

# SENATE BILL 167

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SB 673/23 – FIN

(PRE-FILED)

4lr1212

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By: **Senator Carozza**

Requested: October 27, 2023

Introduced and read first time: January 10, 2024

Assigned to: Finance

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## A BILL ENTITLED

1 AN ACT concerning

2 **Physician Assistants – Revisions**  
3 **(Physician Assistant Modernization Act of 2024)**

4 FOR the purpose of requiring that a physician assistant have a collaboration agreement,  
5 rather than a delegation agreement, in order to practice as a physician assistant;  
6 altering the scope of practice of a physician assistant; altering the education required  
7 for licensure as a physician assistant; authorizing physician assistants who are  
8 employees of the federal government to perform acts, tasks, or functions as a  
9 physician assistant during a certain disaster; and generally relating to physician  
10 assistants.

11 BY repealing and reenacting, without amendments,  
12 Article – Alcoholic Beverages and Cannabis  
13 Section 36–101(a)  
14 Annotated Code of Maryland  
15 (2016 Volume and 2023 Supplement)

16 BY repealing and reenacting, with amendments,  
17 Article – Alcoholic Beverages and Cannabis  
18 Section 36–101(m)(1)(v)  
19 Annotated Code of Maryland  
20 (2016 Volume and 2023 Supplement)

21 BY repealing and reenacting, with amendments,  
22 Article – Education  
23 Section 7–402(c) and 18–802(a)(8)  
24 Annotated Code of Maryland  
25 (2022 Replacement Volume and 2023 Supplement)

26 BY repealing and reenacting, without amendments,

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



- 1 Article – Education  
2 Section 18–802(a)(1)  
3 Annotated Code of Maryland  
4 (2022 Replacement Volume and 2023 Supplement)
- 5 BY repealing and reenacting, without amendments,  
6 Article – Health – General  
7 Section 4–201(a) and 5–601(a)  
8 Annotated Code of Maryland  
9 (2023 Replacement Volume)
- 10 BY repealing and reenacting, with amendments,  
11 Article – Health – General  
12 Section 4–201(s) and 5–601(v)  
13 Annotated Code of Maryland  
14 (2023 Replacement Volume)
- 15 BY repealing and reenacting, with amendments,  
16 Article – Health Occupations  
17 Section 12–102(c)(2)(iv), (v), and (vi), 15–101, 15–103, 15–202(b), 15–205(a), 15–301,  
18 15–302, 15–302.2, 15–303, 15–306, 15–309(a), 15–310, 15–314(a)(41), 15–317,  
19 15–401, and 15–402.1(a)  
20 Annotated Code of Maryland  
21 (2021 Replacement Volume and 2023 Supplement)
- 22 BY adding to  
23 Article – Health Occupations  
24 Section 12–102(c)(2)(vii) and 15–314(a)(42)  
25 Annotated Code of Maryland  
26 (2021 Replacement Volume and 2023 Supplement)
- 27 BY repealing and reenacting, without amendments,  
28 Article – Health Occupations  
29 Section 15–202(a)(1) and (2)  
30 Annotated Code of Maryland  
31 (2021 Replacement Volume and 2023 Supplement)
- 32 BY repealing  
33 Article – Health Occupations  
34 Section 15–302.1, 15–302.3, 15–313, and 15–314(a)(42)  
35 Annotated Code of Maryland  
36 (2021 Replacement Volume and 2023 Supplement)
- 37 BY repealing and reenacting, without amendments,  
38 Article – Transportation  
39 Section 13–616(a)(1)  
40 Annotated Code of Maryland

1 (2020 Replacement Volume and 2023 Supplement)

2 BY repealing and reenacting, with amendments,  
3 Article – Transportation  
4 Section 13–616(a)(7)  
5 Annotated Code of Maryland  
6 (2020 Replacement Volume and 2023 Supplement)

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

9 **Article – Alcoholic Beverages and Cannabis**

10 36–101.

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

12 (m) “Certifying provider” means an individual who:

13 (1) (v) 1. has an active, unrestricted license to practice as a  
14 physician assistant issued by the State Board of Physicians under Title 15 of the Health  
15 Occupations Article; **AND**

16 2. [has an active delegation agreement with a primary  
17 supervising physician who is a certifying provider; and

18 3.] is in good standing with the State Board of Physicians;

19 **Article – Education**

20 7–402.

21 (c) The physical examination required under subsection (b) of this section shall  
22 be completed by:

23 (1) A licensed physician;

24 (2) A licensed physician assistant [with a delegation agreement approved  
25 by the State Board of Physicians]; or

26 (3) A certified nurse practitioner.

27 18–802.

28 (a) (1) In this section the following words have the meanings indicated.

1 (8) "Physician assistant" means an individual [to whom duties are  
2 delegated by a licensed physician under the rules and regulations of the State Board of  
3 Physicians] **LICENSED UNDER TITLE 15 OF THE HEALTH OCCUPATIONS ARTICLE TO**  
4 **PRACTICE AS A PHYSICIAN ASSISTANT.**

#### 5 **Article – Health – General**

6 4–201.

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

8 (s) "Physician assistant" means an individual who is licensed under Title 15 of  
9 the Health Occupations Article to practice [medicine with physician supervision] **AS A**  
10 **PHYSICIAN ASSISTANT.**

11 5–601.

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

13 (v) "Physician assistant" means an individual who is licensed under Title 15 of  
14 the Health Occupations Article to practice [medicine with physician supervision] **AS A**  
15 **PHYSICIAN ASSISTANT.**

#### 16 **Article – Health Occupations**

17 12–102.

18 (c) (2) This title does not prohibit:

19 (iv) A licensed physician who complies with the requirements of item  
20 (ii) of this paragraph from personally preparing and dispensing a prescription written by:

21 1. A physician assistant [in accordance with a delegation  
22 agreement that] **WHO** complies with Title 15, Subtitle 3 of this article; or

23 2. An advanced practice registered nurse with prescriptive  
24 authority under Title 8 of this article and is working with the physician in the same office  
25 setting;

26 (v) A hospital–based clinic from dispensing prescriptions to its  
27 patients; [or]

28 (vi) An individual licensed or certified under Title 8 of this article  
29 from personally preparing and dispensing a drug or device as authorized under Title 8 of  
30 this article; **OR**

1 (VII) A PHYSICIAN ASSISTANT FROM PERSONALLY PREPARING  
2 AND DISPENSING A PRESCRIPTION IN ACCORDANCE WITH § 15-302.1 OF THIS  
3 ARTICLE.

4 15-101.

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

6 [(b) “Alternate supervising physician” means one or more physicians designated  
7 by the primary supervising physician to provide supervision of a physician assistant in  
8 accordance with the delegation agreement on file with the Board.]

9 [(c)] (B) “Ambulatory surgical facility” means a facility:

10 (1) Accredited by:

11 (i) The American Association for Accreditation of Ambulatory  
12 Surgical Facilities;

13 (ii) The Accreditation Association for Ambulatory Health Care; or

14 (iii) The Joint Commission on Accreditation of Healthcare  
15 Organizations; or

16 (2) Certified to participate in the Medicare program, as enacted by Title  
17 XVIII of the Social Security Act.

18 [(d)] (C) “Board” means the State Board of Physicians, established under §  
19 14-201 of this article.

20 (D) (1) “COLLABORATION” MEANS THE COMMUNICATION AND  
21 DECISION-MAKING PROCESS AMONG HEALTH CARE PROVIDERS WHO ARE MEMBERS  
22 OF A PATIENT CARE TEAM RELATED TO THE TREATMENT OF A PATIENT THAT  
23 INCLUDES THE DEGREE OF COOPERATION NECESSARY TO PROVIDE TREATMENT  
24 AND CARE TO THE PATIENT AND INCLUDES:

25 (I) COMMUNICATION OF DATA AND INFORMATION ABOUT THE  
26 TREATMENT AND CARE OF A PATIENT, INCLUDING THE EXCHANGE OF CLINICAL  
27 OBSERVATIONS AND ASSESSMENTS; AND

28 (II) DEVELOPMENT OF AN APPROPRIATE PLAN OF CARE,  
29 INCLUDING:

30 1. DECISIONS REGARDING THE HEALTH CARE  
31 PROVIDED;

1                   **2. ACCESSING AND ASSESSMENT OF APPROPRIATE**  
2 **ADDITIONAL RESOURCES OR EXPERTISE; AND**

3                   **3. ARRANGEMENT OF APPROPRIATE REFERRALS,**  
4 **TESTING, OR STUDIES.**

5                   **(2) “COLLABORATION” DOES NOT REQUIRE THE CONSTANT,**  
6 **PHYSICAL PRESENCE OF A COLLABORATING PHYSICIAN ON-SITE IN THE PRACTICE**  
7 **SETTING, IF THE COLLABORATING PHYSICIAN IS ACCESSIBLE BY ELECTRONIC**  
8 **MEANS.**

9                   **(E) “COLLABORATION AGREEMENT” MEANS A DOCUMENT THAT:**

10                   **(1) OUTLINES THE COLLABORATION BETWEEN A PHYSICIAN**  
11 **ASSISTANT AND:**

12                   **(I) AN INDIVIDUAL PHYSICIAN; OR**

13                   **(II) A GROUP OF PHYSICIANS;**

14                   **(2) IS DEVELOPED BY A PHYSICIAN ASSISTANT AND THE PHYSICIAN**  
15 **OR GROUP OF PHYSICIANS; AND**

16                   **(3) IS SUBMITTED TO THE BOARD.**

17                   **[(e)] (F) “Committee” means the Physician Assistant Advisory Committee.**

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

20                   **[(g)] (H) “Correctional facility” includes a State or local correctional facility.**

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

23                   **(i) “Delegation agreement” means a document that is executed by a primary**  
24 **supervising physician and a physician assistant containing the requirements of § 15–302**  
25 **of this title.**

26                   **[(i–1)] (I) “Disciplinary panel” means a disciplinary panel of the Board**  
27 **established under § 14–401 of this article.**

28                   **(j) “Dispense” or “dispensing” has the meaning stated in § 12–101 of this article.**

1 (k) “Drug sample” means a unit of a prescription drug that is intended to promote  
2 the sale of the drug and is not intended for sale.

3 (l) “Hospital” means:

4 (1) A hospital as defined under § 19–301 of the Health – General Article;

5 (2) A comprehensive care facility that:

6 (i) Meets the requirements of a hospital–based skilled nursing  
7 facility under federal law; and

8 (ii) Offers acute care in the same building; and

9 (3) An emergency room that is physically connected to a hospital or a  
10 freestanding medical facility that is licensed under Title 19, Subtitle 3A of the Health –  
11 General Article.

12 (m) “License” means a license issued by the Board to a physician assistant under  
13 this title.

14 (n) “National certifying examination” means the Physician Assistant National  
15 Certifying Examination administered by the National Commission on Certification of  
16 Physician Assistants or its successor.

17 **(O) “PATIENT CARE TEAM” MEANS A MULTIDISCIPLINARY TEAM OF HEALTH**  
18 **CARE PROVIDERS ACTIVELY FUNCTIONING AS A UNIT IN CONSULTATION WITH ONE**  
19 **OR MORE PATIENT CARE TEAM PHYSICIANS FOR THE PURPOSE OF PROVIDING AND**  
20 **DELIVERING HEALTH CARE TO A PATIENT OR GROUP OF PATIENTS.**

21 **(P) “PATIENT CARE TEAM PHYSICIAN” MEANS A LICENSED PHYSICIAN WHO**  
22 **REGULARLY PRACTICES IN THE STATE AND WHO PROVIDES CONSULTATION IN THE**  
23 **CARE OF PATIENTS AS PART OF A PATIENT CARE TEAM.**

24 **[(o)] (Q) “Physician assistant” means an individual who is licensed under this**  
25 **title to practice [medicine with physician supervision] AS A PHYSICIAN ASSISTANT.**

26 **[(p)] (R) “Practice as a physician assistant” means the performance of medical**  
27 **acts that are:**

28 **[(1)] (1) Delegated by a supervising physician to a physician assistant;**

29 **(2) Within the supervising physician’s scope of practice; and**

30 **(3) Appropriate to the physician assistant’s education, training, and**

1 experience]

2 (1) AUTHORIZED UNDER A LICENSE ISSUED BY THE BOARD; AND

3 (2) AUTHORIZED UNDER THE PHYSICIAN ASSISTANT'S  
4 COLLABORATION AGREEMENT.

5 [(q)] (S) "Prescriptive authority" means the authority [delegated by a primary  
6 or alternate supervising physician to] OF a physician assistant to:

7 (1) Prescribe and administer controlled dangerous substances, prescription  
8 drugs, medical devices, and the oral, written, or electronic ordering of medications; and

9 (2) Dispense as provided under [§ 15–302.2(b), (c), and (d)] § 15–302.1 of  
10 this title.

11 [(r)] "Primary supervising physician" means a physician who:

12 (1) Completes a delegation agreement that meets the requirements under  
13 §§ 15–301(d) and (e) and 15–302 of this title and files a copy with the Board;

14 (2) Acts as the physician responsible to ensure that a physician assistant  
15 practices medicine in accordance with this title and the regulations adopted under this title;

16 (3) Ensures that a physician assistant practices within the scope of practice  
17 of the primary supervising physician or any designated alternate supervising physician;  
18 and

19 (4) Ensures that a list of alternate supervising physicians is maintained at  
20 the practice setting.]

21 [(s)] (T) "Public health facility" means a site where clinical public health  
22 services are rendered under the auspices of the Department, a local health department in  
23 a county, or the Baltimore City Health Department.

24 [(t)] (U) "Starter dosage" means an amount of a drug sufficient to begin therapy:

25 (1) Of short duration of 72 hours or less; or

26 (2) Prior to obtaining a larger quantity of the drug to complete therapy.

27 [(u)] (1) "Supervision" means the responsibility of a physician to exercise  
28 on-site supervision or immediately available direction for physician assistants performing  
29 delegated medical acts.

30 (2) "Supervision" includes physician oversight of and acceptance of direct



1 responsibility for the patient services and care rendered by a physician assistant, including  
2 continuous availability to the physician assistant in person, through written instructions,  
3 or by electronic means and by designation of one or more alternate supervising physicians.]

4 15–103.

5 (a) In this section, “alternative health care system” has the meaning stated in §  
6 1–401 of this article.

7 (b) (1) Subject to paragraph (2) of this subsection, an employer of a physician  
8 assistant shall report to the Board, on the form prescribed by the Board, any termination  
9 of employment of the physician assistant if the cause of termination is related to a quality  
10 of care issue.

11 (2) Subject to subsection (d) of this section, a [supervising physician]  
12 **PHYSICIAN OR GROUP OF PHYSICIANS THAT DEVELOPS A COLLABORATION**  
13 **AGREEMENT WITH A PHYSICIAN ASSISTANT** or an employer of a physician assistant shall  
14 notify the Board within 10 days of the termination of employment of the physician assistant  
15 for reasons that would be grounds for discipline under this title.

16 (3) A [supervising physician and a] **PHYSICIAN OR GROUP OF**  
17 **PHYSICIANS THAT DEVELOPS A COLLABORATION AGREEMENT WITH A PHYSICIAN**  
18 **ASSISTANT OR THE** physician assistant shall notify the Board within 10 days of the  
19 termination of the relationship under a [delegation agreement for any reason]  
20 **COLLABORATION AGREEMENT.**

21 (c) Except as otherwise provided under subsections (b) and (d) of this section, a  
22 hospital, a related institution, an alternative health care system, or an employer of a  
23 physician assistant shall report to the Board any limitation, reduction, or other change of  
24 the terms of employment of the physician assistant or any termination of employment of  
25 the physician assistant for any reason that might be grounds for disciplinary action under  
26 § 15–314 of this title.

27 (d) A hospital, related institution, alternative health care system, or employer  
28 that has reason to know that a physician assistant has committed an action or has a  
29 condition that might be grounds for reprimand or probation of the physician assistant or  
30 suspension or revocation of the license of the physician assistant under § 15–314 of this  
31 title because the physician assistant is alcohol– or drug–impaired is not required to report  
32 to the Board if:

33 (1) The hospital, related institution, alternative health care system, or  
34 employer knows that the physician assistant is:

35 (i) In an alcohol or drug treatment program that is accredited by the  
36 Joint Commission on the Accreditation of Healthcare Organizations or is certified by the  
37 Department; or

1 (ii) Under the care of a health care practitioner who is competent  
2 and capable of dealing with alcoholism and drug abuse;

3 (2) The hospital, related institution, alternative health care system, or  
4 employer is able to verify that the physician assistant remains in the treatment program  
5 until discharge; and

6 (3) The action or condition of the physician assistant has not caused injury  
7 to any person while the physician assistant is practicing as a licensed physician assistant.

8 (e) (1) If the physician assistant enters, or is considering entering, an alcohol  
9 or drug treatment program that is accredited by the Joint Commission on Accreditation of  
10 Healthcare Organizations or that is certified by the Department, the physician assistant  
11 shall notify the hospital, related institution, alternative health care system, or employer of  
12 the physician assistant's decision to enter the treatment program.

13 (2) If the physician assistant fails to provide the notice required under  
14 paragraph (1) of this subsection, and the hospital, related institution, alternative health  
15 care system, or employer learns that the physician assistant has entered a treatment  
16 program, the hospital, related institution, alternative health care system, or employer shall  
17 report to the Board that the physician assistant has entered a treatment program and has  
18 failed to provide the required notice.

19 (3) If the physician assistant is found to be noncompliant with the  
20 treatment program's policies and procedures while in the treatment program, the  
21 treatment program shall notify the hospital, related institution, alternative health care  
22 system, or employer of the physician assistant's noncompliance.

23 (4) On receipt of the notification required under paragraph (3) of this  
24 subsection, the hospital, related institution, alternative health care system, or employer of  
25 the physician assistant shall report the physician assistant's noncompliance to the Board.

26 (f) A person is not required under this section to make any report that would be  
27 in violation of any federal or State law, rule, or regulation concerning the confidentiality of  
28 alcohol- and drug-abuse patient records.

29 (g) The hospital, related institution, alternative health care system, or employer  
30 shall submit the report within 10 days of any action described in this section.

31 (h) A report under this section is not subject to subpoena or discovery in any civil  
32 action other than a proceeding arising out of a hearing and decision of the Board or a  
33 disciplinary panel under this title.

34 (i) (1) A disciplinary panel may impose a civil penalty of up to \$1,000 for  
35 failure to report under this section.

1           (2)    The Board shall pay any fees collected under this subsection into the  
2 General Fund of the State.

3           (j)    An employer shall make the report required under this section to the Board  
4 within 5 days after the date of termination of employment.

5           (k)    The Board shall adopt regulations to implement the provisions of this section.  
6 15–202.

7           (a)    (1)    The Committee shall consist of 7 members appointed by the Board.

8                   (2)    Of the 7 Committee members:

9                           (i)    3 shall be licensed physicians;

10                          (ii)   3 shall be licensed physician assistants; and

11                          (iii)  1 shall be a consumer.

12           (b)    Of the three physician members of the Committee, two shall [be previously or  
13 currently serving as supervising physicians of a physician assistant under a  
14 Board–approved delegation agreement] **HAVE DEVELOPED A COLLABORATION**  
15 **AGREEMENT WITH A PHYSICIAN ASSISTANT.**

16 15–205.

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

19                   (1)    Recommend to the Board regulations for carrying out the provisions of  
20 this title;

21                   (2)    Recommend to the Board approval, modification, or disapproval of an  
22 application for licensure [or a delegation agreement];

23                   (3)    Report to the Board any conduct of a [supervising physician]  
24 **PHYSICIAN OR GROUP OF PHYSICIANS WHO DEVELOPS A COLLABORATION**  
25 **AGREEMENT WITH A PHYSICIAN ASSISTANT** or a physician assistant that may be cause  
26 for disciplinary action under this title or under § 14–404 of this article; and

27                   (4)    Report to the Board any alleged unauthorized practice of a physician  
28 assistant.

29 15–301.

1 (a) [Nothing in this] **THIS** title may **NOT** be construed to authorize a physician  
2 assistant to practice [independent of a primary or alternate supervising physician]  
3 **INDEPENDENTLY**.

4 (b) A license issued to a physician assistant shall limit the physician assistant's  
5 scope of practice to medical acts:

6 [(1) Delegated by the primary or alternate supervising physician;]

7 [(2) (1) Appropriate to the education, training, and experience of the  
8 physician assistant;

9 [(3) (2) Customary to the practice of the [primary or alternate  
10 supervising] physician; and

11 [(4) (3) Consistent with the [delegation] **COLLABORATION** agreement  
12 filed with the Board.

13 (c) Patient services that may be provided by a physician assistant **UNDER A**  
14 **COLLABORATION AGREEMENT** include:

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

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

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

20 (3) Interpreting and evaluating patient data as authorized by the primary  
21 or alternate supervising physician for the purpose of determining management and  
22 treatment of patients;

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

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

27 (6) Assisting the primary or alternate supervising physician in the delivery  
28 of services to patients who require medical care in the home and in health care institutions,  
29 including:

30 (i) Recording patient progress notes;

31 (ii) Issuing diagnostic orders; and

1 (iii) Transcribing or executing specific orders at the direction of the  
2 primary or alternate supervising physician; and

3 (7) Exercising prescriptive authority under a delegation agreement and in  
4 accordance with § 15–302.2 of this subtitle.]

5 (1) OBTAINING COMPREHENSIVE HEALTH HISTORIES;

6 (2) PERFORMING PHYSICAL EXAMINATIONS;

7 (3) EVALUATING, DIAGNOSING, MANAGING, AND PROVIDING  
8 MEDICAL TREATMENT;

9 (4) ORDERING, PERFORMING, AND INTERPRETING DIAGNOSTIC  
10 STUDIES, THERAPEUTIC PROCEDURES, AND LABORATORY TESTS;

11 (5) ORDERING DIAGNOSTIC TESTS AND USING THE FINDINGS OR  
12 RESULTS IN THE CARE OF PATIENTS;

13 (6) EXERCISING PRESCRIPTIVE AUTHORITY IN ACCORDANCE WITH §  
14 15–302.1 OF THIS SUBTITLE;

15 (7) INFORMING PATIENTS ABOUT HEALTH PROMOTION AND DISEASE  
16 PREVENTION;

17 (8) PROVIDING CONSULTATIONS;

18 (9) WRITING MEDICAL ORDERS;

19 (10) PROVIDING SERVICES IN HEALTH CARE FACILITIES, INCLUDING  
20 HOSPITALS, NURSING FACILITIES, ASSISTED LIVING FACILITIES, AND HOSPICE  
21 FACILITIES;

22 (11) OBTAINING INFORMED CONSENT;

23 (12) DELEGATING OR ASSIGNING THERAPEUTIC AND DIAGNOSTIC  
24 MEASURES TO BE PERFORMED BY LICENSED OR UNLICENSED PERSONNEL AND  
25 SUPERVISING LICENSED OR UNLICENSED PERSONNEL PERFORMING THERAPEUTIC  
26 AND DIAGNOSTIC MEASURES;

27 (13) CERTIFYING A PATIENT’S HEALTH OR DISABILITY AS REQUIRED  
28 BY A FEDERAL, STATE, OR LOCAL PROGRAM; AND

1           **(14) AUTHENTICATING ANY DOCUMENT THAT A PHYSICIAN MAY**  
2 **AUTHENTICATE THROUGH SIGNATURE, CERTIFICATION, STAMP VERIFICATION,**  
3 **AFFIDAVIT, OR ENDORSEMENT.**

4           (d) (1) Except as otherwise provided in this title, an individual shall be  
5 licensed by the Board before the individual may practice as a physician assistant.

6           (2) Except as otherwise provided in this title, a physician may not  
7 **[supervise] ENTER INTO A COLLABORATION WITH** a physician assistant in the  
8 performance of **[delegated]** medical acts without filing a completed **[delegation]**  
9 **COLLABORATION** agreement with the Board.

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

12                   (i) The individual has not been licensed; and

13                   (ii) **[The medical acts have not been delegated by a primary or**  
14 **alternate supervising physician] THE INDIVIDUAL HAS NOT RECEIVED APPROPRIATE**  
15 **EDUCATION, TRAINING, AND EXPERIENCE.**

16           **[(e) A physician assistant is the agent of the primary or alternate supervising**  
17 **physician in the performance of all practice-related activities, including the oral, written,**  
18 **or electronic ordering of diagnostic, therapeutic, and other medical services.]**

19           **(E) A PHYSICIAN ASSISTANT SHALL CONSULT AND COLLABORATE WITH OR**  
20 **REFER AN INDIVIDUAL TO AN APPROPRIATE LICENSED PHYSICIAN OR ANY OTHER**  
21 **HEALTH CARE PROVIDER AS APPROPRIATE.**

22           **(F) A PHYSICIAN ASSISTANT WHO HAS NOT BEEN PREVIOUSLY LICENSED BY**  
23 **THE BOARD TO PRACTICE AS A PHYSICIAN ASSISTANT OR LICENSED, CERTIFIED, OR**  
24 **REGISTERED AS A PHYSICIAN ASSISTANT BY ANOTHER STATE REGULATORY**  
25 **AUTHORITY SHALL BE MENTORED BY A LICENSED PHYSICIAN OR PHYSICIANS WHO**  
26 **ARE IDENTIFIED IN AN INITIAL COLLABORATION AGREEMENT TO CONSULT AND**  
27 **COLLABORATE WITH THE PHYSICIAN ASSISTANT FOR AT LEAST 18 MONTHS AFTER**  
28 **THE DATE AN INITIAL COLLABORATION AGREEMENT IS SUBMITTED TO THE BOARD.**

29           **[(f)] (G)** Except as **OTHERWISE** provided in **[subsection (g) of this section]** **THIS**  
30 **TITLE**, the following individuals may practice as a physician assistant without a license:

31           (1) A physician assistant student enrolled in a physician assistant  
32 educational program that is accredited by the Accreditation Review Commission on  
33 Education for the Physician Assistant or its successor and approved by the Board; or

34           (2) A physician assistant employed in the service of the federal government

1 while performing duties incident to that employment.

2 [(g) A physician may not delegate prescriptive authority to a physician assistant  
3 student in a training program that is accredited by the Accreditation Review Commission  
4 on Education for the Physician Assistant or its successor.]

5 (h) (1) If a medical act that is to be [delegated] **PERFORMED BY A PHYSICIAN**  
6 **ASSISTANT** under this section is a part of the practice of a health occupation that is  
7 regulated under this article by another board, any rule or regulation concerning that  
8 medical act shall be adopted jointly by the State Board of Physicians and the board that  
9 regulates the other health occupation.

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

12 15-302.

13 (a) A physician [may delegate medical acts to a physician assistant only after:

14 (1) A delegation agreement has been executed and filed with the Board;  
15 and

16 (2) Any advanced duties have been authorized as required under  
17 subsection (c) of this section] **ASSISTANT MAY PRACTICE AS A PHYSICIAN ASSISTANT**  
18 **ONLY AFTER SUBMITTING A COLLABORATION AGREEMENT TO THE BOARD.**

19 (b) (1) [The delegation agreement] **SUBJECT TO PARAGRAPH (2) OF THIS**  
20 **SUBSECTION, A COLLABORATION AGREEMENT** shall contain:

21 [(1)] (I) A description of the qualifications of the [primary supervising  
22 physician and] **PHYSICIAN OR GROUP OF PHYSICIANS WHO DEVELOPED THE**  
23 **COLLABORATION AGREEMENT WITH THE** physician assistant;

24 (II) **ANY PRACTICE SPECIALTY OF THE PHYSICIAN OR GROUP OF**  
25 **PHYSICIANS; AND**

26 [(2)] (III) A description of the settings in which the physician assistant will  
27 practice[;

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

30 (4) A description of the delegated medical acts that are within the primary  
31 or alternate supervising physician's scope of practice and require specialized education or  
32 training that is consistent with accepted medical practice;

1 (5) An attestation that all medical acts to be delegated to the physician  
2 assistant are within the scope of practice of the primary or alternate supervising physician  
3 and appropriate to the physician assistant's education, training, and level of competence;

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

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

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

12 (9) An attestation by the primary supervising physician that the physician  
13 will respond in a timely manner when contacted by the physician assistant;

14 (10) The following statement: "The primary supervising physician and the  
15 physician assistant attest that:

16 (i) They will establish a plan for the types of cases that require a  
17 physician plan of care or require that the patient initially or periodically be seen by the  
18 supervising physician; and

19 (ii) The patient will be provided access to the supervising physician  
20 on request"; and

21 (11) Any other information deemed necessary by the Board to carry out the  
22 provisions of this subtitle].

23 **(2) IF A PHYSICIAN ASSISTANT WHO SUBMITS AN INITIAL**  
24 **COLLABORATION AGREEMENT TO THE BOARD HAS NOT BEEN PREVIOUSLY**  
25 **LICENSED BY THE BOARD TO PRACTICE AS A PHYSICIAN ASSISTANT OR LICENSED,**  
26 **CERTIFIED, OR REGISTERED AS A PHYSICIAN ASSISTANT BY ANOTHER STATE**  
27 **REGULATORY AUTHORITY, THE INITIAL COLLABORATION AGREEMENT SHALL**  
28 **IDENTIFY A LICENSED PHYSICIAN OR PHYSICIANS WHO WILL CONSULT AND**  
29 **COLLABORATE WITH THE PHYSICIAN ASSISTANT FOR AT LEAST 18 MONTHS AFTER**  
30 **THE DATE THE INITIAL COLLABORATION AGREEMENT IS SUBMITTED TO THE BOARD.**

31 **(3) A COLLABORATION AGREEMENT MAY INCLUDE PROVISIONS**  
32 **LIMITING THE PHYSICIAN ASSISTANT'S SCOPE OF PRACTICE, SPECIFYING OFFICE**  
33 **PROCEDURES, OR OTHERWISE DETAILING THE PRACTICE OF THE PHYSICIAN**  
34 **ASSISTANT AS AGREED BY THE PHYSICIAN OR GROUP OF PHYSICIANS AND THE**  
35 **PHYSICIAN ASSISTANT.**



1 (c) (1) The Board may not require [prior] approval of a [delegation agreement  
2 that includes advanced duties, if an advanced duty will be performed in a hospital or  
3 ambulatory surgical facility, provided that:

4 (i) A physician, with credentials that have been reviewed by the  
5 hospital or ambulatory surgical facility as a condition of employment, as an independent  
6 contractor, or as a member of the medical staff, supervises the physician assistant;

7 (ii) The physician assistant has credentials that have been reviewed  
8 by the hospital or ambulatory surgical facility as a condition of employment, as an  
9 independent contractor, or as a member of the medical staff; and

10 (iii) Each advanced duty to be delegated to the physician assistant is  
11 reviewed and approved within a process approved by the governing body of the health care  
12 facility before the physician assistant performs the advanced duties] **COLLABORATION**  
13 **AGREEMENT.**

14 [(2) (i) In any setting that does not meet the requirements of paragraph  
15 (1) of this subsection, a primary supervising physician shall obtain the Board's approval of  
16 a delegation agreement that includes advanced duties, before the physician assistant  
17 performs the advanced duties.

18 (ii) 1. Before a physician assistant may perform X-ray duties  
19 authorized under § 14-306(e) of this article in the medical office of the physician delegating  
20 the duties, a primary supervising physician shall obtain the Board's approval of a  
21 delegation agreement that includes advanced duties in accordance with subparagraph  
22 2 of this subparagraph.

23 2. The advanced duties set forth in a delegation agreement  
24 under this subparagraph shall be limited to nonfluoroscopic X-ray procedures of the  
25 extremities, anterior-posterior and lateral, not including the head.]

26 [(3) (2) [Notwithstanding paragraph (1) of this subsection, a primary  
27 supervising physician shall obtain the Board's approval of a delegation agreement before]  
28 **A PHYSICIAN ASSISTANT SHALL SUBMIT TO THE BOARD A COLLABORATION**  
29 **AGREEMENT THAT CONTAINS ANESTHESIA DUTIES BEFORE** the physician assistant  
30 may administer, monitor, or maintain general anesthesia or neuroaxial anesthesia,  
31 including spinal and epidural techniques, under the agreement.

32 [(d) For a delegation agreement containing advanced duties that require Board  
33 approval, the Committee shall review the delegation agreement and recommend to the  
34 Board that the delegation agreement be approved, rejected, or modified to ensure  
35 conformance with the requirements of this title.

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

1 (f) (1) On review of the Committee's recommendation regarding a primary  
 2 supervising physician's request to delegate advanced duties as described in a delegation  
 3 agreement, the Board:

4 (i) May approve the delegation agreement; or

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

8 2. If the Board takes an action under item 1 of this item:

9 A. Shall notify the primary supervising physician and the  
 10 physician assistant in writing of the particular elements of the proposed delegation  
 11 agreement that were the cause for the modification or disapproval; and

12 B. May not restrict the submission of an amendment to the  
 13 delegation agreement.

14 (2) To the extent practicable, the Board shall approve a delegation  
 15 agreement or take other action authorized under this subsection within 90 days after  
 16 receiving a completed delegation agreement including any information from the physician  
 17 assistant and primary supervising physician necessary to approve or take action.]

18 [(g)] (D) If the Board determines that a [primary or alternate supervising  
 19 physician] **PHYSICIAN OR GROUP OF PHYSICIANS THAT DEVELOPS A**  
 20 **COLLABORATION AGREEMENT WITH A PHYSICIAN ASSISTANT** or A physician assistant  
 21 is practicing in a manner inconsistent with the requirements of this title or Title 14 of this  
 22 article, the Board on its own initiative or on the recommendation of the Committee may  
 23 demand modification of the practice[, withdraw the approval of the delegation agreement,]  
 24 or refer the matter to a disciplinary panel for the purpose of taking other disciplinary action  
 25 under § 14-404 OF THIS ARTICLE or § 15-314 of this [article] **SUBTITLE**.

26 [(h)] (E) [A primary supervising physician may not delegate medical acts under  
 27 a delegation agreement to more than four physician assistants at any one time, except in  
 28 a] **A PHYSICIAN OR GROUP OF PHYSICIANS MAY NOT ENTER INTO A COLLABORATION**  
 29 **AGREEMENT THAT ALLOWS FOR COLLABORATION OF MORE THAN EIGHT PHYSICIAN**  
 30 **ASSISTANTS FOR EACH PHYSICIAN IN THE AGREEMENT AT ONE TIME, EXCEPT IN A**  
 31 hospital or in the following nonhospital settings:

32 (1) A correctional facility;

33 (2) A detention center; or

34 (3) A public health facility.



1 **SUPERVISION OF THE REMAINING LISTED PATIENT CARE TEAM PHYSICIANS.**

2 (2) If there is no [designated alternate supervising physician] **REMAINING**  
3 **PATIENT CARE TEAM PHYSICIAN LISTED ON THE COLLABORATION AGREEMENT** or  
4 the [designated alternate supervising physician] **REMAINING PATIENT CARE TEAM**  
5 **PHYSICIAN** does not agree to supervise the physician assistant, the physician assistant  
6 may not practice until the physician assistant receives approval of a new [delegation]  
7 **COLLABORATION** agreement under [§ 15–302.1 of] this subtitle.

8 [(3) An alternate supervising physician or other licensed physician may  
9 assume the role of primary supervising physician by submitting a new delegation  
10 agreement to the Board for approval under subsection (b) of this section.

11 (4) The Board may terminate a delegation agreement if:

12 (i) The physician assistant has a change in license status that  
13 results in the physician assistant being unable to legally practice as a physician assistant;

14 (ii) At least 15 days have elapsed since an event listed under  
15 paragraph (1) of this subsection if there is an alternate supervising physician designated  
16 under subsection (b) of this section; or

17 (iii) Immediately after an event listed under paragraph (1) of this  
18 subsection if there is no alternate supervising physician designated under subsection (b) of  
19 this section.]

20 **(I) THE BOARD SHALL NOTIFY THE PHYSICIAN ASSISTANT AND PHYSICIAN**  
21 **OR GROUP OF PHYSICIANS WHO HAVE ENTERED INTO A COLLABORATION**  
22 **AGREEMENT WITH A PHYSICIAN ASSISTANT IMMEDIATELY IF:**

23 **(1) THE PHYSICIAN ASSISTANT HAS A CHANGE IN LICENSE**  
24 **STATUS THAT RESULTS IN THE PHYSICIAN ASSISTANT BEING UNABLE TO LEGALLY**  
25 **PRACTICE AS A PHYSICIAN ASSISTANT; OR**

26 **(2) AN EVENT DESCRIBED IN SUBSECTION (H) OF THIS SECTION**  
27 **OCCURS.**

28 [(m)] **(J)** A physician assistant whose [delegation] **COLLABORATION** agreement  
29 is terminated may not practice as a physician assistant until the physician assistant  
30 [receives preliminary approval of a new delegation agreement under § 15–302.1 of this  
31 subtitle] **SUBMITS A NEW COLLABORATION AGREEMENT TO THE BOARD.**

32 [(n) Individual members of the Board are not civilly liable for actions regarding  
33 the approval, modification, or disapproval of a delegation agreement described in this  
34 section.

1 (o) A physician assistant may practice in accordance with a delegation agreement  
2 filed with the Board under this subtitle.]

3 [15–302.1.

4 (a) If a delegation agreement does not include advanced duties or the advanced  
5 duties have been approved under § 15–302(c)(1) of this subtitle, a physician assistant may  
6 assume the duties under a delegation agreement on the date that the Board acknowledges  
7 receipt of the completed delegation agreement.

8 (b) In this section, “pending” means that a delegation agreement that includes  
9 delegation of advanced duties in a setting that does not meet the requirements under §  
10 15–302(c)(1) of this subtitle has been executed and submitted to the Board for its approval,  
11 but:

12 (1) The Committee has not made a recommendation to the Board; or

13 (2) The Board has not made a final decision regarding the delegation  
14 agreement.

15 (c) Subject to subsection (d) of this section, if a delegation agreement is pending,  
16 on receipt of a temporary practice letter from the staff of the Board, a physician assistant  
17 may perform the advanced duty if:

18 (1) The primary supervising physician has been previously approved to  
19 supervise one or more physician assistants in the performance of the advanced duty; and

20 (2) The physician assistant has been previously approved by the Board to  
21 perform the advanced duty.

22 (d) If the Committee recommends a denial of the pending delegation agreement  
23 or the Board denies the pending delegation agreement, on notice to the primary supervising  
24 physician and the physician assistant, the physician assistant may no longer perform the  
25 advanced duty that has not received the approval of the Board.

26 (e) The Board may disapprove any delegation agreement if it believes that:

27 (1) The agreement does not meet the requirements of this subtitle; or

28 (2) The physician assistant is unable to perform safely the delegated  
29 duties.

30 (f) If the Board disapproves a delegation agreement or the delegation of any  
31 function under an agreement, the Board shall provide the primary supervising physician  
32 and the physician assistant with written notice of the disapproval.

1 (g) A physician assistant who receives notice that the Board has disapproved a  
2 delegation agreement or an advanced function under the delegation agreement shall  
3 immediately cease to practice under the agreement or to perform the disapproved function.]

4 [15-302.2.] 15-302.1.

5 [(a) A primary supervising physician may not delegate prescribing, dispensing,  
6 and administering of controlled dangerous substances, prescription drugs, or medical  
7 devices unless the primary supervising physician and physician assistant include in the  
8 delegation agreement:

9 (1) A notice of intent to delegate prescribing and, if applicable, dispensing  
10 of controlled dangerous substances, prescription drugs, or medical devices;

11 (2) An attestation that all prescribing and, if applicable, dispensing  
12 activities of the physician assistant will comply with applicable federal and State  
13 regulations;

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

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

20 (5) An attestation that the physician assistant has:

21 (i) Passed the physician assistant national certification exam  
22 administered by the National Commission on the Certification of Physician Assistants  
23 within the previous 2 years; or

24 (ii) Successfully completed 8 category 1 hours of pharmacology  
25 education within the previous 2 years; and

26 (6) An attestation that the physician assistant has:

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

28 (ii) Successfully completed 2 years of work experience as a physician  
29 assistant.

30 (b) (1) A primary supervising physician may not delegate the prescribing or  
31 dispensing of substances that are identified as Schedule I controlled dangerous substances  
32 under § 5-402 of the Criminal Law Article.

33 (2) A primary supervising physician may delegate the prescribing or

1 dispensing of substances that are identified as Schedules II through V controlled dangerous  
2 substances under § 5–402 of the Criminal Law Article, including legend drugs as defined  
3 under § 503(b) of the Federal Food, Drug, and Cosmetic Act.

4 (3) A primary supervising physician may not delegate the prescribing or  
5 dispensing of controlled dangerous substances to a physician assistant unless the physician  
6 assistant has a valid:

7 (i) State controlled dangerous substance registration; and

8 (ii) Federal Drug Enforcement Agency (DEA) registration.]

9 (A) IN THIS SECTION, “PERSONALLY PREPARE AND DISPENSE” MEANS THAT  
10 A PHYSICIAN ASSISTANT:

11 (1) IS PHYSICALLY PRESENT ON THE PREMISES WHERE A  
12 PRESCRIPTION IS FILLED; AND

13 (2) PERFORMS A FINAL CHECK OF THE PRESCRIPTION BEFORE IT IS  
14 PROVIDED TO THE PATIENT.

15 (B) SUBJECT TO THE COLLABORATION AGREEMENT SUBMITTED UNDER §  
16 15–302 OF THIS SUBTITLE, A PHYSICIAN ASSISTANT MAY PRESCRIBE, PROCURE,  
17 DISPENSE, ORDER, OR ADMINISTER:

18 (1) SUBJECT TO SUBSECTION (C)(2) OF THIS SECTION, DRUGS AND  
19 SUBSTANCES THAT ARE IDENTIFIED AS SCHEDULES II THROUGH V CONTROLLED  
20 DANGEROUS SUBSTANCES UNDER §§ 5–403 THROUGH 5–406 OF THE CRIMINAL LAW  
21 ARTICLE, INCLUDING LEGEND DRUGS AS DEFINED UNDER § 503(B) OF THE  
22 FEDERAL FOOD, DRUG, AND COSMETIC ACT;

23 (2) MEDICAL DEVICES; AND

24 (3) DURABLE MEDICAL EQUIPMENT.

25 (C) (1) A PHYSICIAN ASSISTANT MAY NOT PRESCRIBE OR DISPENSE  
26 SUBSTANCES THAT ARE IDENTIFIED AS SCHEDULE I CONTROLLED DANGEROUS  
27 SUBSTANCES UNDER § 5–402 OF THE CRIMINAL LAW ARTICLE.

28 (2) A PHYSICIAN ASSISTANT MAY NOT PRESCRIBE OR DISPENSE  
29 CONTROLLED DANGEROUS SUBSTANCES UNLESS THE PHYSICIAN ASSISTANT HAS A  
30 VALID:

31 (I) STATE CONTROLLED DANGEROUS SUBSTANCE

1 **REGISTRATION; AND**

2 **(II) FEDERAL DRUG ENFORCEMENT AGENCY (DEA)**  
 3 **REGISTRATION.**

4 **[(c)] (D) (1)** A physician assistant personally may prepare and dispense [a  
 5 drug that the physician assistant is authorized to prescribe under a delegation agreement  
 6 if]:

7 **[(1)** Except as otherwise provided under § 12–102(g) of this article, the  
 8 supervising physician possesses a dispensing permit; and

9 **(2)** The physician assistant dispenses drugs only within:

10 **(i)** The supervising physician’s scope of practice; and

11 **(ii)** The scope of the delegation agreement.]

12 **(I) A STARTER DOSAGE OF ANY DRUG THAT THE PHYSICIAN**  
 13 **ASSISTANT IS AUTHORIZED TO PRESCRIBE TO A PATIENT OF THE PHYSICIAN**  
 14 **ASSISTANT IF:**

15 **1. THE STARTER DOSAGE COMPLIES WITH THE**  
 16 **LABELING REQUIREMENTS OF § 12–505 OF THIS ARTICLE;**

17 **2. NO CHARGE IS MADE FOR THE STARTER DOSAGE; AND**

18 **3. THE PHYSICIAN ASSISTANT ENTERS AN APPROPRIATE**  
 19 **RECORD IN THE PATIENT’S MEDICAL RECORD; OR**

20 **(II) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, ANY**  
 21 **DRUG THAT A PHYSICIAN ASSISTANT MAY PRESCRIBE TO THE EXTENT AUTHORIZED**  
 22 **BY LAW IN THE COURSE OF TREATING A PATIENT AT:**

23 **1. A MEDICAL FACILITY OR CLINIC THAT SPECIALIZES IN**  
 24 **THE TREATMENT OF MEDICAL CASES REIMBURSABLE THROUGH WORKERS’**  
 25 **COMPENSATION INSURANCE;**

26 **2. A MEDICAL FACILITY OR CLINIC THAT IS OPERATED**  
 27 **ON A NONPROFIT BASIS;**

28 **3. A HEALTH CENTER THAT OPERATES ON A CAMPUS OF**  
 29 **AN INSTITUTION OF HIGHER EDUCATION;**



1                   4.     **A PUBLIC HEALTH FACILITY, A MEDICAL FACILITY**  
2 **UNDER CONTRACT WITH A STATE OR LOCAL HEALTH DEPARTMENT, OR A FACILITY**  
3 **FUNDED WITH PUBLIC FUNDS; OR**

4                   5.     **A NONPROFIT HOSPITAL OR A NONPROFIT HOSPITAL**  
5 **OUTPATIENT FACILITY AS AUTHORIZED UNDER THE POLICIES ESTABLISHED BY THE**  
6 **HOSPITAL.**

7                   **(2) A PHYSICIAN ASSISTANT WHO PERSONALLY PREPARES AND**  
8 **DISPENSES A DRUG IN THE COURSE OF TREATING A PATIENT AS AUTHORIZED UNDER**  
9 **THIS SUBSECTION SHALL:**

10                   **(I) COMPLY WITH THE LABELING REQUIREMENTS OF § 12-505**  
11 **OF THIS ARTICLE;**

12                   **(II) RECORD THE DISPENSING OF THE PRESCRIPTION DRUG ON**  
13 **THE PATIENT'S CHART;**

14                   **(III) ALLOW THE OFFICE OF CONTROLLED SUBSTANCES**  
15 **ADMINISTRATION TO ENTER AND INSPECT THE OFFICE IN WHICH THE PHYSICIAN**  
16 **ASSISTANT PRACTICES AT ALL REASONABLE HOURS; AND**

17                   **(IV) EXCEPT FOR STARTER DOSAGES OR SAMPLES DISPENSED**  
18 **WITHOUT CHARGE, PROVIDE THE PATIENT WITH A WRITTEN PRESCRIPTION,**  
19 **MAINTAIN PRESCRIPTION FILES, AND MAINTAIN A SEPARATE FILE FOR SCHEDULE**  
20 **II PRESCRIPTIONS FOR A PERIOD OF AT LEAST 5 YEARS.**

21                   **[(d)] (E) A physician assistant who personally dispenses a drug in the course of**  
22 **treating a patient as authorized under subsections (b) and [(c)] (D) of this section shall**  
23 **comply with the requirements under Titles 12 and 14 of this article and applicable federal**  
24 **law and regulations.**

25                   **[(e) Before a physician assistant may renew a license for an additional 2-year**  
26 **term under § 15-307 of this subtitle, the physician assistant shall submit evidence to the**  
27 **Board of successful completion of 8 category 1 hours of pharmacology education within the**  
28 **previous 2 years.]**

29                   **(F) A PRESCRIPTION DISPENSED UNDER THIS SECTION SHALL INCLUDE**  
30 **THE PHYSICIAN ASSISTANT'S:**

31                   **(1) NAME;**

32                   **(2) BUSINESS ADDRESS; AND**

1                   **(3) BUSINESS TELEPHONE NUMBER.**

2                   **(G) A PHYSICIAN ASSISTANT STUDENT IN A TRAINING PROGRAM THAT IS**  
3 **ACCREDITED BY THE ACCREDITATION REVIEW COMMISSION ON EDUCATION FOR**  
4 **THE PHYSICIAN ASSISTANT MAY NOT EXERCISE PRESCRIPTIVE AUTHORITY.**

5 [15-302.3.

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

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

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

16 15-303.

17                   (a) To qualify for a license, an applicant shall:

18                           (1) Complete a criminal history records check in accordance with §  
19 14-308.1 of this article;

20                           (2) Be of good moral character;

21                           (3) Demonstrate oral and written competency in the English language as  
22 required by the Board;

23                           (4) Be at least 18 years old; [and]

24                           (5) [(i) Be a graduate of a physician assistant training program  
25 approved by the Board; or

26                                   (ii) Have passed the physician assistant national certifying  
27 examination administered by the National Commission on Certification of Physician  
28 Assistants prior to 1986, maintained all continuing education and recertification  
29 requirements, and been in continuous practice since passage of the examination] **EXCEPT**  
30 **AS PROVIDED IN SUBSECTION (B) OF THIS SECTION, HAVE SUCCESSFULLY**  
31 **COMPLETED AN EDUCATIONAL PROGRAM FOR PHYSICIAN ASSISTANTS ACCREDITED**  
32 **BY:**

1                   **(I) THE ACCREDITATION REVIEW COMMISSION ON**  
2 **EDUCATION FOR THE PHYSICIAN ASSISTANT; OR**

3                   **(II) IF COMPLETED BEFORE 2001:**

4                   **1. THE COMMITTEE ON ALLIED HEALTH EDUCATION**  
5 **AND ACCREDITATION; OR**

6                   **2. THE COMMISSION ON ACCREDITATION OF ALLIED**  
7 **HEALTH EDUCATION PROGRAMS; AND**

8                   **(6) HAVE PASSED THE PHYSICIAN ASSISTANT NATIONAL**  
9 **CERTIFYING EXAMINATION ADMINISTERED BY THE NATIONAL COMMISSION ON**  
10 **CERTIFICATION OF PHYSICIAN ASSISTANTS.**

11           **[(b) Except as otherwise provided in this title, the applicant shall pass a national**  
12 **certifying examination approved by the Board.]**

13           **[(c) (B) An applicant who graduates from [a physician assistant training**  
14 **program] AN ACCREDITED EDUCATIONAL PROGRAM FOR PHYSICIAN ASSISTANTS**  
15 **UNDER THIS SECTION after October 1, 2003, shall have a bachelor's degree or its**  
16 **equivalent.**

17 15-306.

18           A license authorizes the licensee to practice as a physician assistant **[under a**  
19 **delegation agreement]** while the license is effective.

20 15-309.

21           **(a) Each licensee shall keep a license and [delegation] COLLABORATION**  
22 **agreement for inspection at the primary place of business of the licensee.**

23 15-310.

24           **(a) In reviewing an application for licensure or in investigating an allegation**  
25 **brought under § 15-314 of this subtitle, the Committee may request the Board to direct, or**  
26 **the Board on its own initiative may direct, the physician assistant to submit to an**  
27 **appropriate examination.**

28           **(b) In return for the privilege given to the physician assistant to [perform**  
29 **delegated medical acts] PRACTICE AS A PHYSICIAN ASSISTANT in the State, the**  
30 **physician assistant is deemed to have:**

31           **(1) Consented to submit to an examination under this section, if requested**

1 by the Board in writing; and

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

4 (c) The unreasonable failure or refusal of the licensed physician assistant or  
5 applicant to submit to an examination is prima facie evidence of the licensed physician  
6 assistant's inability to [perform delegated medical acts] **PRACTICE AS A PHYSICIAN**  
7 **ASSISTANT** and is cause for denial of the application or immediate suspension of the  
8 license.

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

10 [15–313.

11 (a) (1) Except as otherwise provided under § 10–226 of the State Government  
12 Article, before the Board takes any action to reject or modify a delegation agreement or  
13 advanced duty, the Board shall give the licensee the opportunity for a hearing before the  
14 Board.

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

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

19 (4) At least 14 days before the hearing, the hearing notice shall be sent to  
20 the last known address of the applicant or licensee.

21 (b) Any licensee aggrieved under this subtitle by a final decision of the Board  
22 rejecting or modifying a delegation agreement or advanced duty may petition for judicial  
23 review as allowed by the Administrative Procedure Act.]

24 15–314.

25 (a) Subject to the hearing provisions of § 15–315 of this subtitle, a disciplinary  
26 panel, on the affirmative vote of a majority of the quorum, may reprimand any physician  
27 assistant, place any physician assistant on probation, or suspend or revoke a license if the  
28 physician assistant:

29 (41) Performs [delegated] medical acts beyond the scope of the [delegation]  
30 **COLLABORATION** agreement filed with the Board [or after notification from the Board  
31 that an advanced duty has been disapproved];

32 [(42) Performs delegated medical acts without the supervision of a  
33 physician;]

1           **(42) PRACTICES AS A PHYSICIAN ASSISTANT WITHOUT FIRST**  
2 **SUBMITTING A COLLABORATION AGREEMENT TO THE BOARD;**

3 15–317.

4           (a) A physician assistant **WHO IS LICENSED** in this State or in any other state  
5 **OR WHO IS AN EMPLOYEE OF THE FEDERAL GOVERNMENT** is authorized to perform  
6 acts, tasks, or functions as a physician assistant [under the supervision of a physician  
7 licensed to practice medicine in the State] during a disaster as defined by the Governor,  
8 within a county in which a state of disaster has been declared, or counties contiguous to a  
9 county in which a state of disaster has been declared.

10           (b) The physician assistant shall notify the Board in writing of the names,  
11 practice locations, and telephone numbers for the physician assistant [and each primary  
12 supervising physician] within 30 days [of] **AFTER** the first performance of medical acts,  
13 tasks, or functions as a physician assistant during the disaster.

14           (c) A team of physicians and physician assistants or physician assistants  
15 practicing under this section may not be required to maintain on-site documentation  
16 describing [supervisory arrangements] **COLLABORATION AGREEMENTS** as otherwise  
17 required under this title.

18 15–401.

19           [(a)] Except as otherwise provided in this title, a person may not practice, attempt  
20 to practice, or offer to practice as a physician assistant in the State unless the person has  
21 [a]:

22           **(1) A license issued by the Board TO PRACTICE AS A PHYSICIAN**  
23 **ASSISTANT; AND**

24           **(2) SUBMITTED A COLLABORATION AGREEMENT TO THE BOARD.**

25           [(b)] Except as otherwise provided in this title, a person may not perform, attempt  
26 to perform, or offer to perform any delegated medical act beyond the scope of the license  
27 and which is consistent with a delegation agreement filed with the Board.]

28 15–402.1.

29           (a) Except as otherwise provided in this subtitle, a licensed physician may not  
30 employ [or supervise] an individual practicing as a physician assistant who does not have  
31 a license **OR WHO HAS NOT SUBMITTED A COLLABORATION AGREEMENT TO THE**  
32 **BOARD.**

**Article – Transportation**

1  
2 13–616.

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

4 (7) “Licensed physician assistant” means an individual who is licensed  
5 under Title 15 of the Health Occupations Article to practice [medicine with physician  
6 supervision] **AS A PHYSICIAN ASSISTANT.**

7 SECTION 2. AND BE IT FURTHER ENACTED, That:

8 (a) A physician assistant authorized to practice under a delegation agreement on  
9 October 1, 2024, may continue to practice as a physician assistant under the delegation  
10 agreement.

11 (b) The delegation agreement in effect on October 1, 2024, shall be treated the  
12 same as the collaboration agreement required under § 15–302 of the Health Occupations  
13 Article, as enacted by Section 1 of this Act, until an initial collaboration agreement is  
14 submitted to the State Board of Physicians by the physician assistant.

15 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect  
16 October 1, 2024.