

PROPOSED REGULATION PUBLICATION FORMS

Title 10

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 32 BOARD OF PHYSICIANS

10.32.03.07 Supervising Physicians, and .09 Continuing Education Documentation

Authority: Health Occupations Article, §14-205, §15-302 and §15-307,

Annotated Code of Maryland

Is There Emergency Text That Is Identical To The Proposed Text:

Yes No

Is There An Incorporation By Reference Document Associated With This Proposal?

Yes No

Does This Proposal Have An Impact On Environmental Hazards Affecting The Health Of Children As Defined In Health-General Article, §13-1501(c)?

Yes (explain) No

Does This Proposal Include An Increase Or Decrease In A Fee For A License?

Yes, complete (1)—(8) No, skip (1)—(8) and proceed to Notice of Proposed Action.

- (1) Explain/justify why an increase or decrease is necessary:
- (2) How much money is needed to operate effectively or to eliminate an operating fund deficit?
- (3) In what year was the most recent fee increase?
- (4) Is the fee revenue retained by the Proposing Unit or passed through to a national organization that administers a uniform licensing exam?
- (5) Describe any measures taken to mitigate the need for increased revenue:
- (6) Describe any special circumstances that have had an adverse impact on the Proposing Unit's operating expenses.

- (7) Describe any consideration given by the Proposing Unit as to the hardship a fee increase may have on the regulated profession.
- (8) Describe any efforts to solicit the opinions of licensees regarding the Proposing Unit's effectiveness and performance.

Notice of Proposed Action

The Secretary of Health and Mental Hygiene proposes to:

- Amend COMAR 10.32.03.07 related to Physician Assistant delegation agreement documentation requirements, and
- Repeal COMAR 10.32.03.09 D (c) related to CME documentation.

This action was considered at a public meeting held on July 26, 2017, notice of which was given by publication on the Board's website at <http://www.mbp.state.md.us/forms/jul17Fullagenda.pdf> from July 10, 2017, to July 26, 2017, pursuant to General Provisions Article, §3-302©, Annotated Code of Maryland.

Statement of Purpose

The purpose of this proposal in .07 is to improve consistency and minimize documentation by allowing any practice setting to maintain a list of alternating physicians, and in .09 to repeal NCCPA certification to document compliance with PA CME requirements because NCCPA does not require specific pharmacology hours while Md. has an 8 hour category I education requirement for pharmacology. By repealing this option the proposal clarifies the requirement to document the 8 hour pharmacology requirement, as well as the total 50 CME hour requirement every two years.

**Comparison to Federal Standards
(Check one option)**

- There is no corresponding federal standard to this proposed action.
- or
- There is a corresponding federal standard to this proposed action, but the proposed action **is not** more restrictive or stringent.

The corresponding federal standard is: _____

EXPLAIN why the proposed action **is not** more restrictive or stringent than the corresponding federal standard:

- or
In compliance with Executive Order 01.01.1996.03, this proposed action **is** more restrictive or stringent than corresponding federal standards as follows:

- (1) Regulation citation and manner in which it is more restrictive than the applicable federal standard:

- (2) Benefit to the public health, safety or welfare, or the environment:
- (3) Analysis of additional burden or cost on the regulated person:
- (4) Justification for the need for more restrictive standards:

Impact Statements
Part A
(check one option)

Estimate of Economic Impact

- The proposed action has no economic impact.
- Or
- The proposed action has an economic impact. (IF this is checked, complete the following form in its entirety)

I. Summary of Economic Impact. (INSERT SHORT SUMMARY)

II. Types of Economic Impact.	Revenue (R+/R-)	
	Expenditure (E+/E-)	Magnitude

A. On issuing agency:

B. On other State agencies:

C. On local governments:

	Benefit (+)	
	Cost (-)	Magnitude

D. On regulated industries or trade groups:

E. On other industries or trade groups:

F. Direct and indirect effects on public:

III. Assumptions. (Identified by Impact Letter and Number from Section II.)

Part B
Economic Impact on Small Businesses
(check one option)

- The proposed action has minimal or no economic impact on small businesses.
- or
- The proposed action has a meaningful economic impact on small businesses. An analysis of this economic impact follows.

Impact on Individuals with Disabilities
(check one option)

- The proposed action has no impact on individuals with disabilities.
- or
- The proposed action has an impact on individuals with disabilities as follows:
(Agency to complete this assessment)

Opportunity for Public Comment

Comments may be sent to Wynee Hawk, Manager, Policy & Legislation, 4201 Patterson Ave., Baltimore MD 21215; 410-764-3786; wynee.hawk@maryland.gov. Comments will be accepted through (leave blank). A public hearing has not been scheduled.

Part C
(For legislative use only; not for publication)

- A. Fiscal Year in which regulations will become effective: FY18
- B. Does the budget for fiscal year in which regulations become effective contain funds to implement the regulations?
 Yes No N/A
- C. If “yes”, state whether general, special (exact name), or federal funds will be used:
- D. If “no”, identify the source(s) of funds necessary for implementation of these regulations: The proposal changes documentation requirements for physician assistants related to alternate supervising physicians and CMEs No funds needed to implement.
- E. If these regulations have no economic impact under Part A, indicate reason briefly: The proposed amendments will reduce expense and administrative requirements for private practices and others by reducing documentation required to be submitted to the Board and eliminate a documentation option for CMEs. There is no economic impact.
- F. If these regulations have minimal or no economic impact on small businesses under Part B, indicate the reason. The proposed amendments will reduce expense and administrative requirements for private practices and others by reducing documentation required to be submitted to the Board and eliminate a documentation option for CMEs. There is no economic impact.

10.32.03.07(May 8, 2017)

.07 Supervising Physicians.

- A. (1) - (2) text unchanged.
- (3) (a) - (c) text unchanged.

(d) Assignment of one or more alternate supervising physicians by one of the following means:

(i) In [a hospital, correctional facility, detention center, or public health facility] *any practice setting*, by ensuring the [maintenance of a list] *documentation* of alternate supervising physicians with signed confirmation that each alternate understands and accepts [his] *the* role as an alternate supervising physician; [or] *and*

(ii) [In any other location, through designation of the alternate on the delegation agreement sent to the Board] *by ensuring that the alternate supervising physician documentation is readily available, accessible and provided to the Board upon request;*

(4) - (7) text unchanged

B. - C. text unchanged

COMAR 10.32.03.09 (*May 26, 2017*)

.09 Renewal, Reinstatement, Change in Name or Address, and Continuing Education.

A – C (text unchanged)

D. (1) –(2)(text unchanged)

(3) Documentation of Continuing Education.

(a) A physician assistant shall obtain documentation of attendance at Category I continuing education and retain the documentation for 6 years.

(b) The documentation shall contain, at a minimum, the following information:

(i) Program title;

(ii) Sponsor's name;

(iii) Physician assistant's name;

(iv) Inclusive date or dates and location of the program;

(v) Category I designation and the number of continuing education hours earned; and

(vi) Documented verification that the physician assistant attended the program by stamp, signature, printout, or other official proof.

[(c) Proof of maintenance of certification by the National Commission on Certification of Physician Assistants may be used to document compliance with the continuing education requirement.]

DENNIS SCHRADER
Secretary of Health