THIS SECTION IS NOT SUBJECT TO SUBPOENA OR DISCOVERY IN ANY CIVIL ACTION OTHER THAN A PROCEEDING ARISING OUT OF A HEARING AND DECISION OF THE BOARD UNDER THIS TITLE.

(I) (1) THE BOARD MAY IMPOSE A CIVIL PENALTY OF UP TO \$1,000 FOR FAILURE TO REPORT UNDER THIS SECTION.

(2) THE BOARD SHALL PAY ANY FEES COLLECTED UNDER THIS SUBSECTION INTO THE GENERAL FUND OF THE STATE.

[(b)] (J) An employer shall make the report required under this section to the Board within 5 days after the date of termination of employment.

[(c)] (K) The Board shall adopt regulations to implement the provisions of this section.

~~¶~~15-201.

- (a) There is a Physician Assistant Advisory Committee within the Board.
- (b) The Committee shall function as a subunit of the Board.~~¶~~

~~¶~~15-202.

- (a) (1) The Committee shall consist of 7 members appointed by the Board.
- (2) Of the 7 Committee members:
 - (i) 3 shall be licensed physicians;
 - (ii) 3 shall be ~~certified~~ **LICENSED** physician assistants; and
 - (iii) 1 shall be a consumer.
- (3) Of the licensed physician members:
 - (i) At least 1 shall specialize in general surgery or a surgical subspecialty; ~~and~~
 - (ii) At least 1 shall specialize in internal medicine, family practice, or a similar primary care specialty; **AND**

(III) 1 SHALL BE A BOARD MEMBER.

- (4) The Board shall~~¶~~
 - ~~(i)~~ ~~Appoint~~ **APPOINT** the physician assistant members from a list of names submitted by:

~~¶~~ **(I)** The Maryland Academy of Physician Assistants; and

~~2.~~ **(II)** The State institutions of higher education with approved physician assistant programs;

~~(ii) Appoint the consumer member selected by the Secretary of the Department of Health and Mental Hygiene; and~~

~~(iii) Assign a physician member of the Board to serve as a voting Board representative at all meetings of the Advisory Committee.~~

(5) The consumer member:

(i) Shall be a member of the general public;

(ii) May not be a physician, former physician, physician assistant, or a person in training to become a physician or physician assistant;

(iii) May not have a household member who is a physician or physician assistant, or a person in training to become a physician assistant; and

(iv) May not have had within 2 years before appointment a substantial financial interest in a process regulated by the Board.

(6) Each member of the Committee shall be a resident of the State.

(b) Of the three physician members of the Committee, two shall be previously or currently serving as supervising physicians of a physician assistant under a Board-approved delegation agreement.

(c) **(1)** The physician assistant members shall be ~~certified~~ **LICENSED** as a physician assistant under this title.

~~(d)~~ **(2)** The physician assistant members shall be currently practicing as a physician assistant or employed as a faculty member of an accredited physician assistant program.

(3) OF THE 3 PHYSICIAN ASSISTANT MEMBERS OF THE COMMITTEE:

(I) AT LEAST 1 SHALL BE CURRENTLY PRACTICING IN A HOSPITAL; AND

(II) AT LEAST 1 SHALL BE CURRENTLY PRACTICING IN A NONHOSPITAL SETTING.

~~(e)~~ **(D)** A Committee chairperson and a secretary shall be selected every 2 years by a majority vote of the membership of the Committee.

~~(E)~~ **(E)** The chairperson shall serve in an advisory capacity to the Board as a representative of the Committee.†

†15-203.

(a) The Board shall adopt regulations governing:

- (1) The term of office for Committee members;
- (2) The procedure for filling vacancies on the Committee;
- (3) The removal of Committee members; and
- (4) The duties of each officer.

(b) In addition to the regulations on removal of members adopted by the Board, upon the recommendation of the ~~Secretary~~ **BOARD** the Governor may remove a member whom the ~~Secretary~~ **BOARD** finds to have been absent from 2 successive Committee meetings without adequate reason.†

†15-204.

Funds for compensation, expenses, and staff for the Committee shall be allocated to the Board in the State budget.†

†15-205.† ~~15-201.~~

(a) ~~In~~ addition to the powers set forth elsewhere in this title, the Committee, on its initiative or on the Board's request, may:

- (1) Recommend to the Board regulations for carrying out the provisions of this title;
- (2) Recommend to the Board approval, modification, or disapproval of an application for ~~certification~~ **LICENSURE** or a delegation agreement;
- (3) Report to the Board any conduct of a supervising physician or a physician assistant that may be cause for disciplinary action under this title or under § 14-404 of this article; and
- (4) Report to the Board any alleged unauthorized practice of a physician assistant.

(b) (1) In addition to the duties set forth elsewhere in this title, the Board shall adopt regulations to carry out the provisions of this title.

(2) The Board shall:

(i) Consider all recommendations of the Committee; and

(ii) Provide a written explanation of the Board's reasons for rejecting or modifying the Committee's recommendations.

(3) (B) The Board may:

(i) (1) Investigate any alleged unauthorized practice of a physician assistant;

(ii) (2) Investigate any conduct that may be cause for disciplinary action under this title; and

(iii) (3) On receipt of a written and signed complaint, including a referral from the Commissioner of Labor and Industry, conduct an unannounced inspection of the office of a physician assistant, other than an office of a physician assistant in a hospital, related institution, freestanding medical facility, or [a] freestanding birthing center, to determine compliance at that office with the Centers for Disease [Control's] CONTROL AND PREVENTION'S guidelines on universal precautions.

(4) IF THE ENTRY IS NECESSARY TO CARRY OUT A DUTY UNDER THIS SUBTITLE, INCLUDING AN INVESTIGATION OR DETERMINATION OF COMPLIANCE AS PROVIDED UNDER PARAGRAPH (3) OF THIS SUBSECTION AND AN AUDIT TO DETERMINE COMPLIANCE WITH THE BOARD'S REQUIREMENTS WITH RESPECT TO PHYSICIAN ASSISTANT PRACTICE, THE EXECUTIVE DIRECTOR OF THE BOARD OR OTHER DULY AUTHORIZED AGENT OR INVESTIGATOR MAY ENTER AT ANY REASONABLE HOUR A PLACE OF BUSINESS OF A LICENSED PHYSICIAN OR A LICENSED PHYSICIAN ASSISTANT OR PUBLIC PREMISES.

(5) (I) A PERSON MAY NOT DENY OR INTERFERE WITH AN ENTRY UNDER THIS SUBSECTION.

(II) A PERSON WHO VIOLATES ANY PROVISION OF THIS SUBSECTION IS GUILTY OF A MISDEMEANOR AND ON CONVICTION IS SUBJECT TO A FINE NOT EXCEEDING \$100.

~~{15-206.} 15-202.~~

(a) The Board shall set reasonable fees for:

(1) The issuance and renewal of [certificates] **LICENSES**; and

(2) The other services rendered by the Board in connection with physician assistants.

(b) (1) The Board shall pay all fees collected under this title to the Comptroller of the State.

(2) (i) If the Governor does not include in the State budget at least \$750,000 for the operation of the Health Personnel Shortage Incentive Grant Program under § 18–803 of the Education Article and the Maryland Loan Assistance Repayment Program for Physicians under Title 18, Subtitle 28 of the Education Article, as administered by the Maryland Higher Education Commission, the Comptroller shall distribute:

1. [Except as provided in subparagraph (ii) of this paragraph,] 12 percent of the fees received from the Board to the Office of Student Financial Assistance to be used as follows:

A. One-half to make grants under the Health Personnel Shortage Incentive Grant Program under § 18–803 of the Education Article; and

B. One-half to make grants under the Maryland Loan Assistance Repayment Program for Physicians under Title 18, Subtitle 28 of the Education Article to physicians engaged in primary care or to medical residents specializing in primary care who agree to practice for at least 2 years as primary care physicians in a geographic area of the State that has been designated by the Secretary of Health and Mental Hygiene as being medically underserved; and

2. The balance of the fees to the Board of Physicians Fund.

(ii) [For fiscal 2008, if the Governor does not include in the State budget the funds specified under subparagraph (i) of this paragraph, the Comptroller shall distribute 14 percent of the fees received from the Board to the Office of Student Financial Assistance to be used as provided under subparagraph (i) of this paragraph.

(iii) If the Governor includes in the State budget at least \$750,000 for the operation of the Health Personnel Shortage Incentive Grant Program under § 18–803 of the Education Article and the Maryland Loan Assistance Repayment Program for Physicians under Title 18, Subtitle 28 of the Education

Article, as administered by the Maryland Higher Education Commission, the Comptroller shall distribute the fees to the Board of Physicians Fund.

15-301.

(a) Nothing in this title may be construed to authorize a physician assistant to practice independent of a **PRIMARY OR ALTERNATE** supervising physician.

(b) A [certificate] **LICENSE** issued to a physician assistant shall limit the physician assistant's scope of practice to medical acts:

(1) Delegated by the **PRIMARY OR ALTERNATE** supervising physician;

(2) Appropriate to the education, training, and experience of the physician assistant ~~AS DETERMINED BY THE PRIMARY SUPERVISING PHYSICIAN;~~

(3) Customary to the practice of the **PRIMARY OR ALTERNATE** supervising physician; and

(4) Consistent with the delegation agreement [submitted to] **FILED WITH** the Board.

~~¶~~(c) Patient services that may be provided by a physician assistant include:

(1) (i) Taking complete, detailed, and accurate patient histories; and

(ii) Reviewing patient records to develop comprehensive medical status reports;

(2) Performing physical examinations and recording all pertinent patient data;

(3) Interpreting and evaluating patient data as authorized by the **PRIMARY OR ALTERNATE** supervising physician for the purpose of determining management and treatment of patients;

(4) Initiating requests for or performing diagnostic procedures as indicated by pertinent data and as authorized by the supervising physician;

(5) Providing instructions and guidance regarding medical care matters to patients;

(6) Assisting the PRIMARY OR ALTERNATE supervising physician in the delivery of services to patients who require medical care in the home and in health care institutions, including:

- (i) Recording patient progress notes;
- (ii) Issuing diagnostic orders; and
- (iii) Transcribing or executing specific orders at the direction of the PRIMARY OR ALTERNATE supervising physician; and

(7) Exercising prescriptive authority under ~~an approved~~ A delegation agreement and in accordance with § 15-302.2 of this subtitle.~~†~~

~~†(d)†~~ ~~(c)~~ (1) Except as otherwise provided in this title, an individual shall be [certified] **LICENSED** by the Board before the individual may practice as a physician assistant.

(2) Except as otherwise provided in this title, a physician may not supervise a physician assistant in the performance of delegated medical acts without [the approval of] **FILING A COMPLETED DELEGATION AGREEMENT WITH** the Board.

(3) Except as otherwise provided in this title or in a medical emergency, a physician assistant may not perform any medical act for which:

- (i) The individual has not been [certified] **LICENSED**; and
- (ii) The medical acts have not been delegated by a **PRIMARY OR ALTERNATE** supervising physician.

~~(d)~~ ~~(1)~~ ~~A PHYSICIAN ASSISTANT IS AN INDIVIDUAL WHO PRACTICES MEDICINE ONLY WITH PHYSICIAN SUPERVISION.~~

~~(2)~~ ~~A PHYSICIAN ASSISTANT MAY PERFORM THE FUNCTIONS AND RESPONSIBILITIES, INCLUDING ORDERING, PRESCRIBING AND DISPENSING, AND ADMINISTERING DRUGS AND MEDICAL DEVICES, THAT ARE DELEGATED BY A PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN.~~

~~(3)~~ ~~A PHYSICIAN ASSISTANT MAY PERFORM ANY MEDICAL ACT THAT IS DELEGATED BY THE PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN WHEN THE ACT IS WITHIN THE SKILLS OF THE PHYSICIAN ASSISTANT AS DETERMINED BY THE PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN.~~

~~FORMS A COMPONENT OF THE PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN'S SCOPE OF PRACTICE, AND IS PROVIDED WITH SUPERVISION.~~

~~(E) (1) A PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN SHALL PROVIDE CONTINUOUS SUPERVISION OF A PHYSICIAN ASSISTANT.~~

~~(2) CONTINUOUS SUPERVISION DOES NOT REQUIRE THE PHYSICAL PRESENCE OF THE PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN AT THE TIME AND PLACE THAT THE PATIENT SERVICES AND CARE ARE RENDERED.~~

~~(3) (I) A PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN SHALL ENSURE THAT ALL MEDICAL ACTS TO BE DELEGATED TO A PHYSICIAN ASSISTANT ARE APPROPRIATE TO THE PHYSICIAN ASSISTANT'S EDUCATION, TRAINING, AND LEVEL OF COMPETENCE, AS DETERMINED BY THE PRIMARY SUPERVISING PHYSICIAN.~~

~~(II) A PHYSICIAN ASSISTANT AND A PRIMARY SUPERVISING PHYSICIAN SHALL:~~

~~1. DEFINE THE RELATIONSHIP OF THE PHYSICIAN ASSISTANT TO THE PRIMARY SUPERVISING PHYSICIAN AND THE ACCESS OF THE PHYSICIAN ASSISTANT TO THE PRIMARY SUPERVISING PHYSICIAN; AND~~

~~2. ESTABLISH A PROCESS TO EVALUATE THE PERFORMANCE OF THE PHYSICIAN ASSISTANT.~~

~~(F) A PRIMARY SUPERVISING PHYSICIAN:~~

~~(1) SHALL BE LICENSED BY THE BOARD TO PRACTICE MEDICINE IN THE STATE;~~

~~(2) MAY NOT BE ENCUMBERED BY ANY RESTRICTION ON THE PHYSICIAN'S LICENSE AS A RESULT OF DISCIPLINARY ACTION BY THE BOARD; AND~~

~~(3) SHALL EXECUTE A DELEGATION AGREEMENT WITH EACH PHYSICIAN ASSISTANT ON THE FORM THAT THE BOARD REQUIRES THAT IS POSTED BY THE BOARD ON ITS WEBSITE OR PROVIDED BY THE BOARD ON WRITTEN REQUEST, STATING THAT THE PHYSICIAN WILL SUPERVISE EACH PHYSICIAN ASSISTANT AND RETAIN PROFESSIONAL RESPONSIBILITY FOR THE CARE RENDERED BY THE PHYSICIAN ASSISTANT.~~

~~(G) A PRIMARY SUPERVISING PHYSICIAN SHALL:~~

~~(1) KEEP A COPY OF EACH DELEGATION AGREEMENT ON FILE AT THE PRACTICE SITE; AND~~

~~(2) FILE A COPY WITH THE BOARD.~~

~~[(e)] (H)~~ A physician assistant is the agent of the **PRIMARY OR ALTERNATE** supervising physician in the performance of all practice-related activities, including the oral, written, or electronic ordering of diagnostic, therapeutic, and other medical services.

~~[(f)] (I)~~ Except as provided in subsection (g) of this section, the following individuals may practice as a physician assistant without a [certificate] **LICENSE**:

(1) A physician assistant student **ENROLLED** in a physician assistant [training] **EDUCATIONAL** program that is accredited by the [Commission on Allied Health Education Programs] **ACCREDITATION REVIEW COMMISSION ON EDUCATION FOR THE PHYSICIAN ASSISTANT OR ITS SUCCESSOR** and approved by the Board; or

(2) A physician assistant employed in the service of the federal government while performing duties incident to that employment.

~~[(g)] (J)~~ A physician may not delegate [the authority to write medication orders or the ability to exercise] prescriptive authority to a physician assistant student in a training program [approved by the Board] **THAT IS ACCREDITED BY THE ACCREDITATION REVIEW COMMISSION ON EDUCATION FOR THE PHYSICIAN ASSISTANT OR ITS SUCCESSOR.**

~~[(h)] (K)~~ (1) [Except as prohibited by § 15-102(a) of this title, if] **IF** a [duty] **MEDICAL ACT** that is to be delegated under this section is a part of the practice of a health occupation that is regulated under this article by another board, any rule or regulation concerning that [duty] **MEDICAL ACT** shall be adopted jointly by the **STATE** Board of Physicians and the board that regulates the other health occupation, ~~EXCEPT IF THE PHYSICIAN ASSISTANT PRACTICES THE HEALTH OCCUPATION THAT IS REGULATED UNDER THIS ARTICLE BY ANOTHER BOARD AND THE PHYSICIAN ASSISTANT DOES NOT REPRESENT OR IMPLY TO THE PUBLIC BY USE OF THE TITLE "LICENSED PHYSICIAN ASSISTANT", BY OTHER TITLE, OR BY DESCRIPTION OF SERVICES, METHODS, OR PROCEDURES THAT THE PERSON IS LICENSED AS A PHYSICIAN ASSISTANT IN THE STATE.~~

(2) If the two boards cannot agree on a proposed rule or regulation, the proposal shall be submitted to the Secretary for a final decision.

¶(i) Notwithstanding the provisions of this section, a patient being treated regularly for a life-threatening, chronic, degenerative, or disabling condition shall be seen initially by the supervising physician and as frequently as the patient's condition requires, but no less than within every five appointments or within 180 days, whichever occurs first.‡

15-302.

(a) [Subject to the provisions of subsection (i) of this section, the Board may authorize a] **A** physician [to] **MAY** delegate medical acts to a physician assistant only after:

(1) A delegation agreement has been executed and [submitted to] **FILED WITH** the [Committee for review to ensure the delegation agreement contains the requirements of this subtitle; and

(2) Except as provided in § 15-302.1 of this subtitle, the Board has reviewed and approved a favorable recommendation by the Committee that the requirements of this subtitle have been met] **BOARD; AND**

(2) ANY ADVANCED DUTIES HAVE BEEN AUTHORIZED AS REQUIRED UNDER SUBSECTION (C) OF THIS SECTION.

(b) The delegation agreement shall contain:

(1) A description of the qualifications of the **PRIMARY** supervising physician and physician assistant;

(2) A description of the settings in which the physician assistant will practice;

(3) A description of the continuous physician supervision mechanisms that are reasonable and appropriate to the practice setting;

(4) A description of the delegated medical acts that are within the **PRIMARY OR ALTERNATE** supervising physician's scope of practice and require specialized education or training that is consistent with accepted medical practice;

(5) An attestation that all medical acts to be delegated to the physician assistant are within the scope of practice of the **PRIMARY OR ALTERNATE** supervising physician and appropriate to the physician assistant's education, training, and level of competence ~~AS DETERMINED BY THE PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN;~~

(6) An attestation of continuous supervision of the physician assistant by the **PRIMARY** supervising physician through the mechanisms described in the delegation agreement;

(7) An attestation by the **PRIMARY** supervising physician of the physician's acceptance of responsibility for any care given by the physician assistant;

(8) A description prepared by the **PRIMARY** supervising physician of the process by which the physician assistant's practice is reviewed appropriate to the practice setting and consistent with current standards of acceptable medical practice;

(9) An attestation by the **PRIMARY** supervising physician that the physician will respond in a timely manner when contacted by the physician assistant; and

(10) Any other information deemed necessary by the Board [or Committee] to carry out the provisions of this subtitle.

~~(e) (1) The delegation agreement shall be [submitted] FILED with the application fee established by the Board and the PRIMARY supervising physician and physician assistant shall comply with all other requirements established by the Board in accordance with this title.~~

~~(2) The Board shall set the application fee so as to produce funds to approximate the cost of [reviewing and approving] RECEIVING delegation agreements FILED WITH THE BOARD and any other related services provided.~~

(C) (1) THE BOARD MAY NOT REQUIRE PRIOR APPROVAL OF A DELEGATION AGREEMENT THAT INCLUDES ADVANCED DUTIES, IF AN ADVANCED DUTY WILL BE PERFORMED IN A HOSPITAL OR AMBULATORY SURGICAL FACILITY, PROVIDED THAT:

(I) A PHYSICIAN, WITH CREDENTIALS THAT HAVE BEEN REVIEWED BY THE HOSPITAL OR AMBULATORY SURGICAL FACILITY AS A CONDITION OF EMPLOYMENT, AS AN INDEPENDENT CONTRACTOR, OR AS A MEMBER OF THE MEDICAL STAFF, SUPERVISES THE PHYSICIAN ASSISTANT;

(II) THE PHYSICIAN ASSISTANT HAS CREDENTIALS THAT HAVE BEEN REVIEWED BY THE HOSPITAL OR AMBULATORY SURGICAL FACILITY AS A CONDITION OF EMPLOYMENT, AS AN INDEPENDENT CONTRACTOR, OR AS A MEMBER OF THE MEDICAL STAFF; AND

(III) EACH ADVANCED DUTY TO BE DELEGATED TO THE PHYSICIAN ASSISTANT IS REVIEWED AND APPROVED WITHIN A PROCESS

APPROVED BY THE GOVERNING BODY OF THE HEALTH CARE FACILITY BEFORE THE PHYSICIAN ASSISTANT PERFORMS THE ADVANCED DUTIES.

(2) IN ANY SETTING THAT DOES NOT MEET THE REQUIREMENTS OF PARAGRAPH (1) OF THIS SUBSECTION, A PRIMARY SUPERVISING PHYSICIAN SHALL OBTAIN THE BOARD'S APPROVAL OF A DELEGATION AGREEMENT THAT INCLUDES ADVANCED DUTIES, BEFORE THE PHYSICIAN ASSISTANT PERFORMS THE ADVANCED DUTIES.

(3) NOTWITHSTANDING PARAGRAPH (1) OF THIS SUBSECTION, A PRIMARY SUPERVISING PHYSICIAN SHALL OBTAIN THE BOARD'S APPROVAL OF A DELEGATION AGREEMENT BEFORE THE PHYSICIAN ASSISTANT MAY ADMINISTER, MONITOR, OR MAINTAIN GENERAL ANESTHESIA OR NEUROAXIAL ANESTHESIA, INCLUDING SPINAL AND EPIDURAL TECHNIQUES, UNDER THE AGREEMENT.

~~¶(d) The~~ FOR A DELEGATION AGREEMENT CONTAINING ADVANCED DUTIES THAT REQUIRE BOARD APPROVAL, THE Committee shall review the delegation agreement and recommend to the Board that the delegation agreement be approved, rejected, or modified to ensure conformance with the requirements of this title.

(e) The Committee may conduct a personal interview of the PRIMARY supervising physician and the physician assistant.

(f) (1) On review of the Committee's recommendation regarding a PRIMARY supervising physician's request to delegate ~~medical acts~~ ADVANCED DUTIES as described in a delegation agreement, the Board:

~~¶(i)~~ (I) May approve the delegation agreement; or

~~¶(ii)~~ (II)~~¶(i)~~ 1. If the physician assistant does not meet the applicable education, training, and experience requirements to perform the specified delegated acts, may modify or disapprove the delegation agreement; and

~~¶(iii)~~ 2. If the Board takes an action under item (i) of this item:

~~¶(iv)~~ A. Shall notify the PRIMARY supervising physician and the physician assistant in writing of the particular elements of the proposed delegation agreement that were the cause for the modification or disapproval; and

~~¶(v)~~ B. May not restrict the submission of an amendment to the delegation agreement.~~¶~~

(2) TO THE EXTENT PRACTICABLE, THE BOARD SHALL APPROVE A DELEGATION AGREEMENT OR TAKE OTHER ACTION AUTHORIZED UNDER THIS SUBSECTION WITHIN 90 DAYS AFTER RECEIVING A COMPLETED DELEGATION AGREEMENT INCLUDING ANY INFORMATION FROM THE PHYSICIAN ASSISTANT AND PRIMARY SUPERVISING PHYSICIAN NECESSARY TO APPROVE OR TAKE ACTION.

~~[(g)]~~ ~~(D)~~ If the Board determines that a **PRIMARY OR ALTERNATE** supervising physician or physician assistant is practicing in a manner inconsistent with the requirements of this title or Title 14 of this article, the Board ~~[(on its own initiative or on the recommendation of the Committee)]~~ may demand modification of the practice~~],~~ withdraw the approval of the delegation agreement,~~]~~ or take other disciplinary action under § 14-404 or § 15-314 of this article.

[(h) (1) A delegation agreement approved under this subtitle may be reviewed as a component of the certificate renewal process established under § 15-307 of this subtitle.

(2) A delegation agreement shall expire when a physician assistant's certificate expires.

(i) The Board may not authorize a physician to delegate medical acts under a delegation agreement to more than two physician assistants at any one time, except in a hospital or in the following nonhospital settings:

- (1) A correctional facility;
- (2) A detention center; or
- (3) A public health facility.]

(H) A PRIMARY SUPERVISING PHYSICIAN MAY NOT DELEGATE MEDICAL ACTS UNDER A DELEGATION AGREEMENT TO MORE THAN FOUR PHYSICIAN ASSISTANTS AT ANY ONE TIME, EXCEPT IN A HOSPITAL OR IN THE FOLLOWING NONHOSPITAL SETTINGS:

- (1) A CORRECTIONAL FACILITY;**
- (2) A DETENTION CENTER; OR**
- (3) A PUBLIC HEALTH FACILITY.**

~~[(j)]~~ ~~(H)~~ **(I)** A person may not coerce another person to enter into a delegation agreement under this subtitle.

~~[(H)]~~ **(J)** A physician may supervise a physician assistant:

(1) ~~In~~ **AS A PRIMARY SUPERVISING PHYSICIAN IN** accordance with a delegation agreement approved by the Board under this subtitle; or

(2) As an alternate supervising physician if:

(i) The alternate supervising physician supervises in accordance with a delegation agreement filed with the Board;

(ii) The alternate supervising physician supervises no more than four physician assistants at any one time, except in a hospital, correctional facility, detention center, or public health facility;

(iii) The alternate supervising physician's period of supervision, in the absence of the primary supervising physician, does not exceed:

1. The period of time specified in the delegation agreement; and

2. A period of 45 consecutive days at any one time; and

(iv) The physician assistant performs only those medical acts that:

1. Have been delegated under the delegation agreement filed with the Board; and

2. Are within the scope of practice of the **PRIMARY SUPERVISING PHYSICIAN AND** alternate supervising physician.

(K) IN THE EVENT OF A SUDDEN DEPARTURE, INCAPACITY, OR DEATH OF A PRIMARY SUPERVISING PHYSICIAN, A DESIGNATED ALTERNATE SUPERVISING PHYSICIAN MAY ASSUME THE ROLE OF THE PRIMARY SUPERVISING PHYSICIAN BY SUBMITTING A NEW DELEGATION AGREEMENT TO THE BOARD WITHIN 15 DAYS.

(l) Individual members of the Board are not civilly liable for actions regarding the approval, modification, or disapproval of a delegation agreement described in this section.†

~~(F)~~ **(M)** A PHYSICIAN ASSISTANT MAY PRACTICE IN ACCORDANCE WITH A DELEGATION AGREEMENT FILED WITH THE BOARD UNDER THIS SUBTITLE.

~~§~~15-302.1.

(A) IF A DELEGATION AGREEMENT DOES NOT INCLUDE ADVANCED DUTIES OR THE ADVANCED DUTIES HAVE BEEN APPROVED UNDER § 15-302(C)(1) OF THIS SUBTITLE, A PHYSICIAN ASSISTANT MAY ASSUME THE DUTIES UNDER A DELEGATION AGREEMENT ON THE DATE OF RECEIPT BY THE BOARD OF THE DELEGATION AGREEMENT.

~~(B)~~ **(B)** In this section, “pending” means that a delegation agreement THAT INCLUDES DELEGATION OF ADVANCED DUTIES IN A SETTING THAT DOES NOT MEET THE REQUIREMENTS UNDER § 15-302(C)(1) OF THIS SUBTITLE has been executed and submitted to the ~~Committee for review~~ BOARD FOR ITS APPROVAL, but:

- (1) The Committee has not made a recommendation to the Board; or
- (2) The Board has not made a final decision regarding the delegation agreement.

~~(C)~~ **(C)** Subject to subsection ~~(e)~~ **(D)** of this section, if a delegation agreement is pending, on receipt of a temporary practice letter from the staff of the Board, a physician assistant may ~~practice in accordance with the pending delegation agreement~~ PERFORM THE ADVANCED DUTY if:

- (1) The PRIMARY supervising physician has been previously approved to supervise one or more physician assistants in the ~~proposed practice setting for the same scope of practice~~ PERFORMANCE OF THE ADVANCED DUTY; and
- (2) The physician assistant has been previously approved ~~for the same scope of practice in a different practice setting~~ BY THE BOARD TO PERFORM THE ADVANCED DUTY.

~~(D)~~ **(D)** If the Committee recommends a denial of the pending delegation agreement or the Board denies the pending delegation agreement, on notice to the PRIMARY SUPERVISING physician and the physician assistant, the physician assistant may no longer ~~practice in accordance with the delegation agreement~~ PERFORM THE ADVANCED DUTY THAT HAS NOT RECEIVED THE APPROVAL OF THE BOARD.‡

(E) THE BOARD MAY DISAPPROVE ANY DELEGATION AGREEMENT IF IT BELIEVES THAT:

(1) THE AGREEMENT DOES NOT MEET THE REQUIREMENTS OF THIS SUBTITLE; OR

(2) THE PHYSICIAN ASSISTANT IS UNABLE TO PERFORM SAFELY THE DELEGATED DUTIES.

(F) IF THE BOARD DISAPPROVES A DELEGATION AGREEMENT OR THE DELEGATION OF ANY FUNCTION UNDER AN AGREEMENT, THE BOARD SHALL PROVIDE THE PRIMARY SUPERVISING PHYSICIAN AND THE PHYSICIAN ASSISTANT WITH WRITTEN NOTICE OF THE DISAPPROVAL.

(G) A PHYSICIAN ASSISTANT WHO RECEIVES NOTICE THAT THE BOARD HAS DISAPPROVED A DELEGATION AGREEMENT OR AN ADVANCED FUNCTION UNDER THE DELEGATION AGREEMENT SHALL IMMEDIATELY CEASE TO PRACTICE UNDER THE AGREEMENT OR TO PERFORM THE DISAPPROVED FUNCTION.

~~{15-302.2.} 15-302.1.~~

~~(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.~~

~~(2) "PERSONALLY PREPARE AND DISPENSE" MEANS THAT A PHYSICIAN ASSISTANT:~~

~~(i) IS PHYSICALLY PRESENT ON THE PREMISES WHERE THE PRESCRIPTION IS FILLED; AND~~

~~(ii) PERFORMS A FINAL CHECK OF THE PRESCRIPTION BEFORE IT IS PROVIDED TO THE PATIENT.~~

~~(3) "STARTER DOSAGE" MEANS AN AMOUNT OF A DRUG SUFFICIENT TO BEGIN THERAPY:~~

~~(i) OF SHORT DURATION OF 72 HOURS OR LESS; OR~~

~~(ii) PRIOR TO OBTAINING A LARGER QUANTITY OF THE DRUG TO COMPLETE THERAPY.~~

~~{(a)} (B)~~ A PRIMARY supervising physician may not delegate prescribing, DISPENSING, and administering of controlled dangerous substances, prescription

drugs, or medical devices unless the **PRIMARY** supervising physician and physician assistant include in the delegation agreement:

(1) A notice of intent to delegate prescribing of controlled dangerous substances, prescription drugs, or medical devices;

(2) An attestation that all prescribing activities of the physician assistant will comply with applicable federal and State regulations;

(3) An attestation that all medical charts or records will contain a notation of any prescriptions written by a physician assistant in accordance with this section; ~~AND~~

(4) An attestation that all prescriptions written under this section will include the physician assistant's name and the supervising physician's name, business address, and business telephone number legibly written or printed;

(5) ~~Evidence demonstrating~~ AN ATTESTATION THAT THE PHYSICIAN ASSISTANT HAS:

(i) ~~Passage of~~ PASSED the physician assistant national certification exam administered by the National Commission on the Certification of Physician Assistants within the previous 2 years; or

(ii) ~~Successful completion of~~ SUCCESSFULLY COMPLETED 8 category 1 hours of pharmacology education within the previous 2 years; and

(6) ~~Evidence demonstrating~~ AN ATTESTATION THAT THE PHYSICIAN ASSISTANT HAS:

(i) A bachelor's degree or its equivalent; OR

(ii) SUCCESSFULLY COMPLETED 2 years of work experience as a physician assistant; ~~or~~

(iii) ~~Prior approval by the Board of a delegation agreement, including approval for writing medication orders].~~

~~[(b)] (c)~~ (1) A **PRIMARY ~~OR ALTERNATE~~** supervising physician may not delegate the prescribing of substances that are identified as Schedule I controlled dangerous substances under § 5-402 of the Criminal Law Article.

(2) A PRIMARY ~~OR ALTERNATE~~ SUPERVISING PHYSICIAN MAY DELEGATE THE PRESCRIBING OF SUBSTANCES THAT ARE IDENTIFIED AS SCHEDULES II THROUGH V CONTROLLED DANGEROUS SUBSTANCES UNDER §

5-402 OF THE CRIMINAL LAW ARTICLE, INCLUDING LEGEND DRUGS AS DEFINED UNDER § 503(B) OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT.

[(2)] (3) A **PRIMARY ~~OR ALTERNATE~~** supervising physician may not delegate the prescribing of controlled dangerous substances to a physician assistant unless the physician assistant has a valid:

- (i) State controlled dangerous substance registration; and
- (ii) Federal Drug Enforcement Agency (DEA) registration.

~~(D)~~ (C) A PHYSICIAN ASSISTANT PERSONALLY MAY ~~PREPARE AND DISPENSE A STARTER DOSAGE~~ OR DISPENSE DRUG SAMPLES OF ANY DRUG THE PHYSICIAN ASSISTANT IS AUTHORIZED TO PRESCRIBE TO A PATIENT OF THE PHYSICIAN ASSISTANT IF:

(1) ~~(I)~~ ~~PHARMACY SERVICES ARE NOT REASONABLY AVAILABLE;~~

~~(II)~~ ~~IT IS IN THE BEST INTERESTS OF THE PATIENT; OR~~

~~(III)~~ ~~IT IS AN EMERGENCY;~~

~~(2)~~ THE STARTER DOSAGE OR DRUG SAMPLE COMPLIES WITH THE LABELING REQUIREMENTS OF ~~§ 12-509~~ § 12-505 OF THIS ARTICLE;

~~(3)~~ (2) NO CHARGE IS MADE FOR THE STARTER DOSAGE; AND

~~(4)~~ (3) THE PHYSICIAN ASSISTANT ENTERS AN APPROPRIATE RECORD IN THE PATIENT'S MEDICAL RECORD.

~~(E)~~ (D) A PHYSICIAN ASSISTANT WHO PERSONALLY ~~PREPARES AND DISPENSES A DRUG~~ SAMPLE OR STARTER DOSAGE IN THE COURSE OF TREATING A PATIENT AS AUTHORIZED UNDER SUBSECTION ~~(B)~~ (C) OF THIS SECTION SHALL COMPLY WITH THE REQUIREMENTS UNDER TITLES 12 AND 14 OF THIS ARTICLE AND APPLICABLE FEDERAL LAW AND REGULATIONS.

~~(F)~~ (E) BEFORE A PHYSICIAN ASSISTANT MAY RENEW A LICENSE FOR AN ADDITIONAL 2-YEAR TERM UNDER § 15-307 OF THIS SUBTITLE, THE PHYSICIAN ASSISTANT SHALL SUBMIT EVIDENCE TO THE BOARD OF SUCCESSFUL COMPLETION OF 8 CATEGORY 1 HOURS OF PHARMACOLOGY EDUCATION WITHIN THE PREVIOUS 2 YEARS.

15-302.3.

(a) On a quarterly basis, the Board shall provide to the Board of Pharmacy a list of physician assistants whose delegation agreements include the delegation of [authority to exercise] prescriptive authority.

(b) The list required under subsection (a) of this section shall specify whether each physician assistant has been delegated the authority to prescribe controlled dangerous substances, prescription drugs, or medical devices.

(c) If a PRIMARY supervising physician who has delegated authority to exercise prescriptive authority to a physician assistant subsequently restricts or removes the delegation, the PRIMARY supervising physician shall notify the Board of the restriction or removal within 5 business days.

15-303.

(a) To qualify for a [certificate] LICENSE, an applicant shall be:

(1) ~~Of~~ BE OF good moral character;

(2) ~~Fluent in the English language~~ DEMONSTRATE ORAL AND WRITTEN COMPETENCY IN THE ENGLISH LANGUAGE AS REQUIRED BY THE BOARD;

(3) ~~At~~ BE AT least 18 years old; and

(4) ~~A~~ (I) BE A graduate of a physician assistant ~~[training]~~ EDUCATIONAL program ~~[approved by the Board]~~ ACCREDITED BY THE ACCREDITATION REVIEW COMMISSION ON EDUCATION FOR THE PHYSICIAN ASSISTANT OR, ON OR BEFORE DECEMBER 31, 2000, ACCREDITED BY THE COMMITTEE ON ALLIED HEALTH EDUCATION AND ACCREDITATION OR THE COMMISSION ON ACCREDITATION OF ALLIED HEALTH EDUCATION PROGRAMS ; OR

(II) HAVE PASSED THE PHYSICIAN ASSISTANT NATIONAL CERTIFYING EXAMINATION ADMINISTERED BY THE NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS PRIOR TO 1986, MAINTAINED ALL CONTINUING EDUCATION AND RECERTIFICATION REQUIREMENTS, AND BEEN IN CONTINUOUS PRACTICE SINCE PASSAGE OF THE EXAMINATION.

(b) ~~[Except as otherwise provided in this title, the]~~ ~~THE~~ applicant shall pass ~~[a national certifying examination approved by the Board]~~ ~~THE PHYSICIAN ASSISTANT NATIONAL CERTIFYING EXAMINATION ADMINISTERED BY THE NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS.~~

(c) An applicant who graduates from a physician assistant training program after October 1, 2003 shall have a bachelor's degree or its equivalent.

[(d) The Board shall adopt regulations governing the issuance of temporary certificates to applicants who:

- (1) Have met all other requirements of this section; but
- (2) Have not yet passed the national certifying examination.]

~~(d) THE BOARD MAY GRANT A LICENSE TO AN APPLICANT WHO DOES NOT MEET THE EDUCATIONAL REQUIREMENTS OF SUBSECTION (A)(4) OF THIS SECTION BUT WHO PASSED THE PHYSICIAN ASSISTANT NATIONAL CERTIFYING EXAMINATION ADMINISTERED BY THE NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS BEFORE 1986 AND HAS COMPLETED ALL CONTINUING EDUCATION AND RENEWAL OF CERTIFICATION REQUIREMENTS.~~

15-304.

An applicant for a [certificate] LICENSE shall:

- (1) Submit an application to the Board on the form that the Board requires; and
- (2) Pay to the Board the application fee set by the Board.

~~15-305.~~

~~(a) If an applicant qualifies for a [certificate] LICENSE under this subtitle, the Board shall send the applicant a notice that specifies that:~~

- ~~(1) The applicant has qualified for a [certificate] LICENSE; and~~
- ~~(2) On receipt of the [certificate] LICENSE fee set by the Board, the Board will issue a [certificate] LICENSE to the applicant.~~

~~(b) On payment of the [certificate] LICENSE fee, the Board shall issue a [certificate] LICENSE to any applicant who meets the requirements of this subtitle.~~

~~(c) The Board shall include on each [certificate] LICENSE that the Board issues:~~

- ~~(1) The full name of the [certificate holder] LICENSEE;~~

~~(2) A serial number assigned by the Board to the [certificate holder] LICENSEE; and~~

~~(3) The signature of the Secretary under seal of the Board.~~

15-305.

THE BOARD SHALL ISSUE A LICENSE TO AN APPLICANT WHO MEETS THE REQUIREMENTS OF THIS TITLE.

15-306.

A [certificate] LICENSE authorizes the [certificate holder] LICENSEE to practice as a physician assistant UNDER A DELEGATION AGREEMENT while the [certificate] LICENSE is effective.

15-307.

(a) (1) Unless a [certificate] LICENSE is renewed for an additional term as provided in this section, the [certificate] LICENSE expires on the date set by the Board.

(2) A [certificate] LICENSE may not be renewed for a term longer than 2 years.

(b) At least 1 month before a [certificate] LICENSE expires, the Board shall send to the [certificate holder] LICENSEE, by first-class mail to the last known address of the [certificate holder] LICENSEE, a renewal notice that states:

(1) The date on which the current [certificate] LICENSE expires;

(2) The date by which the Board must receive the renewal application for the renewal to be issued and mailed before the [certificate] LICENSE expires; and

(3) The amount of the renewal fee.

(c) Before a [certificate] LICENSE expires, the [certificate holder] LICENSEE periodically may renew it for an additional 2-year term, if the [certificate holder] LICENSEE:

(1) Is otherwise entitled to be issued a [certificate] LICENSE;

(2) Pays to the Board the renewal fee, set by the Board; ~~and~~

(3) Submits to the Board:

(i) A renewal application on the form that the Board requires;
and

(ii) Satisfactory evidence of compliance with the continuing education requirements for [certificate] LICENSE renewal set by the Board under this section; **AND**

(4) MEETS ANY ADDITIONAL REQUIREMENTS SET BY THE BOARD FOR RENEWAL OF A LICENSE.

(d) [(1)] In addition to any other qualifications and requirements established by the Board, the Board shall establish continuing education requirements as a condition for the renewal of [certificates] LICENSES under this section.

[(2)] In establishing the continuing education requirements under paragraph (1) of this subsection, the Board shall include a requirement for a course on the special care needs of terminally ill individuals and their families which shall include topics related to:

- (i) Pain and symptom management;
- (ii) The psycho-social dynamics of death;
- (iii) Dying and bereavement; and
- (iv) Hospice care.]

(e) The Board shall renew the [certificate] LICENSE of each [certificate holder] LICENSEE who meets the requirements of this section.

(F) FOR THE FAILURE OF A LICENSEE TO OBTAIN CONTINUING MEDICAL EDUCATION CREDITS AS REQUIRED BY THE BOARD, THE BOARD MAY IMPOSE A CIVIL PENALTY NOT TO EXCEED \$100 FOR EACH MEDICAL EDUCATION CREDIT NOT OBTAINED BY THE LICENSEE.

15-308.

The Board, in accordance with its regulations, shall reinstate the [certificate] LICENSE of a physician assistant who has failed to renew the [certificate] LICENSE for any reason if the physician assistant:

- (1) Meets the renewal requirements of § 15-307 of this subtitle;

(2) Pays to the Board the reinstatement fee set by the Board; ~~and~~

(3) Submits to the Board satisfactory evidence of compliance with the qualifications and requirements established under this subtitle for [certificate] LICENSE reinstatements; AND

(4) MEETS ANY ADDITIONAL REQUIREMENTS SET BY THE BOARD FOR REINSTATEMENT.

~~15-308.1.~~

~~(A) THE BOARD MAY PLACE A LICENSEE ON INACTIVE STATUS, IF THE LICENSEE SUBMITS TO THE BOARD:~~

~~(1) AN APPLICATION FOR INACTIVE STATUS ON THE FORM REQUIRED BY THE BOARD; AND~~

~~(2) THE INACTIVE STATUS FEE SET BY THE BOARD.~~

~~(B) THE BOARD SHALL ISSUE A LICENSE TO AN INDIVIDUAL WHO IS ON INACTIVE STATUS IF THE INDIVIDUAL:~~

~~(1) SUBMITS TO THE BOARD:~~

~~(i) SATISFACTORY EVIDENCE OF COMPLIANCE WITH THE CONTINUING EDUCATION REQUIREMENTS THE BOARD ADOPTS FOR THIS PURPOSE; AND~~

~~(ii) A REINSTATEMENT FEE SET BY THE BOARD; AND~~

~~(2) IS OTHERWISE ENTITLED TO BE LICENSED.~~

15-309.

(a) Each [certificate holder] LICENSEE shall [produce] KEEP a [valid certificate and delegation agreement when requested to do so by an existing or potential employer or client] LICENSE AND DELEGATION AGREEMENT FOR INSPECTION AT THE PRIMARY PLACE OF BUSINESS OF THE LICENSEE.

(b) (1) Each [certificate holder] LICENSEE shall give the Board written notice of any change of NAME OR address WITHIN 60 DAYS OF THE DATE OF THE CHANGE.

(2) A LICENSEE WHO FAILS TO COMPLY WITH THIS SUBSECTION IS SUBJECT TO AN ADMINISTRATIVE PENALTY OF \$100.

15-310.

(a) In reviewing an application for [certification] **LICENSURE** or in investigating an allegation brought under § 15-314 of this subtitle, the ~~Committee~~ **PHYSICIAN ASSISTANT REHABILITATION PROGRAM** may request the Board to direct, or the Board on its own initiative may direct the physician assistant to submit to an appropriate examination.

(b) In return for the privilege given to the physician assistant to perform delegated medical acts in the State, the physician assistant is deemed to have:

(1) Consented to submit to an examination under this section, if requested by the Board in writing; and

(2) Waived any claim of privilege as to the testimony or examination reports.

(c) The unreasonable failure or refusal of the **LICENSED** physician assistant **OR APPLICANT** to submit to an examination is [grounds] **PRIMA FACIE EVIDENCE OF THE LICENSED PHYSICIAN ASSISTANT'S INABILITY TO PERFORM DELEGATED MEDICAL ACTS AND IS CAUSE** for denial of the application or immediate suspension of the [certification] **LICENSE**, ~~UNLESS THE BOARD FINDS THAT THE FAILURE OR REFUSAL WAS BEYOND THE CONTROL OF THE LICENSED PHYSICIAN ASSISTANT.~~

(d) The Board shall pay the costs of any examination made under this section.

(e) [(1) (i)] The Board shall assess each applicant for a [certificate] **LICENSE** or the renewal of a [certificate] **LICENSE** to practice as a physician assistant, a fee set by the Board[.

(ii) The fee shall be] sufficient to fund the activities of the [entity or entities with whom the Board contracts under § 14-401(e)] **BOARD'S REHABILITATION PROGRAM UNDER § 14-401(G)** of this article in conducting a physician assistant rehabilitation program.

[(iii) The fee shall be set by the Secretary each year after the submission by the entity or entities with whom the Board contracts under § 14-401(e) of this article to the Board of the annual budget for the Physician Assistant Rehabilitation Program.

(2) As provided under § 2–1220 of the State Government Article, the Legislative Auditor, every 2 years, shall audit the accounts and transactions of the entity or entities with whom the Board contracts under § 14–401(e) of this article in conducting the Physician Assistant Rehabilitation Program.]

15–311.

Subject to the hearing provisions of § 15–313 of this subtitle, the Board, on the affirmative vote of a majority of ~~its members then serving~~ **A QUORUM**, may deny a [certificate] **LICENSE** to any applicant for:

~~(1) Failure to meet the qualifications for [certification] **LICENSURE**;~~
~~or~~

~~(2) Any **ANY**~~ of the reasons that are grounds for disciplinary action under § 15–314 of this subtitle.

15–312.

(a) Unless the Board agrees to accept the surrender of a [certification] **LICENSE** of A physician assistant, the physician assistant may not surrender the [certification] **LICENSE** nor may the [certification] **LICENSURE** lapse by operation of law while the physician assistant is under investigation or while charges are pending.

(b) The Board may set conditions on its agreement to accept surrender of a [certification] **LICENSE**.

15–313.

(a) (1) Except as otherwise provided under § 10–226 of the State Government Article, before the Board takes any action to deny a [certificate or to reject or modify a delegation agreement] **LICENSE OR TO REJECT OR MODIFY A DELEGATION AGREEMENT OR ADVANCED DUTY**, the Board shall give the applicant or [certificate holder] **LICENSEE** the opportunity for a hearing before the Board.

(2) The Board shall give notice and hold the hearing under Title 10, Subtitle 2 of the State Government Article.

(3) The Board may administer oaths in connection with any proceeding under this section.

(4) At least 14 days before the hearing, the hearing notice shall be sent to the last known address of the applicant or [certificate holder] **LICENSEE**.

(b) Any applicant aggrieved under this subtitle by a final decision of the Board denying a [certificate or denying or modifying a delegation agreement] LICENSE OR REJECTING OR MODIFYING A DELEGATION AGREEMENT OR ADVANCED DUTY may:

- (1) Appeal that decision to the Board of Review; and
- (2) Then take any further appeal allowed under Title 10, Subtitle 2 of the State Government Article.

~~15-314.~~

~~Subject to the hearing provisions of § 15-315 of this subtitle, the Board, on the affirmative vote of a majority of its members then serving, may reprimand any [certificate holder] LICENSEE, LIMIT OR OTHERWISE RESTRICT A LICENSE, IMPOSE CORRECTIVE MEASURES ON A LICENSEE, or suspend or revoke a [certificate] LICENSE if the [certificate holder] LICENSEE:~~

- ~~(1) Fraudulently or deceptively obtains or attempts to obtain a [certificate] LICENSE for the applicant or [certificate holder] LICENSEE or for another individual;~~
- ~~(2) Fraudulently or deceptively uses a [certificate] LICENSE;~~
- ~~(3) Violates any provision of this title or any regulations adopted under this title [or], commits any act which could serve as the basis for disciplinary action against a [physician] PERSON WHO IS LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED TO PRACTICE A HEALTH OCCUPATION under [§ 14-404 of] this article, OR A STIPULATION OR AGREEMENT OF THE BOARD;~~
- ~~(4) [Performs delegated medical acts beyond the scope of the certificate not within a delegation agreement approved by the Board;~~
- ~~(5)] Performs delegated medical acts without the supervision of a physician;~~
- ~~(5) IS CONVICTED OF A FELONY;~~
- ~~(6) IS HABITUALLY INTOXICATED;~~
- ~~(7) IS ADDICTED TO, OR HABITUALLY ABUSES, ANY NARCOTIC OR CONTROLLED DANGEROUS SUBSTANCE, AS DEFINED IN § 5-101 OF THE CRIMINAL LAW ARTICLE, OR OTHER DRUG THAT IS IN EXCESS OF THERAPEUTIC AMOUNTS OR WITHOUT VALID MEDICAL INDICATION;~~

- ~~(8) HAS BEEN ADJUDICATED AS MENTALLY INCOMPETENT;~~
- ~~(9) IS PHYSICALLY OR MENTALLY UNABLE TO ENGAGE SAFELY IN PRACTICE AS A PHYSICIAN ASSISTANT;~~
- ~~(10) DEMONSTRATES PROFESSIONAL INCOMPETENCE;~~
- ~~(11) VIOLATES PATIENT CONFIDENTIALITY, EXCEPT AS OTHERWISE REQUIRED OR PERMITTED BY LAW;~~
- ~~(12) ENGAGES IN CONDUCT INTENDED TO OR WITH A SUBSTANTIAL LIKELIHOOD TO DECEIVE, DEFRAUD, OR HARM THE PUBLIC;~~
- ~~(13) ENGAGES IN UNPROFESSIONAL OR IMMORAL CONDUCT IN THE PRACTICE OF MEDICINE;~~
- ~~(14) PRESCRIBES, SELLS, ADMINISTERS, DISTRIBUTES, ORDERS, OR GIVES AWAY ANY DRUG CLASSIFIED AS A CONTROLLED DANGEROUS SUBSTANCE FOR OTHER THAN MEDICALLY ACCEPTED THERAPEUTIC PURPOSES;~~
- ~~(15) HAS COMMITTED AN ACT OF MORAL TURPITUDE;~~
- ~~(16) IS DISCIPLINED BY A LICENSING OR DISCIPLINARY AUTHORITY OF ANY STATE OR COUNTRY FOR AN ACT THAT WOULD BE GROUNDS FOR DISCIPLINARY ACTION UNDER THIS SECTION;~~
- ~~(17) FAILS TO COOPERATE WITH AN INVESTIGATION CONDUCTED BY THE BOARD;~~
- ~~(18) REPRESENTS THAT THE PERSON IS A PHYSICIAN;~~
- ~~[(6)] (19) Refuses, withholds from, denies, or discriminates against an individual with regard to the provision of professional services for which the [certificate holder] LICENSEE is [certified] LICENSED and qualified to render because the individual is HIV positive;~~
- ~~[(7)] (20) Except in an emergency life threatening situation where it is not feasible or practicable, fails to comply with the Centers for Disease [Control's] CONTROL AND PREVENTION'S guidelines on universal precautions; or~~
- ~~[(8)] (21) Is in breach of a service obligation resulting from the applicant's or [certificate holder's] LICENSEE'S receipt of State or federal funding for the applicant's or [certificate holder's] LICENSEE'S physician assistant education.~~

15-314.

(A) SUBJECT TO THE HEARING PROVISIONS OF § 15-315 OF THIS SUBTITLE, THE BOARD, ON THE AFFIRMATIVE VOTE OF A MAJORITY OF THE QUORUM, MAY REPRIMAND ANY PHYSICIAN ASSISTANT, PLACE ANY PHYSICIAN ASSISTANT ON PROBATION, OR SUSPEND OR REVOKE A LICENSE IF THE PHYSICIAN ASSISTANT:

(1) FRAUDULENTLY OR DECEPTIVELY OBTAINS OR ATTEMPTS TO OBTAIN A LICENSE FOR THE APPLICANT OR LICENSEE OR FOR ANOTHER;

(2) FRAUDULENTLY OR DECEPTIVELY USES A LICENSE;

(3) IS GUILTY OF:

(I) IMMORAL CONDUCT IN THE PRACTICE OF MEDICINE; OR

(II) UNPROFESSIONAL CONDUCT IN THE PRACTICE OF MEDICINE;

(4) IS PROFESSIONALLY, PHYSICALLY, OR MENTALLY INCOMPETENT;

(5) SOLICITS OR ADVERTISES IN VIOLATION OF § 14-503 OF THIS ~~TITLE~~ ARTICLE;

(6) ABANDONS A PATIENT;

(7) HABITUALLY IS INTOXICATED;

(8) IS ADDICTED TO, OR HABITUALLY ABUSES, ANY NARCOTIC OR CONTROLLED DANGEROUS SUBSTANCE AS DEFINED IN § 5-101 OF THE CRIMINAL LAW ARTICLE;

(9) PROVIDES PROFESSIONAL SERVICES:

(I) WHILE UNDER THE INFLUENCE OF ALCOHOL; OR

(II) WHILE USING ANY NARCOTIC OR CONTROLLED DANGEROUS SUBSTANCE, AS DEFINED IN § 5-101 OF THE CRIMINAL LAW ARTICLE, OR OTHER DRUG THAT IS IN EXCESS OF THERAPEUTIC AMOUNTS OR WITHOUT VALID MEDICAL INDICATION;

(10) PROMOTES THE SALE OF DRUGS, DEVICES, APPLIANCES, OR GOODS TO A PATIENT SO AS TO EXPLOIT THE PATIENT FOR FINANCIAL GAIN;

(11) WILLFULLY MAKES OR FILES A FALSE REPORT OR RECORD IN THE PRACTICE OF MEDICINE;

(12) WILLFULLY FAILS TO FILE OR RECORD ANY MEDICAL REPORT AS REQUIRED UNDER LAW, WILLFULLY IMPEDES OR OBSTRUCTS THE FILING OR RECORDING OF THE REPORT, OR INDUCES ANOTHER TO FAIL TO FILE OR RECORD THE REPORT;

(13) ON PROPER REQUEST, AND IN ACCORDANCE WITH THE PROVISIONS OF TITLE 4, SUBTITLE 3 OF THE HEALTH – GENERAL ARTICLE, FAILS TO PROVIDE DETAILS OF A PATIENT’S MEDICAL RECORD TO THE PATIENT, ANOTHER PHYSICIAN, OR HOSPITAL;

(14) SOLICITS PROFESSIONAL PATRONAGE THROUGH AN AGENT OR OTHER PERSON OR PROFITS FROM THE ACTS OF A PERSON WHO IS REPRESENTED AS AN AGENT OF THE PHYSICIAN;

(15) PAYS OR AGREES TO PAY ANY SUM TO ANY PERSON FOR BRINGING OR REFERRING A PATIENT OR ACCEPTS OR AGREES TO ACCEPT ANY SUM FROM ANY PERSON FOR BRINGING OR REFERRING A PATIENT;

(16) AGREES WITH A CLINICAL OR BIOANALYTICAL LABORATORY TO MAKE PAYMENTS TO THE LABORATORY FOR A TEST OR TEST SERIES FOR A PATIENT, UNLESS THE LICENSED PHYSICIAN ASSISTANT DISCLOSES ON THE BILL TO THE PATIENT OR THIRD-PARTY PAYOR:

(I) THE NAME OF THE LABORATORY;

(II) THE AMOUNT PAID TO THE LABORATORY FOR THE TEST OR TEST SERIES; AND

(III) THE AMOUNT OF PROCUREMENT OR PROCESSING CHARGE OF THE LICENSED PHYSICIAN, IF ANY, FOR EACH SPECIMEN TAKEN;

(17) MAKES A WILLFUL MISREPRESENTATION IN TREATMENT;

(18) PRACTICES MEDICINE WITH AN UNAUTHORIZED PERSON OR AIDS AN UNAUTHORIZED PERSON IN THE PRACTICE OF MEDICINE;

(19) GROSSLY OVERUTILIZES HEALTH CARE SERVICES;

(20) OFFERS, UNDERTAKES, OR AGREES TO CURE OR TREAT DISEASE BY A SECRET METHOD, TREATMENT, OR MEDICINE;

(21) IS DISCIPLINED BY A LICENSING OR DISCIPLINARY AUTHORITY OR CONVICTED OR DISCIPLINED BY A COURT OF ANY STATE OR COUNTRY OR DISCIPLINED BY ANY BRANCH OF THE UNITED STATES UNIFORMED SERVICES OR THE VETERANS' ADMINISTRATION FOR AN ACT THAT WOULD BE GROUNDS FOR DISCIPLINARY ACTION UNDER THIS SECTION;

(22) FAILS TO MEET APPROPRIATE STANDARDS FOR THE DELIVERY OF QUALITY MEDICAL AND SURGICAL CARE PERFORMED IN AN OUTPATIENT SURGICAL FACILITY, OFFICE, HOSPITAL, OR ANY OTHER LOCATION IN THIS STATE;

(23) WILLFULLY SUBMITS FALSE STATEMENTS TO COLLECT FEES FOR WHICH SERVICES ARE NOT PROVIDED;

(24) WAS SUBJECT TO INVESTIGATION OR DISCIPLINARY ACTION BY A LICENSING OR DISCIPLINARY AUTHORITY OR BY A COURT OF ANY STATE OR COUNTRY FOR AN ACT THAT WOULD BE GROUNDS FOR DISCIPLINARY ACTION UNDER THIS SECTION AND THE LICENSEE:

(i) SURRENDERED THE LICENSE ISSUED BY THE STATE OR COUNTRY TO THE STATE OR COUNTRY; OR

(ii) ALLOWED THE LICENSE ISSUED BY THE STATE OR COUNTRY TO EXPIRE OR LAPSE;

(25) KNOWINGLY FAILS TO REPORT SUSPECTED CHILD ABUSE IN VIOLATION OF § 5-704 OF THE FAMILY LAW ARTICLE;

(26) FAILS TO EDUCATE A PATIENT BEING TREATED FOR BREAST CANCER OF ALTERNATIVE METHODS OF TREATMENT AS REQUIRED BY § 20-113 OF THE HEALTH - GENERAL ARTICLE;

(27) SELLS, PRESCRIBES, GIVES AWAY, OR ADMINISTERS DRUGS FOR ILLEGAL OR ILLEGITIMATE MEDICAL PURPOSES;

(28) FAILS TO COMPLY WITH THE PROVISIONS OF § 12-102 OF THIS ARTICLE;

(29) REFUSES, WITHHOLDS FROM, DENIES, OR DISCRIMINATES AGAINST AN INDIVIDUAL WITH REGARD TO THE PROVISION OF PROFESSIONAL

SERVICES FOR WHICH THE PHYSICIAN ASSISTANT IS LICENSED AND QUALIFIED TO RENDER BECAUSE THE INDIVIDUAL IS HIV POSITIVE;

(30) EXCEPT AS TO AN ASSOCIATION THAT HAS REMAINED IN CONTINUOUS EXISTENCE SINCE JULY 1, 1963:

(I) ASSOCIATES WITH A PHARMACIST AS A PARTNER OR CO-OWNER OF A PHARMACY FOR THE PURPOSE OF OPERATING A PHARMACY;

(II) EMPLOYS A PHARMACIST FOR THE PURPOSE OF OPERATING A PHARMACY; OR

(III) CONTRACTS WITH A PHARMACIST FOR THE PURPOSE OF OPERATING A PHARMACY;

(31) EXCEPT IN AN EMERGENCY LIFE-THREATENING SITUATION WHERE IT IS NOT FEASIBLE OR PRACTICABLE, FAILS TO COMPLY WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S GUIDELINES ON UNIVERSAL PRECAUTIONS;

(32) FAILS TO DISPLAY THE NOTICE REQUIRED UNDER § 14-415 OF THIS ~~SUBTITLE~~ ARTICLE;

(33) FAILS TO COOPERATE WITH A LAWFUL INVESTIGATION CONDUCTED BY THE BOARD;

(34) IS CONVICTED OF INSURANCE FRAUD AS DEFINED IN § 27-801 OF THE INSURANCE ARTICLE;

(35) IS IN BREACH OF A SERVICE OBLIGATION RESULTING FROM THE APPLICANT'S OR LICENSEE'S RECEIPT OF STATE OR FEDERAL FUNDING FOR THE PHYSICIAN ASSISTANT'S MEDICAL EDUCATION;

(36) WILLFULLY MAKES A FALSE REPRESENTATION WHEN SEEKING OR MAKING APPLICATION FOR LICENSURE OR ANY OTHER APPLICATION RELATED TO THE PRACTICE OF MEDICINE;

(37) BY CORRUPT MEANS, THREATS, OR FORCE, INTIMIDATES OR INFLUENCES, OR ATTEMPTS TO INTIMIDATE OR INFLUENCE, FOR THE PURPOSE OF CAUSING ANY PERSON TO WITHHOLD OR CHANGE TESTIMONY IN HEARINGS OR PROCEEDINGS BEFORE THE BOARD OR THOSE OTHERWISE DELEGATED TO THE OFFICE OF ADMINISTRATIVE HEARINGS;

(38) BY CORRUPT MEANS, THREATS, OR FORCE, HINDERS, PREVENTS, OR OTHERWISE DELAYS ANY PERSON FROM MAKING INFORMATION AVAILABLE TO THE BOARD IN FURTHERANCE OF ANY INVESTIGATION OF THE BOARD;

(39) INTENTIONALLY MISREPRESENTS CREDENTIALS FOR THE PURPOSE OF TESTIFYING OR RENDERING AN EXPERT OPINION IN HEARINGS OR PROCEEDINGS BEFORE THE BOARD OR THOSE OTHERWISE DELEGATED TO THE OFFICE OF ADMINISTRATIVE HEARINGS;

(40) FAILS TO KEEP ADEQUATE MEDICAL RECORDS;

(41) PERFORMS DELEGATED MEDICAL ACTS BEYOND THE SCOPE OF THE DELEGATION AGREEMENT FILED WITH THE BOARD OR AFTER NOTIFICATION FROM THE BOARD THAT AN ADVANCED DUTY HAS BEEN DISAPPROVED; OR

(42) PERFORMS DELEGATED MEDICAL ACTS WITHOUT THE SUPERVISION OF A PHYSICIAN.

(B) (1) ON THE FILING OF CERTIFIED DOCKET ENTRIES WITH THE BOARD BY THE OFFICE OF THE ATTORNEY GENERAL, THE BOARD SHALL ORDER THE SUSPENSION OF A LICENSE IF THE PHYSICIAN ASSISTANT IS CONVICTED OF OR PLEADS GUILTY OR NOLO CONTENDERE WITH RESPECT TO A CRIME INVOLVING MORAL TURPITUDE, WHETHER OR NOT ANY APPEAL OR OTHER PROCEEDING IS PENDING TO HAVE THE CONVICTION OR PLEA SET ASIDE.

(2) AFTER COMPLETION OF THE APPELLATE PROCESS IF THE CONVICTION HAS NOT BEEN REVERSED OR THE PLEA HAS NOT BEEN SET ASIDE WITH RESPECT TO A CRIME INVOLVING MORAL TURPITUDE, THE BOARD SHALL ORDER THE REVOCATION OF A LICENSE ON THE CERTIFICATION BY THE OFFICE OF THE ATTORNEY GENERAL.

15-315.

(a) (1) Except as otherwise provided under § 10-226 of the State Government Article, before the Board takes any action under ~~§ 15-314~~ **§ 15-314(A)** of this subtitle, the Board shall give the individual against whom the action is contemplated an opportunity for a hearing before a hearing officer.

(2) The hearing officer shall give notice and hold the hearing in accordance with Title 10, Subtitle 2 of the State Government Article.

(3) The Board may administer oaths in connection with any proceeding under this section.

(4) At least 14 days before the hearing, the hearing notice required under this subtitle shall be sent by certified mail to the last known address of the individual.

(b) (1) Any [certificate holder] LICENSEE who is aggrieved by a final decision of the Board under this subtitle may not appeal to the Board of Review but may take a direct judicial appeal.

(2) The appeal shall be as provided for judicial review of the final decision in Title 10, Subtitle 2 of the State Government Article.

(c) An order of the Board under this subtitle may not be stayed pending review.

(d) All of the findings and orders of the Board that relate to physician assistants are subject to the provisions of Title 14, Subtitle 4 of this article.

15-316.

~~(A) A PHYSICIAN ASSISTANT WHO IS LICENSED IN THIS STATE OR AUTHORIZED TO PRACTICE IN ANY OTHER STATE OR WHO IS CREDENTIALLED AS A PHYSICIAN ASSISTANT BY A FEDERAL EMPLOYER WHO RESPONDS TO A NEED FOR MEDICAL CARE IN AN EMERGENCY OR A STATE OR LOCAL DISASTER MAY PERFORM A MEDICAL ACT WITHOUT SUPERVISION OR WITH ANY SUPERVISION THAT IS AVAILABLE.~~

~~(B) A PHYSICIAN WHO SUPERVISES A PHYSICIAN ASSISTANT WHO PERFORMS A MEDICAL ACT IN RESPONSE TO AN EMERGENCY OR A STATE OR LOCAL DISASTER IS NOT REQUIRED TO MEET THE REQUIREMENTS FOR A PRIMARY OR ALTERNATE SUPERVISING PHYSICIAN UNDER THIS TITLE.~~

(A) IF AFTER A HEARING UNDER § 15-315 OF THIS SUBTITLE, THE BOARD FINDS THAT THERE ARE GROUNDS FOR DISCIPLINE UNDER § 15-314(A) OF THIS SUBTITLE TO SUSPEND OR REVOKE A LICENSE OF A PHYSICIAN ASSISTANT OR TO DENY A LICENSE TO AN APPLICANT OR TO REPRIMAND A LICENSED PHYSICIAN ASSISTANT, THE BOARD MAY IMPOSE A FINE SUBJECT TO THE BOARD'S REGULATIONS INSTEAD OF OR IN ADDITION TO SUSPENDING OR REVOKING THE LICENSE OR REPRIMANDING THE LICENSEE.

(B) THE BOARD SHALL PAY ANY FINES COLLECTED UNDER THIS SECTION INTO THE GENERAL FUND OF THE STATE.

15-317.

(A) A PHYSICIAN ASSISTANT IN THIS STATE OR IN ANY OTHER STATE IS AUTHORIZED TO PERFORM ACTS, TASKS, OR FUNCTIONS AS A PHYSICIAN ASSISTANT UNDER THE SUPERVISION OF A PHYSICIAN LICENSED TO PRACTICE MEDICINE IN THE STATE DURING A DISASTER AS DEFINED BY THE GOVERNOR, WITHIN A COUNTY IN WHICH A STATE OF DISASTER HAS BEEN DECLARED, OR COUNTIES CONTIGUOUS TO A COUNTY IN WHICH A STATE OF DISASTER HAS BEEN DECLARED.

(B) THE PHYSICIAN ASSISTANT SHALL NOTIFY THE BOARD IN WRITING OF THE NAMES, PRACTICE LOCATIONS, AND TELEPHONE NUMBERS FOR THE PHYSICIAN ASSISTANT AND EACH PRIMARY SUPERVISING PHYSICIAN WITHIN 30 DAYS OF THE FIRST PERFORMANCE OF MEDICAL ACTS, TASKS, OR FUNCTIONS AS A PHYSICIAN ASSISTANT DURING THE DISASTER.

(C) A TEAM OF ~~PHYSICIAN~~ PHYSICIANS AND PHYSICIAN ASSISTANTS OR PHYSICIAN ASSISTANTS PRACTICING UNDER THIS SECTION MAY NOT BE REQUIRED TO MAINTAIN ON-SITE DOCUMENTATION DESCRIBING SUPERVISORY ARRANGEMENTS AS OTHERWISE REQUIRED UNDER THIS TITLE.

15-401.

(a) Except as otherwise provided in this title, a person may not practice, attempt to practice, or offer to practice as a physician assistant in the State unless the person has a [certificate] LICENSE issued by the Board.

(b) Except as otherwise provided in this title, a person may not perform, attempt to perform, or offer to perform any delegated medical act beyond the scope of the [certificate] LICENSE and which is consistent with a delegation agreement [approved by] FILED WITH the Board.

15-402.

(a) Except as otherwise provided under this title, a person may not represent or imply to the public by use of the title ["certified"] "LICENSED physician assistant", by other title, by description of services, methods, or procedures that the person is [certified] LICENSED to practice as a physician assistant in the State.

(b) Unless [certified] LICENSED to practice as a physician assistant under this title, a person may not use the words or terms "physician assistant", ["certified"] "LICENSED physician assistant", or "P.A.".

15-402.1.

(A) EXCEPT AS OTHERWISE PROVIDED IN THIS SUBTITLE, A LICENSED PHYSICIAN MAY NOT EMPLOY OR SUPERVISE AN INDIVIDUAL PRACTICING AS A PHYSICIAN ASSISTANT WHO DOES NOT HAVE A LICENSE.

(B) EXCEPT AS OTHERWISE PROVIDED IN THIS SUBTITLE, A HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH CARE SYSTEM, OR EMPLOYER MAY NOT EMPLOY AN INDIVIDUAL PRACTICING AS A PHYSICIAN ASSISTANT WHO DOES NOT HAVE A LICENSE.

(C) THE BOARD MAY IMPOSE A CIVIL PENALTY IN AN AMOUNT NOT EXCEEDING \$1,000 FOR A VIOLATION OF THIS SECTION.

(D) THE BOARD SHALL REMIT ANY PENALTY COLLECTED UNDER THIS SUBSECTION INTO THE BOARD OF PHYSICIANS FUND.

15-403.

(a) A person who violates § 15-401 or § 15-402 of this subtitle:

(1) Is guilty of a misdemeanor and on conviction is subject to a fine not exceeding \$5,000 or imprisonment not exceeding 5 years or both; and

(2) Shall lose [certification] **LICENSURE** as a physician assistant under this title.

(b) (1) In addition to the penalties under subsection (a) of this section, a person who violates § 15-401 of this subtitle may be subject to a civil penalty assessed by the Board in an amount not exceeding \$5,000.

(2) IN ADDITION TO THE PENALTIES UNDER PARAGRAPH (1) OF THIS SUBSECTION, A PERSON WHO VIOLATES § 15-309 OF THIS TITLE MAY BE SUBJECT TO A CIVIL PENALTY ASSESSED BY THE BOARD IN AN AMOUNT NOT EXCEEDING \$100.

[(2)] (3) The Board shall pay any civil penalty collected under this subsection into the Board of Physicians Fund.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2010.

Approved by the Governor, May 4, 2010.