use; however, if the participant were prescribed the drug on the understanding that he or she would administer it to another person, the participant might be subject to criminal prosecution for the unauthorized practice of medicine, for the unlicensed provision of emergency medical services, and for violation of State laws pertaining to prescription drugs. 88 Md. Op. Att'y Gen. 88 (Apr. 30, 2003).

§ 14-608. Dispensing lenses without validated unexpired prescription. [Redesignated]

Redesignated.

Cross references. —
For present provisions, see § 14-607 of this article.

Subtitle 7. Short Title; Termination of Title.

§ 14-701. Short title.

This title may be cited as the "Maryland Medical Practice Act".

HISTORY:
1981, ch. 8, § 2; 1990, ch. 6, § 11.

§ 14-702. Termination of title.

Subject to the evaluation and reestablishment provisions of the Program Evaluation Act, this title and all rules and regulations adopted under this title shall terminate and be of no effect after July 1, 2030.

HISTORY:
An. Code 1957, art. 43, § 136D; 1981, ch. 8, § 2; 1982, ch. 519, § 3; ch. 626, § 1; 1983, ch. 262; 1990, ch. 6, § 11; 1992, ch. 271, § 1; 2003, ch. 252; 2007, ch. 539; 2013, ch. 401; 2017, chs. 217, 218; 2019, ch. 419; 2020, ch. 612, § 1; ch. 613, § 1.

Cross references. —
As to the Maryland Program Evaluation Act, see Subtitle 4 of Title 8 of the State Government Article.

Effect of amendments. —
Chapter 401, Acts 2013, enacted May 2, 2013, and effective from date of enactment, substituted "July 1, 2018" for "July 1, 2013."

Chapters 217 and 218, Acts 2017, approved April 18, 2017, and effective from date of enactment, made identical changes. Each substituted "2023" for "2018."

Chapter 419, Acts 2019, effective June 1, 2019, substituted "June 1, 2020" for "July 1, 2023."

Acts 2020, chs. 612 and 613, effective May 8, 2020, made identical changes. Each substituted "July 1, 2030" for "June 1, 2020."

Title 15.

Physician Assistants.

Subtitle 1. Definitions; General Provisions.

Sec.

Subtitle 2. Physician Assistant Advisory Committee; Board; Commission.

Subtitle 3. Certification.

Subtitle 4. Prohibited Acts; Penalties.

Subtitle 5. Short Title; Termination of Title.

Subtitle 1. Definitions; General Provisions.

§ 15-101. Definitions.

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

(b) "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 Accreditation of Healthcare Organizations; or

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

(c) "Board" means the State Board of Physicians, established under § 14-201 of this article.

(d)(1) "Collaboration" means the communication and decision-making process among health care providers who are members of a patient care team related to the treatment of a patient that includes the degree of cooperation necessary to provide treatment and care to the patient and includes:

(i) Communication of data and information about the treatment and care of a patient, including the exchange of clinical observations and assessments; and

(ii) Development of an appropriate plan of care, including:

1. Decisions regarding the health care provided;

2. Accessing and assessment of appropriate additional resources or expertise; and

3. Arrangement of appropriate referrals, testing, or studies.

(2) "Collaboration" does not require the constant, physical presence of a collaborating physician on-site in the practice setting, if the collaborating physician is accessible by electronic means.

(e) "Collaboration agreement" means a document that:

(1) Outlines the collaboration between a physician assistant and:

(i) An individual physician; or

(ii) A group of physicians; and

(2) Is developed by a physician assistant and the physician or group of physicians.

(f) "Committee" means the Physician Assistant Advisory Committee.

(g) "Controlled dangerous substances" has the meaning stated in § 5-101 of the Criminal Law Article.

(h) "Correctional facility" includes a State or local correctional facility.

(i) "Disciplinary panel" means a disciplinary panel of the Board established under § 14-401 of this article.

(j) "Dispense" or "dispensing" has the meaning stated in § 12-101 of this article.

(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.

(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

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

(m) "License" means a license issued by the Board to a physician assistant under this title.

(n) "National certifying examination" means the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants or its successor.

(o) "Patient care team" means a multidisciplinary team of health care providers actively functioning as a unit with the leadership of one or more patient care team physicians for the purpose of providing and delivering health care to a patient or group of patients.

(p) "Patient care team physician" means a licensed physician who regularly practices in the State and who provides leadership in the care of patients as part of a patient care team.

(q) "Physician assistant" means an individual who is licensed under this title to practice as a physician assistant.

(r) "Practice as a physician assistant" means the performance of medical acts that are:

(1) Authorized under a license issued by the Board; and

(2) Authorized under the physician assistant's collaboration agreement.

(s) "Prescriptive authority" means the authority of a physician assistant to:

(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 § 15-302.2(b), (c), and (d) of this title.

(t) "Public health facility" means a 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.

(u) "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.

HISTORY:

1986, ch. 759; 1988, ch. 109, § 1; 1990, ch. 6, § 11; 1997, ch. 14, § 20; ch. 540; 1999, ch. 34, § 7; ch. 655; 2002, ch. 19, § 1; ch. 374; 2003, ch. 252, § 10; 2006, ch. 540, § 2; 2007, ch. 5, § 7; 2009, ch. 60, § 5; 2010, ch. 72, § 5; chs. 273, 274; 2011, ch. 65; 2013, ch. 401; 2018, chs. 442, 443; 2021, ch. 153, § 2; ch. 154, § 2; 2024, ch. 919, § 1; ch. 920, § 1.

Effect of amendments. —

Chapter 401, Acts 2013, enacted May 2, 2013, and effective from date of enactment, reenacted (a) without change and added (i-1).

Acts 2021, chs. 153 and 154, effective July 1, 2021, made identical changes. Each reenacted (a) and (d) without change.

Acts 2024, ch. 919, § 1, effective October 1, 2024 and ch. 920, § 1, effective October 1, 2024, deleted former (b); redesignated former (c) and (d) as (b) and (c); added (d) and (e); redesignated former (e) through (g) as (f) through (h); deleted former (h) and (i); redesignated former (i-1) as (i); added (o) and (p); redesignated former (o) as (q); substituted "as a physician assistant" for "medicine with physician supervision; redesignated former (p) as (r); rewrote (r); redesignated former (q) as (s); substituted "of" for "delegated by a primary or alternate supervising physician to" in (s) introductory language; deleted former (r); redesignated former (s) and (t) as (t) and (u); and deleted former (u).

Editor's note. —

Chapters 442 and 443, Acts 2018, effective October 1, 2018, reenacted (a) without change; and rewrote (j).

Acts 2021, chs. 153 and 154, provide that "Section 2 of this Act shall take effect July 1, 2021, and shall be applicable to all taxable years beginning after December 31, 2021. It shall remain effective for a period of 5 years and, at the end of June 30, 2026, Section 2 of this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect."

Prescribing authority of physician assistants. —

The Board of Physician Quality Assurance (now Board of Physicians) has authority to adopt a regulation specifying the circumstances under which the job descriptions of physician assistants may include prescribing; a regulation may not authorize physician assistants to dispense prescription medicines, however. 80 Md. Op. Att'y Gen. 173 (February 1, 1995).

§ 15-102. Prohibited practice; right to practice authorized health occupation not limited by title.

(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.

HISTORY:

1986, ch. 759; 1990, ch. 6, § 11; 1992, ch. 22, § 1; 2010, chs. 273, 274.

§ 15-103. Reporting of change in employment terms.

(a) In this section, "alternative health care system" has the meaning stated in § 1-401 of this article.

(b)(1) Subject to paragraph (2) of this subsection, 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.

(2) Subject to subsection (d) of this section, a physician or group of physicians that develops a collaboration agreement with a physician assistant or an employer of a physician assistant shall notify the Board within 10 days of the termination of employment of the physician assistant for reasons that would be grounds for discipline under this title.

(3) A physician or group of physicians that develops a collaboration agreement with a physician assistant or the physician assistant shall notify the Board within 10 days of the termination of the relationship under a collaboration agreement.

(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 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 care 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 care 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 care 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 care 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 care system, or employer learns that the physician assistant has entered a treatment program, the hospital, related institution, alternative health care 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 care 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 care 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 care 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 or a disciplinary panel under this title.

(i)(1) A disciplinary panel 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.

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

(k) The Board shall adopt regulations to implement the provisions of this section.

HISTORY:

1997, ch. 718; 2010, chs. 273, 274; 2013, ch. 401; 2020, ch. 612, § 1; ch. 613, § 1; 2022, ch. 135, §§ 1, 5; 2024, ch. 919, § 1; ch. 920, § 1.

Effect of amendments. —

Chapter 401, Acts 2013, enacted May 2, 2013, and effective from date of enactment, added "or a disciplinary panel" in (h).

Acts 2020, chs. 612 and 613, effective May 8, 2020, made identical changes. Each added the (b)(1) designation; substituted "Subject to paragraph (2) of this subsection, an employer" for "An employer" in (b)(1); added (b)(2) and (b)(3); and substituted "A disciplinary panel may impose" for "The Board may impose" in (i)(1).

Acts 2022, ch. 135, § 1, enacted April 12, 2022, and effective from date of enactment, added "care" before "system" in throughout (d), (e) and (g).

Acts 2024, ch. 919, § 1, effective October 1, 2024 and ch. 920, § 1, effective October 1, 2024, substituted "physician

or group of physicians that develops a collaboration agreement with a physician assistant" for "supervising physician" in (b)(2); and rewrote (b)(3), which formerly read: "A supervising physician and a physician assistant shall notify the Board within 10 days of the termination of the relationship under a delegation agreement for any reason."

Editor's note. —

Acts 2022, ch. 135, § 5, provides that "the publishers of the Annotated Code of Maryland, in consultation with and subject to the approval of the Department of Legislative Services, shall make nonsubstantive corrections to codification, style, capitalization, punctuation, grammar, spelling, and any reference rendered incorrect or obsolete by an Act of the General Assembly, with no further action required by the General Assembly. The publishers shall adequately describe any such correction in an editor's note following the section affected." Pursuant to Acts 2022, ch. 135, § 5, "care" was added preceding the second occurrence of "system" in (e)(2).

Subtitle 2. Physician Assistant Advisory Committee; Board; Commission.

§ 15-201. Creation.

(a) There is a Physician Assistant Advisory Committee within the Board.

(b) The Committee shall function as a subunit of the Board.

HISTORY:

1986, ch. 759; 1990, ch. 6, § 11; 2010, chs. 273, 274.

§ 15-202. Composition.

(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 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.

(4) The Board shall appoint the physician assistant members from a list of names submitted by:

(i) The Maryland Academy of Physician Assistants; and

(ii) The State institutions of higher education with approved physician assistant programs.

(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 a patient care team physician under a collaboration agreement with a physician assistant.

(c)(1) The physician assistant members shall be licensed as a physician assistant under this title.

(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.

(d) A Committee chair and a secretary shall be selected every 2 years by a majority vote of the membership of the Committee.

(e) The chair, or the chair's designee, shall serve in an advisory capacity to the Board as a representative of the Committee.

HISTORY:

1986, ch. 759; 1990, ch. 6, § 11; 1996, ch. 10, § 1; 1998, ch. 168; 2000, ch. 61, § 1; 2010, chs. 72, 273, 274; 2013, ch. 401; 2020, ch. 612, § 1; ch. 613, § 1; 2024, ch. 919, § 1; ch. 920, § 1.

Effect of amendments. —

Chapter 401, Acts 2013, enacted May 2, 2013, and effective from date of enactment, substituted "chair" for "chairperson" in (d); and in (e) substituted "chair, or the chair's designee" for "chairperson."

Acts 2020, chs. 612 and 613, effective May 8, 2020, made identical changes. Each reenacted (a)(1) and (a)(2) without change; deleted (a)(3)(iii); and made related changes.

Acts 2024, ch. 919, § 1, effective October 1, 2024 and ch. 920, § 1, effective October 1, 2024, reenacted (a)(1) and (a)(2) without change; and added "currently serving as a patient care team physician under a collaboration agreement with a physician assistant" in (b).

§ 15-203. Regulations; removal of members.

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.

HISTORY:

1986, ch. 759; 1990, ch. 6, § 11; 1992, ch. 433; 1998, ch. 168; 2010, chs. 273, 274; 2020, ch. 612, § 1; ch. 613, § 1.

Effect of amendments. —

Acts 2020, chs. 612 and 613, effective May 8, 2020, made identical changes. Each deleted the (a) designation; and deleted (b).

§ 15-204. Allocation of funds.

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

HISTORY:

1986, ch. 759; 1990, ch. 6, § 11; 2010, chs. 273, 274.

§ 15-205. Additional powers and duties.

(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 licensure;

(3) Report to the Board any conduct of a physician or group of physicians who develops a collaboration agreement with a physician assistant 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) The Committee shall submit an annual report to the Board.

(c)(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 to the Committee an annual report on the disciplinary matters involving licensees.

(3) The Board may:

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

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

(iii) 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 freestanding birthing center, to determine compliance at that office with the Centers for Disease 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.

HISTORY:

1986, ch. 759; 1988, ch. 109, § 1; 1990, ch. 6, § 11; 1992, ch. 154, § 1; 2000, ch. 61, § 1; 2010, chs. 72, 273, 274; 2013, ch. 401; 2024, ch. 919, § 1; ch. 920, § 1.

Cross references. —

As to annual reporting requirements of § 5, ch. 109, Acts 1988, see Editor's note at § 15-101 of this article.

Effect of amendments. —

Chapter 401, Acts 2013, enacted May 2, 2013, and effective from date of enactment, added (b) and redesignated accordingly and rewrote (c)(2)(ii).

Acts 2024, ch. 919, § 1, effective October 1, 2024 and ch. 920, § 1, effective October 1, 2024, deleted "or a delegation agreement" at the end of (a)(2); and substituted "physician or group of physicians who develops a collaboration agreement with a physician assistant" for "supervising physician" in (a)(3).

Prescribing authority of physician assistants. —

The Board of Physician Quality Assurance (now Board of Physicians) has authority to adopt a regulation specifying the circumstances under which the job descriptions of physician assistants may include prescribing; a regulation may not authorize physician assistants to dispense prescription medicines, however. 80 Md. Op. Att'y Gen. 173 (February 1, 1995).

§ 15-206. Fees and disposition of funds [Amendment subject to abrogation].

(a)(1) The Board shall set reasonable fees for:

(i) The issuance and renewal of licenses; and

(ii) The other services rendered by the Board in connection with physician assistants, including the cost of providing a rehabilitation program for physician assistants under § 14-401.1(g) of this article.

(2)(i) In addition to the fee set by the Board under this title for the renewal of a license, the Board shall assess a separate $15 fee for a renewal of the license.

(ii) The Board shall pay the fee collected under subparagraph (i) of this paragraph to the Physician Assistant Preceptorship Tax Credit Fund established under § 10-751 of the Tax - General Article.

(b) Except as provided in subsection (a)(2)(ii) of this section, the Board shall pay all fees collected under this title to the Comptroller of the State.

(c)(1) In fiscal year 2017 and fiscal year 2018, if the Governor does not include in the State budget at least $550,000 for the operation of the Maryland Loan Assistance Repayment Program for Physicians and Physician Assistants under Title 24, Subtitle 17 of the Health - General Article, as administered by the Maryland Higher Education Commission, the Comptroller shall distribute:

(i) $550,000 of the fees received from the Board to the Office of Student Financial Assistance to be used to make grants under the Maryland Loan Assistance Repayment Program for Physicians and Physician Assistants under Title 24, Subtitle 17 of the Health - General Article to physicians and physician assistants 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 as being medically underserved; and

(ii) The balance of the fees to the Board of Physicians Fund.

(2) In fiscal year 2019 and each fiscal year thereafter, if the Governor does not include in the State budget at least $400,000 for the operation of the Maryland Loan Assistance Repayment Program for Physicians and Physician Assistants under Title 24, Subtitle 17 of the Health - General Article, as administered by the Maryland Higher Education Commission, the Comptroller shall distribute:

(i) $400,000 of the fees received from the Board to the Office of Student Financial Assistance to be used to make grants under the Maryland Loan Assistance Repayment Program for Physicians and Physician Assistants under Title 24, Subtitle 17 of the Health - General Article to physicians and physician assistants 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 as being medically underserved; and

(ii) The balance of the fees to the Board of Physicians Fund.

(3) If the Governor includes in the State budget at least the amount specified in paragraph (1) or (2) of this subsection for the operation of the Maryland Loan Assistance Repayment Program for Physicians and Physician Assistants under Title 24, Subtitle 17 of the Health - General Article, as administered by the Maryland Higher Education Commission, the Comptroller shall distribute the fees to the Board of Physicians Fund.

HISTORY:

1986, ch. 759; 1990, ch. 6, § 11; 1992, ch. 334; 2003, ch. 252, § 10; 2007, ch. 539; 2008, ch. 36; 2009, ch. 60, § 5; 2010, chs. 273, 274; 2013, ch. 401; 2014, ch. 99; 2016, ch. 178; 2017, ch. 214, § 7; 2020, ch. 402, § 2; ch. 403, § 2; 2021, ch. 153, § 2; ch. 154, § 2.

Effect of amendments. —

Chapter 401, Acts 2013, enacted May 2, 2013, and effective from date of enactment, added "including the cost of providing a rehabilitation program for physician assistants under § 14-401.1(g) of this article" in (a)(2).

Chapter 99, Acts 2014, effective October 1, 2014, added "and Physician Assistants" wherever it appears in (b)(2).

Chapter 178, Acts 2016, effective July 1, 2016, deleted the (b)(1) designation, added (c)(1), and rewrote (b)(2) as (c)(2) and (c)(3).

Acts 2020, chs. 402 and 403, effective July 1, 2020, made identical changes. Each in (c) substituted "Title 24, Subtitle 17 of the Health — General Article" for "Title 18, Subtitle 28 of the Education Article" throughout; and in (c)(1)(i) and (c)(2)(i) deleted "of Health" after "Secretary" near the end of each subdivision.

Acts 2021, chs. 153 and 154, effective July 1, 2021, made identical changes. Each designated (a)(1); renumbered former (a)(1) and (a)(2) as (a)(1)(i) and (a)(1)(ii) respectively; added (a)(2); and added "Except as provided in subsection (a)(2)(ii) of this section" in (b).

Editor's note. —

Pursuant to § 7, ch. 214, Acts 2017, "Secretary of Health" was substituted for "Secretary of Health and Mental Hygiene" in (c)(1)(i) and (c)(2)(i).

Acts 2020, chs. 402 and 403, sec. 3, provides that: "(a) The Maryland Department of Health shall convene a stakeholder workgroup to examine how the State can implement a program within or in addition to the Maryland Loan Assistance Repayment Program for Physicians and Physician Assistants to further incentivize medical students to practice in health professional shortage areas and medically underserved areas in the State.

"(b) The workgroup shall consist of the following members:

"(1) the Chair of the Health Services Cost Review Commission, or the Chair's designee;

"(2) the Chair of the Health Care Commission, or the Chair's designee;

"(3) the President of the Maryland Hospital Association, or the President's designee;

"(4) the Dean of the University of Maryland School of Medicine, or the Dean's designee;

"(5) the Dean of the Johns Hopkins School of Medicine, or the Dean's designee;

"(6) the President of MedChi, or the President's designee;

"(7) one representative of the Office of Primary Care;

"(8) one representative of the State Board of Physicians;

"(9) one representative of the Maryland Academy of Physician Assistants; and

"(10) any other members as determined by the Secretary of Health.

"(c) The workgroup shall consult with the Department of Legislative Services when developing its recommendations.

"(d) The workgroup shall:

"(1) review medical school student debt experienced in the United States and in Maryland;

"(2) examine other models for physician recruitment and retention that operate in other states, including how these models are funded and how to improve the Maryland Loan Assistance Repayment Program to ensure that the Program is competitive with other states;

"(3) examine and recommend methods to incentivize medical students to commit to practicing in medically underserved areas in the State before entering a residency program or on graduation from medical school; and

"(4) investigate the availability of other federal grants to further expand loan repayment and loan forgiveness for other health professionals in Maryland.

"(e) (1) On or before December 1, 2020, the workgroup shall submit an interim report of its findings and recommendations, in accordance with § 2-1257 of the State Government Article, to the General Assembly.

"(2) On or before December 1, 2021, the workgroup shall submit a final report of its findings and recommendations, including recommendations on the structure of a permanent advisory council and a permanent funding structure for the Maryland Loan Assistance Repayment Program, in accordance with § 2-1257 of the State Government Article, to the General Assembly."

Acts 2021, chs. 153 and 154, provide that "Section 2 of this Act shall take effect July 1, 2021, and shall be applicable to all taxable years beginning after December 31, 2021. It shall remain effective for a period of 5 years and, at the end of June 30, 2026, Section 2 of this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect."

§ 15-206. Fees and disposition of funds. (Abrogation of amendment effective June 30, 2026.)

(a) The Board shall set reasonable fees for:

(1) The issuance and renewal of licenses; and

(2) The other services rendered by the Board in connection with physician assistants, including the cost of providing a rehabilitation program for physician assistants under § 14-401.1(g) of this article.

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

(c)(1) In fiscal year 2017 and fiscal year 2018, if the Governor does not include in the State budget at least $550,000 for the operation of the Maryland Loan Assistance Repayment Program for Physicians and Physician Assistants under Title 24, Subtitle 17 of the Health - General Article, as administered by the Maryland Higher Education Commission, the Comptroller shall distribute:

(i) $550,000 of the fees received from the Board to the Office of Student Financial Assistance to be used to make grants under the Maryland Loan Assistance Repayment Program for Physicians and Physician Assistants under Title 24, Subtitle 17 of the Health - General Article to physicians and physician assistants 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 as being medically underserved; and

(ii) The balance of the fees to the Board of Physicians Fund.

(2) In fiscal year 2019 and each fiscal year thereafter, if the Governor does not include in the State budget at least $400,000 for the operation of the Maryland Loan Assistance Repayment Program for Physicians and Physician Assistants under Title 24, Subtitle 17 of the Health - General Article, as administered by the Maryland Higher Education Commission, the Comptroller shall distribute:

(i) $400,000 of the fees received from the Board to the Office of Student Financial Assistance to be used to make grants under the Maryland Loan Assistance Repayment Program for Physicians and Physician Assistants under Title 24, Subtitle 17 of the Health - General Article to physicians and physician assistants

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 as being medically underserved; and

(ii) The balance of the fees to the Board of Physicians Fund.

(3) If the Governor includes in the State budget at least the amount specified in paragraph (1) or (2) of this subsection for the operation of the Maryland Loan Assistance Repayment Program for Physicians and Physician Assistants under Title 24, Subtitle 17 of the Health - General Article, as administered by the Maryland Higher Education Commission, the Comptroller shall distribute the fees to the Board of Physicians Fund.

HISTORY:
2021, ch. 153, § 2; ch. 154, § 2.

Effect of amendments. —
Acts 2021, chs. 153 and 154, effective July 1, 2021, made identical changes. Each designated (a)(1); renumbered former (a)(1) and (a)(2) as (a)(1)(i) and (a)(1)(ii) respectively; added (a)(2); and added "Except as provided in subsection (a)(2)(ii) of this section" in (b).

Editor's note. —
Pursuant to § 7, ch. 214, Acts 2017, "Secretary of Health" was substituted for "Secretary of Health and Mental Hygiene" in (c)(1)(i) and (c)(2)(i).

Acts 2021, chs. 153 and 154, provide that "Section 2 of this Act shall take effect July 1, 2021, and shall be applicable to all taxable years beginning after December 31, 2021. It shall remain effective for a period of 5 years and, at the end of June 30, 2026, Section 2 of this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect." This section is set out above as it will appear at the end of June 30, 2026, unless further action is taken by the General Assembly.

Subtitle 3. Certification.

§ 15-301. Scope of practice; required credentials; practice without license.

(a) This title may not be construed to authorize a physician assistant to practice independently.

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

(1) Appropriate to the education, training, and experience of the physician assistant;

(2) Customary to the practice of a patient care team physician; and

(3) In a manner consistent with the collaboration agreement.

(c) Patient services that may be provided by a physician assistant under a collaboration agreement include:

(1) Obtaining comprehensive health histories;

(2) Performing physical examinations;

(3) Evaluating, diagnosing, managing, and providing medical treatment;

(4) Interpreting and evaluating patient data as authorized by a patient care team physician for the purpose of determining management and treatment of patients;

(5) Initiating requests for or performing diagnostic procedures as indicated by pertinent data and as authorized by a patient care team physician;

(6) Exercising prescriptive authority in accordance with § 15-302.2 of this subtitle;

(7) Informing patients about health promotion and disease prevention;

(8) Providing consultations;

(9) Writing medical orders;

(10) Obtaining informed consent;

(11) Delegating medical acts to licensed or unlicensed personnel as authorized under § 14-306 of this article if the physician assistant has at least 7,000 hours of clinical practice experience; and

(12) Certifying a patient's health or disability as required by a federal, State, or local program.

(d)(1) Except as otherwise provided in this title, an individual shall be 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 collaborate with a physician assistant in the performance of medical acts without notifying the Board of a completed collaboration 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:

(i) For which the individual has not been licensed;

(ii) That has not been delegated in a manner consistent with the collaboration agreement;

(iii) That is not appropriate to the education, training, and experience of the physician assistant; and

(iv) That is not customary to the practice of a patient care team physician listed on the collaboration agreement.

(e) A physician assistant shall consult and collaborate with or refer an individual to an appropriate licensed physician or any other health care provider as appropriate.

(f) Except as otherwise provided in this title, the following individuals may practice as a physician assistant without a license:

(1) A physician assistant student enrolled in a physician assistant educational program that is accredited by the 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)(1) If a medical act that is to be performed by a physician assistant 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 medical act shall be adopted jointly by the State Board of Physicians and the board that regulates the other health occupation.

(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.

HISTORY:

1986, ch. 759; 1988, ch. 109, § 1; 1990, ch. 6, § 11; 1991, ch. 118; 1997, ch. 540; 1999, ch. 655; 2002, ch. 374; 2003, ch. 252, § 10; 2005, ch. 25, § 13; 2006, ch. 540, § 2; 2010, chs. 273, 274; 2012, chs. 241, 242; 2024, ch. 919, § 1; ch. 920, § 1.

Cross references. —

As to annual reporting requirements of § 5, ch. 109, Acts 1988, see Editor's note at § 15-101 of this article.

Effect of amendments. —

Chapters 241 and 242, Acts 2012, effective October 1, 2012, made identical changes. Each deleted (i).

Acts 2024, ch. 919, § 1, effective October 1, 2024 and ch. 920, § 1, effective October 1, 2024, rewrote the section.

Prescribing authority of physician assistants. —

The Board of Physician Quality Assurance (now Board of Physicians) has authority to adopt a regulation specifying the circumstances under which the job descriptions of physician assistants may include prescribing; a regulation may not authorize physician assistants to dispense prescription medicines, however. 80 Md. Op. Att'y Gen. 173 (February 1, 1995).

Diagnoses by physician assistants. —

Provision in (c) that a physician could delegate medical acts to an assistant did not negate the plain language of § 9-701(a)(2) of the State Personnel and Pensions Article that, when a state employee sought accident leave due to a job-related injury, a physician had to examine the employee, and such a claim could not be granted or denied based on the diagnosis of a physician's assistant. Rideout v. Dep't of Pub. Safety & Corr. Servs., 149 Md. App. 649, 818 A.2d 250 (2003).

§ 15-302. Delegation agreements.

(a) A physician assistant may practice as a physician assistant only after providing notice to the Board, in a manner approved by the Board, of:

(1) The executed collaboration agreement; and

(2) Each patient care team physician listed on the collaboration agreement.

(b)(1) A collaboration agreement shall contain:

(i) A description of the qualifications of the physician assistant and the physician or group of physicians who developed the collaboration agreement with the physician assistant;

(ii) Any practice specialty of the physician or group of physicians; and

(iii) A description of the settings in which the physician assistant will practice.

(2) A collaboration agreement may include provisions limiting the physician assistant's scope of practice, specifying office procedures, or otherwise detailing the practice of the physician assistant as agreed by the physician or group of physicians and the physician assistant.

(c) If the Board determines that a patient care team 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 an advanced duty regardless of whether the advanced duty requires prior approval under this section, or refer the matter to a disciplinary panel for the purpose of taking other disciplinary action under § 14-404 of this article or § 15-314 of this subtitle.

(d)(1) Except as provided under paragraph (2) of this subsection, a patient care team physician may not delegate medical acts under a collaboration agreement to more than eight physician assistants at any one time.

(2) A patient care team physician may delegate medical acts under a collaboration agreement to more than eight physician assistants in:

(i) A hospital;

(ii) A correctional facility;

(iii) A detention center; or

(iv) A public health facility.

(e) A person may not coerce another person to enter into a collaboration agreement under this subtitle.

(f) Subject to the notice required under § 15-103 of this title, a physician assistant may terminate a

collaboration agreement under this subtitle at any time.

(g)(1) In the event of a sudden departure, incapacity, or death of a patient care team physician, or change in license status that results in a patient care team physician being unable to legally practice medicine, the collaboration agreement will remain active and valid under the supervision of any remaining listed patient care team physicians.

(2) If there is no remaining patient care team physician listed on the collaboration agreement, the physician assistant may not practice until the physician assistant has executed a new collaboration agreement and, if applicable, has Board approval to perform any advanced duties delegated to the physician assistant under the new collaboration agreement.

(3) The Board may terminate a collaboration agreement if:

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

(ii) Immediately after an event listed under paragraph (1) of this subsection if there is no remaining patient care team physician listed in the collaboration agreement.

(h) A physician assistant whose collaboration agreement is terminated may not practice as a physician assistant until the physician assistant executes a new collaboration agreement under this section.

(i) A physician assistant may practice in accordance with a collaboration agreement under this subtitle.

(j) A patient care team physician may be added or removed from a collaboration agreement by providing notification to the Board.

(k) The Board may modify a collaboration agreement if it finds that:

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

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

(l) A collaboration agreement shall be maintained at the practice setting and made available to the Board on request.

(m) A licensed physician assistant who fails to comply with the collaboration agreement requirements is subject to an administrative penalty as established in regulations.

HISTORY:

1999, ch. 655; 2002, ch. 374; 2005, ch. 25, § 13; 2006, ch. 540, §§ 1, 2; 2010, ch. 72, § 5; chs. 273, 274; 2012, chs. 241, 242; 2013, chs. 359, 401; 2020, ch. 612, § 1; ch. 613, § 1; 2024, ch. 382, § 1; ch. 919, § 1; ch. 920, § 1.

Effect of amendments. —

Chapters 241 and 242, Acts 2012, effective October 1, 2012, made identical changes. Each reenacted (a) without change; added (b)(10) and redesignated accordingly; and made a related change.

Chapter 359, Acts 2013, effective October 1, 2013, added the (c)(2)(i) designation and added (c)(2)(ii).

Chapter 401, Acts 2013, enacted May 2, 2013, and effective from date of enactment, substituted "refer the matter to a disciplinary panel for the purpose of taking" for "take" in (g).

Acts 2020, chs. 612 and 613, effective May 8, 2020, made identical changes. Each added "temporary" in (j)(2)(iii); added (k) through (m); redesignated former (l) and (m) as (n) and (o).

Acts 2024, ch. 382, § 1, effective April 25, 2024, substituted "§ 14-404 of this article or § 15-314 of this subtitle" for "§ 14-404 or § 15-314 of this article" in (g).

Acts 2024, ch. 919, § 1, effective October 1, 2024 and ch. 920, § 1, effective October 1, 2024, rewrote the section.

Editor's note. —

As to inclusions in annual report by Board of Physicians, see § 2, ch. 655, Acts 1999.

As to construction not to prevent a physician assistant who, on or before January 1, 2002, was a participant in a board-approved delegation agreement that included delegation of medical acts involving general anesthesia from performing the terms of that agreement or modifications of that agreement or from performing medical such acts under any future delegation agreement., see § 2, ch. 374, Acts 2002.

Acts 2024, chs. 919, 920, § 2 provides that "(a) A physician assistant authorized to practice under a delegation agreement on October 1, 2024, may continue to practice as a physician assistant under the delegation agreement.

"(b) The delegation agreement in effect on October 1, 2024, shall be treated the same as the collaboration agreement required under § 15-302 of the Health Occupations Article, as enacted by Section 1 of this Act, until the physician assistant has provided notice to the State Board of Physicians as required under § 15-302(a) of the Health Occupations Article, as enacted under Section 1 of this Act."

Prescribing authority of physician assistants. —

The Board of Physician Quality Assurance (now Board of Physicians) has authority to adopt a regulation specifying the circumstances under which the job descriptions of physician assistants may include prescribing; a regulation may not authorize physician assistants to dispense prescription medicines, however. 80 Md. Op. Att'y Gen. 173 (February 1, 1995).

Designation of "alternate supervising physicians." —

A physician who enters into a delegation agreement with a physician assistant, if that physician practices in a nonhospital setting, cannot designate "alternate supervising physicians" to carry out the physician's obligation to supervise the medical acts delegated to the physician assistant in the agreement. 86 Md. Op. Att'y Gen. 157 (July 2, 2001).

§ 15-302.1. Perform of advanced duties.

(a) In this section, "exempt facility" means:

(1) A hospital;

(2) An ambulatory surgical facility;

(3) A federally qualified health center; or

(4) Another practice setting listed on a hospital delineation of privileges document.

(b) Except as provided in subsection (e) of this section, a physician assistant may perform advanced duties without Board approval if the advanced duty will be performed in an exempt facility and:

(1) The physician assistant is supervised by a physician with credentials that have been reviewed by the exempt facility as a condition of employment as an independent contractor or as a member of the medical staff;

(2) The physician assistant has credentials that have been reviewed by the exempt facility as a condition of employment as an independent contractor or as a member of the medical staff; and

(3) The advanced duty to be delegated to the physician assistant is reviewed and approved in a process approved by the exempt facility before the physician assistant performs the advanced duty.

(c)(1) Subject to paragraph (2) of this subsection and subsection (d) of this section and except as provided in subsection (e) of this section, a physician assistant may perform advanced duties in a practice setting that is not an exempt facility only after the physician assistant obtains Board approval of the advanced duty under the collaboration agreement.

(2)(i) Subject to subparagraph (ii) of this paragraph, a physician assistant may perform X-ray duties authorized under § 14-306(e) of this article in the medical office of a patient care team physician only after the physician assistant obtains Board approval of the X-ray duty under the collaboration agreement.

(ii) A collaboration agreement may authorize the delegation of X-ray duties limited to nonfluoroscopic X-ray procedures of the extremities, anterior-posterior and lateral, not including the head.

(d) A physician assistant may not perform the medical acts of administering general anesthesia or neuroaxial anesthesia, including spinal, epidural, and image guided interventional spine procedures.

(e) A physician assistant may perform an advanced duty in collaboration with a patient care team physician without prior approval of the Board if:

(1) The Board has previously approved the physician assistant to perform the advanced duty in collaboration with a patient care team physician; or

(2) The physician assistant has at least 7,000 hours of clinical practice experience.

(f) If an advanced duty requires Board approval, the Committee:

(1) Shall review the collaboration agreement;

(2) May conduct a personal interview of the physician assistant and patient care team physicians; and

(3) May recommend to the Board that the collaboration agreement be modified to ensure conformance with the requirements of this title.

(g)(1) On review of the Committee's recommendations regarding the request of a patient care team physician to delegate advanced duties as described in a collaboration agreement, the Board may modify the performance of advanced duties under a collaboration agreement if the physician assistant does not meet the applicable education, training, and experience requirements to perform the specified advanced duties.

(2) If the Board makes a modification under paragraph (1) of this subsection, the Board:

(i) Shall notify each patient care team physician listed in the collaboration agreement and the physician assistant in writing of the particular elements of the advanced duty approval request that were the cause for the modification; and

(ii) May not restrict the submission of an amendment to the advanced duty.

(h) Documentation demonstrating a physician assistant's authority to perform an advanced duty under this section shall be maintained at the facility in which the physician assistant is performing the advanced duty.

(i) Individual members of the Board are not civilly liable for actions regarding the approval, modification, or disapproval of an advanced duty under the collaboration agreement described in this section.

HISTORY:

2024, ch. 919, § 1; ch. 920, § 1.

Editor's note. —

Acts 2024, chs. 919, 920, § 4 provides that "this Act shall take effect October 1, 2024."

§ 15-302.1. Practice while delegation agreement pending. [Repealed]

HISTORY:
2006, ch. 44, § 6; ch. 540, § 2; 2007, ch. 5; 2010, chs. 273, 274; 2020, ch. 612, § 1; ch. 613, § 1; repealed by 2024, ch. 919, § 1; ch. 920, § 1.

§ 15-302.2. Delegation of prescribing, dispensing, and administering of controlled dangerous substances, prescription drugs, or medical devices.

(a) A patient care team 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 collaboration agreement:

(1) The authority of the physician assistant to prescribe and, if applicable, dispense controlled dangerous substances, prescription drugs, or medical devices;

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

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

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

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

(6) An attestation that the physician assistant has:

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

(7) 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.

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

(2) A patient care team physician may delegate the prescribing or dispensing 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.

(3) A patient care team physician may not delegate the prescribing or dispensing 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.

(c)(1) a patient care team physician may authorize a physician assistant to personally prepare and dispense a drug that the physician assistant is authorized to prescribe under a collaboration agreement if:

(i) Except as otherwise provided under § 12-102(g) of this article, the patient care team physician possesses a dispensing permit; and

(ii) The physician assistant dispenses drugs only within:

1. The patient care team physician's scope of practice; and

2. The scope of the collaboration agreement.

(2) A patient care team physician may delegate any dispensing duties, including the performance of the final check of prescriptions as required under § 12-102(a)(4)(ii) of this article.

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

HISTORY:
1999, ch. 655; 2000, ch. 61, § 1; 2002, ch. 213, § 6; 2006, ch. 540, § 2; 2010, chs. 273, 274; 2018, chs. 442, 443; 2024, ch. 919, § 1; ch. 920, § 1.

Effect of amendments. —
Chapters 442 and 443, Acts 2018, effective October 1, 2018, added "and, if applicable, dispensing" (a)(1) and

(a)(2); in (a)(3), (a)(4), (b)(1), and (b)(2) added "or dispensed" or variant; rewrote (c); and in (d) deleted "sample or starter dosage" after "drug" and added " (b) and" and made related changes.

Acts 2024, ch. 919, § 1, effective October 1, 2024 and ch. 920, § 1, effective October 1, 2024, rewrote the section.

Editor's note. —

As to inclusions in annual report by Board of Physicians, see § 2, ch. 655, Acts 1999.

§ 15-302.3. List of physician assistants with delegated authority to write medication orders or to exercise prescriptive authority. [Repealed]

HISTORY:

1999, ch. 655; 2002, ch. 374; 2010, chs. 273, 274; repealed by 2024, ch. 919, § 1; ch. 920, § 1.

§ 15-303. Qualifications of applicants.

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

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

(2) Be of good moral character;

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

(4) Be at least 18 years old;

(5) Except as provided in subsection (b) of this section, have successfully completed an educational program for physician assistants accredited by:

(i) The Accreditation Review Commission on Education for the Physician Assistant; or

(ii) If completed before 2001:

1. The Committee on Allied Health Education and Accreditation; or

2. The Commission on Accreditation of Allied Health Education Programs; and

(6) Have passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants.

(b) An applicant who graduates from an accredited educational program for physician assistants under this section after October 1, 2003, shall have a bachelor's degree or its equivalent.

HISTORY:

1986, ch. 759; 1990, ch. 6, § 11; 1997, ch. 540; 2010, chs. 273, 274; 2015, ch. 34; 2020, ch. 612, § 1; ch. 613, § 1; 2024, ch. 919, § 1; ch. 920, § 1.

Effect of amendments. —

Chapter 34, Acts 2015, effective July 1, 2015, added (a)(1) and redesignated accordingly.

Acts 2020, chs. 612 and 613, effective May 8, 2020, made identical changes. Each substituted "Complete a criminal history records check" for "Submit to a criminal history records check" in (a)(1).

Acts 2024, ch. 919, § 1, effective October 1, 2024 and ch. 920, § 1, effective October 1, 2024, rewrote (a)(5); added (a)(6); deleted former (b), which read: "Except as otherwise provided in this title, the applicant shall pass a national certifying examination approved by the Board"; redesignated former (c) as (b); and made related change.

§ 15-304. Application requirements.

An applicant for a license shall:

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

(2) Submit an application to the Board on the form that the Board requires; and

(3) Pay to the Board the application fee set by the Board.

HISTORY:

1986, ch. 759; 1990, ch. 6, § 11; 2010, chs. 273, 274; 2015, ch. 34; 2020, ch. 612, § 1; ch. 613, § 1.

Effect of amendments. —

Chapter 34, Acts 2015, effective July 1, 2015, added (1) and redesignated accordingly.

Acts 2020, chs. 612 and 613, effective May 8, 2020, made identical changes. Each substituted "Complete a criminal history records check" for "Submit to a criminal history records check" in (1).

§ 15-305. Issuance of license.

(a) Subject to subsection (b) of this section, the Board shall issue a license to an applicant who meets the requirements of this title.

(b)(1) On receipt of the criminal history record information of an applicant for licensure forwarded to the Board in accordance with § 14-308.1 of this article, in determining whether to issue a license, the Board shall consider:

(i) The age at which the crime was committed;

(ii) The nature of the crime;

(iii) The circumstances surrounding the crime;

(iv) The length of time that has passed since the crime;

(v) Subsequent work history;

(vi) Employment and character references; and

(vii) Other evidence that demonstrates whether the applicant poses a threat to the public health or safety.

(2) The Board may not issue a license if the criminal history record information required un-

der § 14-308.1 of this article has not been received.

HISTORY:
2010, chs. 273, 274; 2015, ch. 34.

Effect of amendments. —
Chapter 34, Acts 2015, effective July 1, 2015, added the (a) designation; in (a) added "Subject to subsection (b) of this section"; added (b); and made related changes.

Editor's note. —
Section 1, chs. 273 and 274, Acts 2010, repealed former § 15-305 and enacted a new section in lieu thereof.

§ 15-306. Authority of license holder.

A license authorizes the licensee to practice as a physician assistant while the license is effective.

HISTORY:
1986, ch. 759; 1990, ch. 6, § 11; 2010, chs. 273, 274; 2024, ch. 919, § 1; ch. 920, § 1.

Effect of amendments. —
Acts 2024, ch. 919, § 1, effective October 1, 2024 and ch. 920, § 1, effective October 1, 2024, deleted "under a delegation agreement" following "physician assistant."

§ 15-307. Renewal; continuing education requirements; expiration; criminal history record check.

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

(2) The term of a license issued by the Board may not exceed 3 years.

(b) At least 1 month before a license expires, the Board shall send to the licensee, by first-class mail to the last known address of the licensee, a renewal notice that states:

(1) The date on which the current license expires;

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

(3) The amount of the renewal fee.

(c) Before a license expires, the licensee periodically may renew it for an additional 2-year term, if the licensee:

(1) Is otherwise entitled to be issued a license;

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

(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 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) 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 licenses under this section.

(e) The Board shall renew the license of each 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, a disciplinary panel may impose a civil penalty not to exceed $100 for each medical education credit not obtained by the licensee.

(g)(1) Beginning October 1, 2016, the Board shall require a criminal history records check in accordance with § 14-308.1 of this article for:

(i) Renewal applicants as determined by regulations adopted by the Board; and

(ii) Each former licensee who files for reinstatement under this title.

(2) On receipt of the criminal history record information of a licensee forwarded to the Board in accordance with § 14-308.1 of this article, in determining whether disciplinary action should be taken, based on the criminal history record information, against a licensee who renewed or reinstated a license, the Board shall consider:

(i) The age at which the crime was committed;

(ii) The nature of the crime;

(iii) The circumstances surrounding the crime;

(iv) The length of time that has passed since the crime;

(v) Subsequent work history;

(vi) Employment and character references; and

(vii) Other evidence that demonstrates whether the licensee poses a threat to the public health or safety.

(3) The Board may renew or reinstate a license only if the licensee or applicant attests that the licensee or applicant has submitted to a criminal history records check under § 14-308.1 of this article.

HISTORY:
1986, ch. 759; 1990, ch. 6, § 11; 1999, ch. 655; 2005, ch. 25, § 13; 2010, chs. 273, 274; 2015, ch. 34; 2017, chs. 217, 218; 2020, ch. 612, § 1; ch. 613, § 1.

Effect of amendments. —
Chapter 34, Acts 2015, effective July 1, 2015, added (g).
Chapters 217 and 218, Acts 2017, approved April 18, 2017, and effective from date of enactment, made identical changes. Each deleted "after failing to renew the license for a period of 1 year or more" at the end of (g)(1)(ii); and rewrote the introductory language of (g)(2) and rewrote (g)(3).
Acts 2020, chs. 612 and 613, effective May 8, 2020, made identical changes. Each rewrote (a)(2); substituted "a disciplinary panel may impose" for "the Board may impose" in (f); and substituted "Renewal applicants" for "Annual renewal applicants" in (g)(1)(i).

§ 15-308. Reinstating license after failure to renew.

(a) Subject to subsection (b) of this section, the Board, in accordance with its regulations, shall reinstate the license of a physician assistant who has failed to renew the 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;

(3) Submits to the Board satisfactory evidence of compliance with the qualifications and requirements established under this subtitle for license reinstatements; and

(4) Meets any additional requirements set by the Board for reinstatement.

(b) A disciplinary panel may not reinstate a surrendered or revoked license that has been surrendered or revoked for a period of more than 1 year unless the licensee:

(1) Meets the requirements for reinstatement as established under this title; and

(2) Completes a criminal history records check in accordance with § 14-308.1 of this article.

HISTORY:
1986, ch. 759; 1990, ch. 6, § 11; 2010, chs. 273, 274; 2015, ch. 34; 2020, ch. 612, § 1; ch. 613, § 1.

Effect of amendments. —
Chapter 34, Acts 2015, effective July 1, 2015, added the (a) designation; in the introductory language of (a) added "Subject to subsection (b) of this section"; added (b); and made related changes.
Acts 2020, chs. 612 and 613, effective May 8, 2020, made identical changes. Each substituted "surrendered" for "suspended" twice in the introductory language of (b); and substituted "Completes a criminal history records check" for "Submits to a criminal history records check" in (b)(2).

§ 15-309. Display of license and collaboration agreement; notice of change of address.

(a) Each licensee shall keep a license and collaboration agreement for inspection at the primary place of business of the licensee.

(b)(1) Each 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.

(c) The Board may audit and review collaboration agreements kept by the licensee at the primary place of business of the licensee at any time.

(d) A physician assistant who fails to produce a collaboration agreement to the Board on request is subject to an administrative penalty as established in regulations.

HISTORY:
1986, ch. 759; 1990, ch. 6, § 11; 2000, ch. 61, § 1; 2010, chs. 273, 274; 2024, ch. 919, § 1; ch. 920, § 1.

Effect of amendments. —
Acts 2024, ch. 919, § 1, effective October 1, 2024 and ch. 920, § 1, effective October 1, 2024, substituted "collaboration" for "delegation" in (a); added (c); and added (d).

§ 15-310. Examinations.

(a) In reviewing an application for licensure or in investigating an allegation brought under § 15-314 of this subtitle, the Committee 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 practice as a physician assistant 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 prima facie evidence of the licensed physician assistant's inability to practice as a physician assistant and is cause for denial of the application or immediate suspension of the license.

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

HISTORY:
1990, ch. 6, § 11; ch. 237, § 3; 2002, ch. 374; 2003, ch. 252; 2010, chs. 273, 274; 2013, ch. 401; 2014, ch. 45; 2024, ch. 919, § 1; ch. 920, § 1.

Effect of amendments. —
Chapter 401, Acts 2013, enacted May 2, 2013, and effective from date of enactment, deleted (e).

Chapter 45, Acts 2014, approved April 8, 2014, and effective from date of enactment, made a stylistic change in (a).

Acts 2024, ch. 919, § 1, effective October 1, 2024 and ch. 920, § 1, effective October 1, 2024, substituted "practice as a physician assistant" for "perform delegated medical acts" in (b) introductory language and in (c).

§ 15-311. Denial of license.

Subject to the hearing provisions of § 15-315 of this subtitle, a disciplinary panel, on the affirmative vote of a majority of a quorum, may deny a license to any applicant for:

(1) Any of the reasons that are grounds for disciplinary action under § 15-314 of this subtitle; and

(2) Failure to complete a criminal history records check in accordance with § 14-308.1 of this article.

HISTORY:

1986, ch. 759; 1990, ch. 6, § 11; 2010, chs. 273, 274; 2015, ch. 34; 2017, chs. 217, 218; 2020, ch. 612, § 1; ch. 613, § 1.

Effect of amendments. —

Chapter 34, Acts 2015, effective July 1, 2015, added the (1) designation; added (2); and made related changes.

Chapters 217 and 218, Acts 2017, approved April 18, 2017, and effective from date of enactment, made identical changes. Each substituted "§ 15-315" for "§ 15-313" and "a disciplinary panel" or a variant for "the Board" in the introductory language.

Acts 2020, chs. 612 and 613, effective May 8, 2020, made identical changes. Each substituted "Failure to complete a criminal history records check" for "Failure to submit to a criminal history records check" in (2).

§ 15-312. Surrender or lapse of license of physician assistant under investigation.

(a) Unless a disciplinary panel agrees to accept the surrender of a license of a physician assistant, the physician assistant may not surrender the license nor may the licensure lapse by operation of law while the physician assistant is under investigation or while charges are pending.

(b) A disciplinary panel may set conditions on its agreement to accept surrender of a license.

HISTORY:

1990, ch. 6, § 11; ch. 237, § 3; 2010, chs. 273, 274; 2013, ch. 401.

Effect of amendments. —

Chapter 401, Acts 2013, enacted May 2, 2013, and effective from date of enactment, substituted "a disciplinary panel" for "the Board" in (a) and (b).

§ 15-313. Hearings; review. [Repealed]

HISTORY:

1986, ch. 759; 1990, ch. 6, § 11; 1995, ch. 3, § 1; 2000, ch. 61, § 1; 2010, chs. 273, 274; 2014, ch. 457; 2017, chs. 217, 218; repealed by 2024, ch. 919, § 1; ch. 920, § 1.

§ 15-314. Reprimand, probation, suspension, revocation.

(a) Subject to the hearing provisions of § 15-315 of this subtitle, a disciplinary panel, 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 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 article;

(33) Fails to cooperate with a lawful investigation conducted by the Board or a disciplinary panel;

(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 a disciplinary panel 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 or a disciplinary panel in furtherance of any investigation of the Board or a disciplinary panel;

(39) Intentionally misrepresents credentials for the purpose of testifying or rendering an expert opinion in hearings or proceedings before the Board or a disciplinary panel or those otherwise delegated to the Office of Administrative Hearings;

(40) Fails to keep adequate medical records;

(41) Performs medical acts in a manner that is not consistent with the collaboration agreement;

(42) Performs medical acts which are outside the education, training, and experience of the physician assistant;

(43) Performs medical acts that are not customary to the practice of the patient care team physicians listed on the collaboration agreement;

(44) Practices as a physician assistant without first providing notice to the Board as required under § 15-302(a) of this subtitle;

(45) Fails to complete a criminal history records check under § 14-308.1 of this article;

(46) Fails to comply with the requirements of the Prescription Drug Monitoring Program under Title 21, Subtitle 2A of the Health - General Article; or

(47) Fails to comply with any State or federal law pertaining to the practice as a physician assistant.

(b)(1) On the filing of certified docket entries with the Board by the Office of the Attorney General, a disciplinary panel 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, a disciplinary panel shall order the revocation of a license on the certification by the Office of the Attorney General.

HISTORY:

2010, chs. 273, 274; 2013, ch. 401; 2015, ch. 34; 2020, ch. 290, § 1; ch. 612, § 1; ch. 613, § 1; 2024, ch. 919, § 1; ch. 920, § 1.

Cross references. —

As to annual reporting requirements of § 5, ch. 109, Acts 1988, see Editor's note at § 15-101 of this article.

Effect of amendments. —

Chapter 401, Acts 2013, enacted May 2, 2013, and effective from date of enactment, substituted "a disciplinary panel" for "the Board" wherever it appears in the introductory language of (a) and in (b); and in (a)(33) and (a)(37) through (a)(39) added "or a disciplinary panel" wherever it appears.

Chapter 34, Acts 2015, effective July 1, 2015, added (a)(43) and made related changes.

Acts 2020, ch. 290, effective October 1, 2020, added (a)(44) and made related changes.

Acts 2020, chs. 612 and 613, effective May 8, 2020, made identical changes. Each substituted "complete" for "submit to" in (a)(43); added (a)(44) and (a)(45); and made related changes.

Acts 2024, ch. 919, § 1, effective October 1, 2024 and ch. 920, § 1, effective October 1, 2024, rewrote (a)(41); added (a)(42) through (a)(44); and redesignated former (a)(43) through (a)(45) as (a)(45) through (a)(47).

Editor's note. —

Acts 2020, chs. 290, 612, and 613 added (a)(44). Neither chapter referred to the others and effect has been given to all. Chapters 612 and 613, effective May 8, 2020, in (a)(44) used "under Title 21," while ch. 290, effective October 1, 2020, in (a)(44) used "in Title 21." Effect has been given to the terminology as set out in chs. 612 and 613.

Crime involving moral turpitude. —

Physician's assistant's conviction on guilty plea of prescription forgery and related actions, in violation of both Maryland and federal laws, involved a crime of moral turpitude under Maryland case law, even though it was a misdemeanor rather than a felony, because it implicated fraudulent behavior; therefore, even though the Maryland Board of Physicians was not required to revoke the physician's assistant's certificate, as would have been the case with certain regulated professions, it did not act arbitrarily and capriciously in doing so. Oltman v. Md. State Bd. of Physicians, 162 Md. App. 457, 875 A.2d 200, cert. denied, 389 Md. 125, 883 A.2d 915 (2005).

Denial of reinstatement application proper. —

Trial court erred in reversing a decision of the Maryland Board of Physicians, which denied a doctor's application for reinstatement, because there was substantial evidence to support the decision of the Board in that the doctor failed to answer truthfully to two questions of the application as to whether he was ever involved in any disciplinary hearing or malpractice actions. The Board applied the right preponderance of the evidence burden of persuasion in reaching its decision. Md. Bd. of Physicians v. Elliott, 170 Md. App. 369, 907 A.2d 321, cert. denied, 396 Md. 12, 912 A.2d 648 (2006).

Judicial review. —

Trial court lacked jurisdiction to review the Board's decision to deny the applicant's request for reinstatement of the applicant's physician assistance certificate. Granting reinstatement was at the Board's discretion, as statutes existed such as this section allowing for revocation of the certificate, but the applicant was not able to show statutory authority supporting the proposition that the trial court was authorized to review a reinstatement decision. Oltman v. Md. State Bd. of Physicians, 182 Md. App. 65, 957 A.2d 611, cert. denied, 406 Md. 746, 962 A.2d 372 (2008).

§ 15-315. Hearings.

(a)(1) Except as otherwise provided under § 10-226 of the State Government Article, before a disciplinary panel takes any action under § 15-311 or § 15-314(a) of this subtitle, the disciplinary

panel 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) A disciplinary panel may administer oaths in connection with any proceeding under this section.

(b)(1) Any licensee who is aggrieved by a final decision of the Board or a disciplinary panel under this subtitle 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 or a disciplinary panel under this subtitle may not be stayed pending review.

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

HISTORY:

1986, ch. 759; 1988, ch. 109, § 1; 1990, ch. 6, § 11; 1995, ch. 3, § 1; 2010, chs. 273, 274; 2013, ch. 401; 2017, chs. 103, 217, 218; 2020, ch. 612, § 1; ch. 613, § 1.

Cross references. —

As to annual reporting requirements of § 5, ch. 109, Acts 1988, see Editor's note at § 15-301 of this article.

Effect of amendments. —

Chapter 401, Acts 2013, enacted May 2, 2013, and effective from date of enactment, substituted "a disciplinary panel" for "the Board" or variant in (a)(1) and (a)(3); and in (b)(1), (c), and (d) added "or a disciplinary panel."

Chapter 103, Acts 2017, effective January 1, 2018, deleted "may not appeal to the Board of Review but" after "under this subtitle" in (b)(1).

Chapters 217 and 218, Acts 2017, approved April 18, 2017, and effective from date of enactment, made identical changes. Each added "§ 15-311 or" in (a)(1).

Acts 2020, chs. 612 and 613, effective May 8, 2020, made identical changes. Each deleted (a)(4).

Editor's note. —

Section 2, ch. 103, Acts 2017, provides that "the Board of Review within the Department of Health and Mental Hygiene [Maryland Department of Health] may not accept any additional cases from decisions of the Secretary of Health and Mental Hygiene [Secretary of Health] for administrative review on and after June 1, 2017."

Board did not act arbitrarily and capriciously. —

Physician's assistant's conviction on guilty plea of prescription forgery and related actions, in violation of both Maryland and federal laws, involved a crime of moral turpitude under Maryland case law, even though it was a misdemeanor rather than a felony, because it implicated fraudulent behavior; therefore, even though the Maryland Board of Physicians was not required to revoke the physician's assistant's certificate, as would have been the case with certain regulated professions, it did not act arbitrarily and capriciously in doing so. Oltman v. Md. State Bd. of Physicians, 162 Md. App. 457, 875 A.2d 200, cert. denied, 389 Md. 125, 883 A.2d 915 (2005).

Judicial review. —

Trial court lacked jurisdiction to review the Board's decision to deny the applicant's request for reinstatement of the applicant's physician assistance certificate. Granting reinstatement was at the Board's discretion, as statutes existed such as this section regarding revocation of the certificate, but the applicant was not able to show statutory authority supporting the proposition that the trial court was authorized to review a reinstatement decision. Oltman v. Md. State Bd. of Physicians, 182 Md. App. 65, 957 A.2d 611, cert. denied, 406 Md. 746, 962 A.2d 372 (2008).

§ 15-316. Fines.

(a) If, after a hearing under § 15-315 of this subtitle, a disciplinary panel finds that there are grounds for discipline under § 15-314(a) of this subtitle to suspend or revoke a license of a physician assistant, reprimand a licensed physician assistant, or place the licensed physician assistant on probation, the disciplinary panel may impose a fine subject to the Board's regulations in addition to suspending or revoking the license, reprimanding the licensee, or placing the licensee on probation.

(b) The Board shall pay any fines collected under this section into the General Fund of the State.

(c) In addition to any sanction authorized under this subtitle, a disciplinary panel may require a licensee to comply with specified terms and conditions determined by the disciplinary panel.

HISTORY:

2010, chs. 273, 274; 2013, ch. 401; 2020, ch. 612, § 1; ch. 613, § 1.

Effect of amendments. —

Chapter 401, Acts 2013, enacted May 2, 2013, and effective from date of enactment, in (a) substituted "a disciplinary panel" for "the Board" or variant and deleted "or to deny a license to an applicant" before "or to reprimand."

Acts 2020, chs. 612 and 613, effective May 8, 2020, made identical changes. Each, in (a), deleted "or to" after "assistant", added "or place the licensed physician assistant on probation", deleted "instead of or" after "regulations", deleted "or" after "license", and added "or placing the licensee on probation" at the end; added (c); and made related changes.

§ 15-316.1. Individual licensee profiles — Internet posting.

(a) Following the filing of charges or notice of initial denial of license application, the Board shall disclose the filing to the public on the Board's website.

(b) The Board shall create and maintain a public individual profile on each licensee that includes the following information:

(1) A summary of charges filed against the licensee, including a copy of the charging document, until a disciplinary panel has taken action under § 15-314 of this subtitle based on the charges or has rescinded the charges;

(2) A description of any disciplinary action taken by the Board or a disciplinary panel against the licensee within the most recent 10-year period that includes a copy of the public order;

(3) A description in summary form of any final disciplinary action taken by a licensing board in any other state or jurisdiction against the licensee within the most recent 10-year period;

(4) A description of a conviction or entry of a plea of guilty or nolo contendere by the licensee for a crime involving moral turpitude that is the basis for disciplinary action taken under § 15-314(b) of this subtitle; and

(5) The public address of the licensee.

(c) In addition to the requirements of subsection (b) of this section, the Board shall include on each licensee's profile a statement of information to be taken into consideration by a consumer when viewing a licensee's profile, including a disclaimer stating that a charging document does not indicate a final finding of guilt by a disciplinary panel.

(d) The Board:

(1) On receipt of a written request for a licensee's profile from any person, shall forward a written copy of the profile to the person; and

(2) Shall maintain a website that serves as a single point of entry where all licensee profile information is available to the public on the Internet.

(e) The Board shall provide a mechanism for the notification and prompt correction of any factual inaccuracies in a licensee's profile.

(f) The Board shall include information relating to charges filed against a licensee by a disciplinary panel and any final disciplinary action taken by a disciplinary panel against a licensee in the licensee's profile within 10 days after the charges are filed or the action becomes final.

HISTORY:
2013, ch. 401; 2021, ch. 109, § 5.

Editor's note. —
Section 4, ch. 401, Acts 2013, enacted May 2, 2013, provides that the act was effective from date of enactment.

Acts 2021, ch. 109, § 5, provides that "the publishers of the Annotated Code of Maryland, in consultation with and subject to the approval of the Department of Legislative Services, shall make nonsubstantive corrections to codification, style, capitalization, punctuation, grammar, spelling, and any reference rendered incorrect or obsolete by an Act of the General Assembly, with no further action required by the General Assembly. The publishers shall adequately describe any such correction in an editor's note following the section affected." Pursuant to Acts 2021, ch. 109, § 5, "Web site" was changed to "website" in (a) and (d)(2).

§ 15-317. Practice during state of disaster.

(a) A physician assistant who is licensed in this State or in any other state or who is an employee of the federal government is authorized to perform acts, tasks, or functions as a physician assistant 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 within 30 days after the first performance of medical acts, tasks, or functions as a physician assistant during the disaster.

(c) A team of physicians and physician assistants or physician assistants practicing under this section may not be required to maintain on-site documentation describing collaboration agreements as otherwise required under this title.

HISTORY:
2010, chs. 273, 274; 2024, ch. 919, § 1; ch. 920, § 1.

Effect of amendments. —
Acts 2024, ch. 919, § 1, effective October 1, 2024 and ch. 920, § 1, effective October 1, 2024, in (a), added "who is licensed" and substituted "state or who is an employee of the federal government is authorized to perform acts, tasks, or functions as a physician assistant" for "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"; substituted "within 30 days after" for "and each primary supervising physician within 30 days of" in (b) and substituted "collaboration agreements" for "supervisory arrangements" in (c).

Subtitle 4. Prohibited Acts; Penalties.

§ 15-401. Unauthorized practice.

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:

(1) A license issued by the Board to practice as a physician assistant; and

(2) Provided notice to the Board as required under § 15-302(a) of this subtitle.

HISTORY:
1986, ch. 759; 1990, ch. 6, § 11; 2000, ch. 61, § 1; 2010, chs. 273, 274; 2024, ch. 919, § 1; ch. 920, § 1.

Effect of amendments. —
Acts 2024, ch. 919, § 1, effective October 1, 2024 and ch. 920, § 1, effective October 1, 2024, redesignated former (a) as the introductory language; added the (1) designation; in (1), added "to practice as a physician assistant; and"; added (2); deleted former (b) which read: "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 license and which is consistent with a delegation agreement filed with the Board."; and made related change.

§ 15-402. Unauthorized use of title.

(a) Except as otherwise provided under this title, a person may 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 to practice as a physician assistant in the State.

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

HISTORY:
1986, ch. 759; 1990, ch. 6, § 11; 2010, chs. 273, 274; 2011, ch. 65.

§ 15-402.1. Employment or supervision of unlicensed physician assistant.

(a) Except as otherwise provided in this subtitle, a licensed physician may not employ an individual practicing as a physician assistant who does not have a license or who has not provided notice to the Board as required under § 15-302(a) of this subtitle.

(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) A disciplinary panel 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.

HISTORY:
2010, chs. 273, 274; 2020, ch. 612, § 1; ch. 613, § 1; 2024, ch. 919, § 1; ch. 920, § 1.

Effect of amendments. —
Acts 2020, chs. 612 and 613, effective May 8, 2020, made identical changes. Each substituted "A disciplinary panel may impose" for "The Board may impose" in (c).

Acts 2024, ch. 919, § 1, effective October 1, 2024 and ch. 920, § 1, effective October 1, 2024, in (a), deleted "or supervise" following "employ" and added "or who has not provided notice to the board as required under § 15-302(a) of this subtitle."

§ 15-403. Penalties for violations.

(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 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 a disciplinary panel 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 a disciplinary panel in an amount not exceeding $100.

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

HISTORY:
1986, ch. 759; 1990, ch. 6, § 11; 2002, ch. 374; 2003, ch. 252, § 10; 2010, chs. 273, 274; 2020, ch. 612, § 1; ch. 613, § 1.

Effect of amendments. —
Acts 2020, chs. 612 and 613, effective May 8, 2020, made identical changes. Each substituted "assessed by a disciplinary panel in an amount" for "assessed by the Board in an amount" in (b)(1) and (b)(2).

Subtitle 5. Short Title; Termination of Title.

§ 15-501. Citation of title.

This title may be cited as the "Maryland Physician Assistants Act".

HISTORY:
1986, ch. 759; 1990, ch. 6, § 11.

§ 15-502. Termination of title.

Subject to the evaluation and reestablishment provisions of the Maryland Program Evaluation Act, this title and all regulations adopted under this title shall terminate and be of no effect after July 1, 2030.

HISTORY:

1986, ch. 759; 1990, ch. 6, § 11; 1994, ch. 348; 2002, ch. 209; 2013, ch. 401; 2017, chs. 217, 218; 2020, ch. 612, § 1; ch. 613, § 1.

Cross references. —

As to designation by law under the Maryland Program Evaluation Act, see § 8-403 of the State Government Article.

Effect of amendments. —

Chapter 401, Acts 2013, enacted May 2, 2013, and effective from date of enactment, substituted "July 1, 2018" for "July 1, 2013."

Chapters 217 and 218, Acts 2017, approved April 18, 2017, and effective from date of enactment, made identical changes. Each substituted "2023" for "2018."

Acts 2020, chs. 612 and 613, effective May 8, 2020, made identical changes. Each substituted "July 1, 2030" for "July 1, 2023."