

**DRAFT - These amendments have not completed
the regulation promulgation process.**

.01 Scope.

A. This chapter governs the practice of physician assistants [and the delegation of medical acts by a physician to a physician assistant] *and collaboration with patient care team physicians.*

B. (text unchanged)

(1) (text unchanged)

(2) (text unchanged)

(3) (text unchanged)

.02 Definitions.

A. (text unchanged)

B. (text unchanged)

(1) (text unchanged)

(2) “Advanced duties” means medical acts that require additional *education*, training, or *experience that is* beyond the [basic] physician assistant education program required for licensure.

(3) [“Alternate supervising physician” means one or more physicians designated by the primary supervising physician to provide supervision in accordance with the delegation agreement on file with the Board.

(4)] (renumber)

(a) (text unchanged)

(i) (text unchanged)

(ii) (text unchanged)

(iii) (text unchanged)

(b) (text unchanged)

[(5)] (4) “Applicant” means an individual who applies to the State Board of Physicians for licensure as a physician assistant[, or for approval of a delegation agreement].

[(6)] (5) (renumber)

[(7)] (6) (renumber)

(7) “Collaborating Physician” means one or more patient care team physicians collaborating with a physician assistant as apart of a collaboration agreement.

(8) “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:

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

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

(i) Decisions regarding the health care provided; and

(ii) Accessing and assessing appropriate additional resources or expertise and arranging appropriate referrals, testing, or studies.

(c) "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.

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

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

(i) an individual physician; or

(ii) A group of physicians; and

(b) Is developed by a physician assistant and collaborating physicians; and

(c) Is maintained at the practice level.

[(8)] (10) (renumber)

[(9)] (11) (renumber)

[(10)] (12) (renumber)

[(11)] (13) (renumber)

[(12) "Delegation agreement" means a document that is executed by a supervising physician and a physician assistant containing the requirements of Health Occupation Article, §15-302, Annotated Code of Maryland, and this chapter.]

[(13)] (14) (renumber)

[(14) “Dispense” means to dispense starter dosages or drug samples.]

(15) (text unchanged)

(16) (text unchanged)

(a) (text unchanged)

(b) (text unchanged)

(c) (text unchanged)

(17) *“Exempt facility” means:*

(a) A hospital;

(b) an ambulatory surgical facility;

(c) A federally qualified health center; or

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

(18) “Federally Qualified Health Center” means a health center that is designated as a federally qualified health center under Health General § 24-1301 (b)

[(17)] (19) (renumber)

(a) (text unchanged)

(b) (text unchanged)

(i) (text unchanged)

(ii) (text unchanged)

(c) (text unchanged)

[(18)] (20) (renumber)

[(19)] (21) (renumber)

[(20)] (22) "On-site" means the physical presence of the [supervising] *collaborating* physician on the premises of the facility where the physician assistant performs delegated medical acts.

(23) *"Patient care team" means a 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.*

(24) *"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.*

[(21)] (25) (renumber)

[(22)] (26) "Physician assistant" means an individual who [is licensed to practice [medicine with physician supervision]]:

(a) *Is licensed to practice as a physician assistant; and*

(b) *Practices after the physician assistant notifies the Board in a manner approved by the Board of an executed collaboration agreement that:*

(i) *Is appropriate to the education, training, and experience of the physician assistant;*

(ii) *Is customary to the practice of a patient care team physician; and*

(iii) *Is in a manner consistent with the collaboration agreement.*

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

(a) Delegated by a supervising physician to a physician assistant;

(b) Within the supervising physician's scope of practice; and

(c) Appropriate to the physician assistant's education, training, and experience.]

[(24)] (27) "Prescriptive authority" means the authority [delegated by a supervising physician to] *of a physician assistant to:*

(a) (text unchanged)

(i) (text unchanged)

(ii) (text unchanged)

(iii) (text unchanged)

(b) (text unchanged)

(c) (text unchanged)

[(25) "Primary supervising physician" means a physician who:

(a) Completes a delegation agreement that meets the requirements under Health Occupations Article, §§15-301(d) and (e) and 15-302, Annotated Code of Maryland;

(b) Acts as the physician responsible to ensure that a physician assistant practices medicine in accordance with Health Occupations Article, Title 15, Annotated Code of Maryland and this chapter;

(c) Ensures that a physician assistant practices within the scope of practice of the primary supervising physician or a designated alternate supervising physician, as specified in Regulation .07A(4) of this chapter; and

(d) Ensures that a list of alternate supervising physicians is maintained at the practice setting, as specified in Regulation .07A(3) of this chapter.

(26) "Privileging process" means the review process used by a special facility to determine:

(a) Whether a physician assistant may practice; and

(b) Which advanced duties the physician assistant may perform in a special facility.]

[(27)] (28) (renumber)

[(28) "Special facility" means a hospital or ambulatory surgical facility which meets all of the following criteria:

(a) The facility has reviewed the credentials of the supervising physician as a condition of employment, as an independent contractor, or as a member of the medical staff;

(b) The facility has reviewed the credentials of the physician assistant as a condition of employment, as an independent contractor, or as a member of the medical staff; and

(c) The governing body of the facility has reviewed and approved the physician assistant's performing of the advanced duty in accord with a privileging process.】

(29)(text unchanged)

(a) (text unchanged)

(b) (text unchanged)

【(30) Supervision.

(a) "Supervision" means the responsibility of the physician to exercise on-site supervision or provide immediately available direction for physician assistants performing delegated medical acts.

(b) "Supervision" includes:

(i) Oversight of the physician assistant and acceptance of direct responsibility for the patient services and care rendered by the physician assistant;

(ii) Continuous availability to the physician assistant either in person, through written instructions, or by electronic means; and

(iii) Designation of one or more alternate supervising physicians.】

【(31)】 (30) (renumber)

(a) (text unchanged)

(b) (text unchanged)

.03 Physician Assistant Advisory Committee.

A. (text unchanged)

B. (text unchanged)

(1) (text unchanged)

(2) (text unchanged)

(3) (text unchanged)

(4) (text unchanged)

C. Vacancy. If a vacancy occurs [as to] *for* a physician or physician assistant, the Board shall appoint a new member in the same category.

D. Officers. A Committee chairperson [and a secretary] shall be [s]elected every 2 years by a majority vote of the membership of the Committee.

E. Removal. Upon the recommendation of the chairman, the Board, by a majority, may vote to remove any member of the Committee for:

(1) Neglect of duty, *including but not limited to:*

(a) Failure to attend two successive committee meetings without adequate reason;

(b) Failure to attend Board mandated training; or

(c) Failure to complete necessary ethics filing requirements.

(2) (text unchanged)

(3) (text unchanged)

(4) (text unchanged)

(5) (text unchanged)

F. (text unchanged)

(1) (text unchanged)

(2) Review each [delegation agreement] *advanced duty* which requires prior approval by the Board and, as needed, interview each physician assistant and [supervising] *one or more patient care team physicians* to make recommendations to the Board;

(3) (text unchanged)

(4) (text unchanged)

G. The Committee may delegate a physician member and a physician assistant member of the Committee to conduct the interview of each physician assistant and [supervising] *patient care team physician*, as permitted under §F(2) of this regulation.

.04 Scope of Practice

A. Except as otherwise provided under Title 15 of the Health Occupations Article, an individual shall be licensed by the Board and notify the Board of an executed collaboration agreement before the individual may practice as a physician assistant or collaborate with a patient care team physician.

B. A physician assistant's scope of practice will be limited to medical acts that are:

(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) Performed in a manner consistent with the collaboration agreement.

C. A physician assistant who has notified the Board, in a manner approved by the Board, of an executed collaboration agreement may delegate medical acts authorized under Health Occupations § 14–306 if the physician assistant has at least 7,000 hours of clinical practice experience.

D. Prohibitions.

(1) Regardless of the setting or other factors, a patient care team physician may not delegate, and a physician assistant may not perform, general anesthesia or neuraxial anesthesia, including spinal, epidural, and image-guided interventional spine procedures.

(2) Except in hospitals, detention centers, correctional facilities, and public health facilities, a patient care team physician shall not collaborate with more than eight physician assistants simultaneously.

[.04].05 Qualifications for Licensure as a Physician Assistant.

A. (text unchanged)

(1) (text unchanged)

(2) (text unchanged)

(3) (text unchanged)

(4) (text unchanged)

(5) (text unchanged)

(a) (text unchanged)

(b) (text unchanged)

(c) (text unchanged)

(i) (text unchanged)

(ii) (text unchanged)

B. (text unchanged)

[(1) An applicant who passed the physician assistant certifying examination administered by the National Commission on Certification of Physician Assistants before 1986 is not required to meet the education requirements specified in §B(2) or (3) of this regulation if both of the following are true:

(a) The applicant has met the continuing education requirements and recertification requirements of the National Commission on Certification of Physician Assistants on a continuous basis since passing the examination; and

(b) The applicant has been employed and practicing as a physician assistant on a continuous basis since passing the examination.

(2) Except as specified in §B(1) of this regulation, an applicant shall graduate from a physician assistant educational program that was accredited at the time of graduation

by the Commission on Accreditation of Allied Health Education Programs, the Accreditation Review Commission on the Education for the Physician Assistant, or their successors.

(3) In addition to the requirement specified in §B(2) of this regulation, an applicant who graduates from a physician assistant training program after October 1, 2003, shall have one of the following:

(a) A bachelor's degree; or

(b) At least 120 credit hours of education at the college or university level.】

(1) An applicant who has successfully completed an educational program for physician assistants shall:

(a) Have graduated from a physician assistant program accredited by The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or its predecessor; and

(b) Have passed the physician assistant national certifying examination administered by the National Commission on Certification of Physician Assistants (NCCPA) or its successor.

(2) In addition to the requirement specified in section B(1) of this regulation, an applicant who has successfully completed an educational program for physician assistants after October 1st, 2003, shall have one of the following:

(a) A bachelor's degree; or

(b) At least 120 credit hours of education at the college or university level.

C. 【Examination. An applicant shall pass the national certifying examination for physician assistants given by the NCCPA or its successor.

D.】 (renumber)

[.05 Delegation Agreements – Contents] .06 Collaboration Agreements – Core Duties.

[A. Before a physician may delegate medical acts and before a physician assistant may perform medical acts, the physician assistant and primary supervising physician shall file with the Board:

- (1) A delegation agreement on the Board-approved form; and
- (2) The required fee as specified in Regulation .16 of this chapter.

B. The delegation agreement shall include the following information:

- (1) The primary supervising physician's Maryland license number;
- (2) A description of the supervising physician's qualifications to supervise a physician assistant;
- (3) The physician assistant's Maryland license number;
- (4) The location and settings where the physician assistant will practice;
- (5) The scope of the primary and alternate physicians' practices;
- (6) The delegated medical acts which the physician assistant will perform, including:
 - (a) Core duties; and
 - (b) Any advanced duties;
- (7) A description of the continuous supervision mechanisms that the primary supervising physician will use;
- (8) A description of how the physician assistant's performance will be evaluated; and
- (9) Any other information deemed necessary by the Board to carry out the provisions of Health Occupations Article, Title 15, Annotated Code of Maryland.

C. The primary supervising physician shall make the following attestations as a part of the delegation agreement:

(1) All medical acts to be delegated to the physician assistant are within the scope of practice of the primary or alternate supervising physician and appropriate to the physician assistant's education, training, and level of competence;

(2) The primary supervising physician will utilize the mechanisms of continuous supervision as described in the delegation agreement;

(3) The primary supervising physician will accept responsibility for any care given by the physician assistant;

(4) The primary supervising physician will respond in a timely manner when contacted by the physician assistant;

(5) The primary supervising physician may not supervise more than four physician assistants at any one time, except as permitted in a:

(a) Hospital;

(b) Correctional facility;

(c) Detention center; or

(d) Public health facility; and

(6) The following statement: "The primary supervising physician and the physician assistant attest that:

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

(b) The patient will be provided access to the supervising physician on request."

D. Except as provided in §E of this regulation, if a delegation agreement includes delegation of one or more advanced duties, the delegation agreement shall include the following additional information and documentation:

(1) In a special facility:

(a) A description of the advanced duty and the education, training, and experience that qualifies the physician assistant to perform the advanced duty; and

(b) A copy of the approved delineation of duties from the governing board of the health care facility stating that the physician assistant has been approved by the facility to perform the advanced duty; or

(2) In a setting other than a special facility:

(a) A description of the advanced duties to be delegated;

(b) Documentation of the specialized education, training, or experience received by the physician assistant in order to perform the advanced duties;

(c) The level of supervision that the primary supervising physician will use when the physician assistant is performing the advanced duty; and

(d) Documentation described in of Regulation .06F of this chapter if the delegation agreement includes a request for a temporary practice letter allowing the physician assistant to perform an advanced duty before approval by the Board.

E. If a delegation agreement includes the delegation of general anesthesia or neuroaxial anesthesia, the delegation agreement shall include all of the information specified in §D(2) of this regulation.

F. A physician assistant who has filed a delegation agreement with the Board for approval to perform the advanced duty of nonfluoroscopic X-ray procedures using a mini C-arm or similar low-level radiation machine shall present the Board with evidence of completion of a course on those procedures. The required course shall include:

(1) Didactic instruction of at least 8 hours on the following subject matters:

(a) Principles of radiography;

(b) Image acquisition;

(c) Principles of exposure;

(d) Image evaluation;

(e) Radiation safety;

(f) Equipment overview; and

(g) Documentation; and

(2) Clinical instruction, which shall:

(a) Include anterior-posterior and lateral radiographic studies of extremities, not including the head, on at least 20 separate patients; and

(b) Be under the direct supervision of the delegating physician or radiologist.】

A. Before a physician assistant may perform medical acts, the physician assistant and a collaborating physician shall:

(1) Execute a collaboration agreement between the physician assistant and a collaborating physicians;

(2) Notify the board in a manner approved by the board of the executed collaboration agreement; and

(3) Maintain a copy of the executed collaboration agreement on file at the practice location.

B. Requirements.

(1) A collaboration agreement may only consist of one physician assistant and one or more patient care team physicians practicing at the same facility; and

(2) A physician assistant shall have a separate collaboration agreement for each of the physician assistant's employers.

C. Contents.

(1) The collaboration agreement shall include:

(a) Each patient care team physician's name and Maryland license number;

(b) A description of the patient care team physician's qualifications to collaborate with a physician assistant;

(c) The practice specialty of each listed patient care team physician;

- (d) The physician assistant's name and Maryland license number;*
 - (e) The primary location and settings where the physician assistant will practice;*
 - (f) The employer of the physician assistant;*
 - (g) A description of the settings where the physician assistant will practice;*
 - (h) Any delegation of prescriptive authority and, if applicable, dispensing according to regulation .08 of this chapter; and*
 - (i) Any other information deemed necessary by the Board to carry out the provisions of Health Occupations Article, Title 15, Annotated Code of Maryland.*
- (2) The collaboration agreement may include a description of any provisions established by the listed patient care team physicians that:*
- (a) Detail the practice of the physician assistant;*
 - (b) Limit the physician assistant's scope of practice; or*
 - (c) Specify office procedures.*

D. The physician assistant shall attest that:

- (1) All medical acts performed by the physician assistant shall be:*
- (a) Appropriate to the education, training, and experience of the physician assistant;*
 - (b) Customary to the practice of a patient care team physician listed on the collaboration agreement; and*
 - (c) Performed in a manner consistent with the collaboration agreement;*
- (2) Any performance of an advanced duty in collaboration with a patient care team physician shall be in accordance with § 15-302.1 of the Health Occupations Article.*

E. A collaborating physician shall attest that all medical acts to be delegated to the physician assistant are:

- (1) Appropriate to the education, training, and experience of the physician assistant;*
- (2) Customary to the practice of a listed patient care team physicians; and*
- (3) Performed in a manner consistent with the collaboration agreement.*

.07 Collaboration Agreements — Advanced Duties.

A. A physician assistant may perform an advanced duty as part of a collaboration agreement without Board approval if:

(1) Practicing at an exempt facility as defined in §15–302.1 (a) of the Health Occupations Article:

(a) The patient care team physician listed on the collaboration agreement has been credentialed by the exempt facility as a condition of employment;

(b) The physician assistant listed on the collaboration agreement has been credentialed by the exempt facility as a condition of employment; and

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

(2) The physician assistant has previously received Board approval to perform the advanced duty; or

(3) The physician assistant has at least 7,000 hours of clinical practice experience as attested to by the physician assistant.

B. Except as provided under section (A) of this regulation, a physician assistant shall receive Board approval to perform an advanced duty prior to performing the advanced duty.

C. A physician assistant performing X-Ray duties authorized under §14–306(e) of the Health Occupations article shall:

(1) Have notified the Board of an executed collaboration agreement in a manner approved by the Board;

(2) Have a copy of the collaboration agreement on file at the practice location;

(3) Have obtained Board approval of the X-Ray duty as an advanced duty if practicing at a location other than an exempt facility;

(4) Perform the X-Ray duty in the medical office of a patient care team physician; and

(5) Be limited to nonfluoroscopic X-Ray procedures of the -extremities, anterior-posterior and lateral, not including the head.

D. In addition to section (C) of this regulation, a physician assistant performing the advanced duty of nonfluoroscopic X-ray procedures using a mini C-arm or similar low-level radiation machine shall be required to present the Board with evidence of completion of a course that includes:

(1) Didactic instruction of at least 8 hours on the following subject matters:

(a) Principles of radiography;

(b) Image acquisition;

(c) Principles of exposure;

(d) Image evaluation;

(e) Radiation safety;

(f) Equipment overview; and

(g) Documentation.

(2) Clinical instruction, which shall:

(a) Include anterior-posterior and lateral radiographic studies of extremities, not including the head, on at least 20 separate patients; and

(b) Be under the direct supervision of the delegating physician or radiologist.

[.12 Modification or Disapproval of Delegation] .08: Approval, Disapproval, Ineligible, or Modification of Advanced Duties.

A. [When the Board disapproves a delegation agreement, or a request to perform an advanced duty, the Board shall:

- (1) Give written notice to the applicant;
- (2) Set forth the specific reasons for the denial; and
- (3) Give the applicant an opportunity to request a hearing before the Board.

B. Hearings Before the Board.

(1) To request a hearing before the Board, the applicant shall make a written request for a hearing before the Board within 30 days of the receipt of the notice of disapproval.

(2) The Board shall schedule the applicant for a hearing within 60 days after the written request has been filed.

(3) The hearing before the Board shall be limited to 90 minutes and the applicant may:

- (a) Be represented by counsel; and
- (b) Present witnesses and other evidence on his behalf.

(4) After the hearing, the Board shall:

- (a) Affirm, reverse, or modify its previous disapproval; and
- (b) Give the applicant written notice of the action which the Board has taken within 60 days after the hearing, unless the applicant agrees to a longer period.

(5) The presiding Board member shall determine all procedural issues that are governed by this section and shall make any rulings reasonably necessary to facilitate the effective and efficient operation of the hearing.] *Approvals*

(1) 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;

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

(3) If an advanced duty requires board approval, the committee:

(a) Shall review the collaboration agreement;

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

(c) May recommend to the board that the collaboration agreement be modified to ensure conformance with the requirements of Health Occupations Article §15–302 and §15–302.1.

B. Modification or Disapproval of Advanced Duties;

(1) The board may modify or disapprove 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. When the Board disapproves or modifies a request to perform an advanced duties, the Board shall:

(a) 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 or denial;

(b) Set forth the specific reasons for the modification or denial; and

(c) Give the applicant an opportunity to submit an amendment to the advanced duty or request a hearing before the Board.

(2) To request a hearing regarding modification or disapproval of advanced duties, the applicant shall make a written request for a hearing within 30 days of the receipt of the notice of modification or disapproval.

(3) 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.

C. Ineligible to Perform an Advanced Duty.

(1) A physician assistant or patient care team physician may be deemed ineligible to perform an advanced duty if the physician assistant or patient care team physician:

(a) Fails to complete the application or fails to provide additional information requested by the Board in connection with the application;

(b) Submits false or misleading information in connection with the application.

(2) If a physician assistant is deemed ineligible to perform the advanced duty, the Board shall:

(a) Give written notice to the applicant; and

(b) Set forth the specific reasons for the ineligibility.

(3) A physician assistant who is deemed ineligible to perform the advanced duty shall not be authorized to perform the advanced duty except for training purposes under the direct supervision of a patient care team physician listed on the collaboration agreement.

[.08] .09 Prescriptive Authority and Dispensing Starter Dosage or Drug Samples.

A. In order for a [primary supervising] *patient care team physician* to delegate prescriptive authority, the [primary supervising] *patient care team physician* shall ensure that the [delegation] *collaboration* agreement includes:

(1) (text unchanged)

(a) (text unchanged)

(i) (text unchanged)

(ii) (text unchanged)

(iii) (text unchanged)

(b) (text unchanged)

(c) (text unchanged)

(2) (text unchanged)

(3) (text unchanged)

(4) An attestation that all prescriptions [written] *dispensed* include the physician assistant's name and the [primary supervising] *patient care team* name, business address, and business telephone number legibly written or printed;

(5) (text unchanged)

(a) (text unchanged)

(b) (text unchanged)

(6) (text unchanged)

(a) (text unchanged)

(b) (text unchanged)

B. (text unchanged)

(1) (text unchanged)

(a) (text unchanged)

(b) (text unchanged)

(2) (text unchanged)

(3) (text unchanged)

[.09] .10 Renewal, Reinstatement, Change in Name or Address, and Continuing Education.

A. Renewal.

(1) (text unchanged)

(2) (text unchanged)

(a) (text unchanged)

(b) (text unchanged)

(c) (text unchanged)

(d) (text unchanged)

B. (text unchanged)

(1) (text unchanged)

(2) (text unchanged)

(3) (text unchanged)

(4) (text unchanged)

C. (text unchanged)

(1) (text unchanged)

(2) (text unchanged)

D.(text unchanged)

(1) (text unchanged)

(a) (text unchanged)

- (i) (text unchanged)
- (ii) (text unchanged)
- (b) (text unchanged)
- (i) (text unchanged)
- (ii) (text unchanged)
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- (ii) (text unchanged)
- (iii) (text unchanged)
- (iv) (text unchanged)
- (v) (text unchanged)
- (vi) (text unchanged)
- (c) (text unchanged)
- (4) (text unchanged)
- (5) (text unchanged)

[.10] .11 Identification as Physician Assistant.

A. (text unchanged)

(1) (text unchanged)

(2) (text unchanged)

(3) Maintain a copy of the physician assistant's license and [currently approved delegation] **collaboration** agreement at the [primary place of business of the licensee] **practice setting**.

B. (text unchanged)

[.07 Supervising Physicians] .12 Responsibility of the Physician Assistant.

A. A [primary supervising physician] *physician assistant* shall:

(1) [File a delegation agreement with the Board, as required under Regulations .05 and .06 of this chapter;] *Notify the Board in a manner approved by the Board of an executed collaboration agreement developed by the listed patient care team physicians and the physician assistant;*

(2) [Accept responsibility for any medical acts performed by the physician assistant;

(3) Provide continuous supervision of the physician assistant by means of one or more of the following:

(a) On-site supervision;

(b) Written instructions;

(c) Electronic communication; or

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

(i) In any practice setting, by ensuring the documentation of alternate supervising physicians with signed confirmation that each alternate understands and accepts the role as an alternate supervising physician; and

(ii) By ensuring that the alternate supervising physician documentation is readily available, accessible, and provided to the Board upon request;

(4) Delegate] *Collaborate* with [physician assistants] *a patient care team physician* for medical acts that:

(a) [Are within the scope of practice of the primary supervising or an alternate supervising physician] *Customary to the practice of a listed patient care team physician;* and

(b) (text unchanged)

(i) (text unchanged)

(ii) (text unchanged)

(iii) [Level of competence] *Experience*;

[(5)] **(3)** Obtain approval for [the delegation of] any advanced duties [as specified in Regulation .06 C, D, or E of this chapter];

[(6)] Except in hospitals, detention centers, correctional facilities, and public health facilities, supervise no more than four physician assistants at one time; and

(7)] (4) *Update the practitioner profile to* [R] report the termination of a [delegation] *collaboration* agreement for any reason to the Board within 5 days, providing the following information:

(a) Name and license number of [primary supervising] *the patient care team physician* and physician assistant; and

(b) (text unchanged)

B. [An alternate supervising physician shall:

(1) Supervise the physician assistant according to the delegation agreement filed with the Board by the primary supervising physician and the physician assistant;

(2) Except in hospitals, detention centers, correctional facilities, and public health facilities, supervise no more than four physician assistants at one time; and

(3) Accept supervisory responsibility for periods of time not to exceed the lesser of:

(a) The time period specified in the delegation agreement; or

(b) 45 consecutive days.

C.]Sudden Departure of the [Primary Supervising] *patient care team* [P]physician.

(1) In the event of the sudden departure, incapacity, or death of a [primary supervising physician, a designated alternate supervising physician may assume the role of primary supervising physician in order to provide continuity of care for the patients of the

former supervising physician] *patient care team physician, or in a change in license status that results in a patient care team physician being unable to practice medicine legally, the collaboration agreement will remain active and valid under the supervision of any remaining listed patient care team physicians.*

(2) [A physician who assumes the responsibility of primary supervising physician under §C(1) of this regulation shall submit a complete delegation agreement to the Board within 15 days of assuming the responsibility.] *If no remaining patient care team physicians are listed on the collaboration agreement, the physician assistant may not practice until the physician assistant has executed a new collaboration agreement and provided notification to the Board.*

[.11] .13 Prohibited Conduct.

A. (text unchanged)

(1) (text unchanged)

(2) (text unchanged)

(3)(text unchanged)

(a) (text unchanged)

(b) (text unchanged)

(4) (text unchanged)

(5) (text unchanged)

(6) (text unchanged)

(7) (text unchanged)

(8) (text unchanged)

(9) (text unchanged)

(a) (text unchanged)

(b) (text unchanged)

(10) (text unchanged)

(11) (text unchanged)

(12) (text unchanged)

(13) (text unchanged)

(14) (text unchanged)

(15) (text unchanged)

(16) (text unchanged)

(a) (text unchanged)

(b) (text unchanged)

(c) (text unchanged)

(17) (text unchanged)

(18) (text unchanged)

(19) (text unchanged)

(20) (text unchanged)

(21) (text unchanged)

(22) (text unchanged)

(23) (text unchanged)

(24) (text unchanged)

(a) (text unchanged)

(b) (text unchanged)

(25) (text unchanged)

(26) (text unchanged)

(27) (text unchanged)

(28) (text unchanged)

(29) (text unchanged)

(30) (text unchanged)

(a) (text unchanged)

(b) (text unchanged)

(c) (text unchanged)

(31) (text unchanged)

(32) (text unchanged)

(33) (text unchanged)

(34) (text unchanged)

(35) (text unchanged)

(36) (text unchanged)

(37) (text unchanged)

(38) (text unchanged)

(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 Health Occupations § 15–302(A);

(45) Fails to complete a criminal history records check under Health Occupations § 14-308.1;

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

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

C. (text unchanged)

[.13 Reports by Employer and Primary Supervising] .14 Reports by Employers and Patient Care Team Physician.

A. Except as provided in §B of this regulation, a hospital, related institution, alternative health care system, employer, and [primary supervising] *patient care team physicians* shall file with the Board a report that the hospital, related institution, alternative health system, employer, or [primary supervising] *patient care team physicians* limited, reduced, otherwise changed, or terminated any licensee for any reason that might be grounds for disciplinary action under Regulation .11 of this chapter or Health Occupations Article, Titles 14 and 15, Annotated Code of Maryland.

B. (text unchanged)

(1) (text unchanged)

(a) (text unchanged)

(b) (text unchanged)

(2) (text unchanged)

(3) (text unchanged)

C. (text unchanged)

(1) If the licensee enters, or is considering entering, an alcohol or drug treatment program that is accredited by the Joint Commission or that is certified by the Maryland Department of Health, the licensee shall notify the hospital, related institution, alternative health system, employer, or [primary supervising] *patient care team physicians* of the licensee's or holder's decision to enter the treatment program.

(2) If the licensee fails to provide the notice required under §C(1) of this regulation, and the hospital, related institution, alternative health system, employer, or [primary supervising] *patient care team physicians* learn that the licensee has entered a treatment program, the hospital, related institution, alternative health system, employer, or [primary supervising] *patient care team physicians* shall report to the Board that the licensee has entered a treatment program and has failed to provide the required notice.

(3) If the licensee is found to be noncompliant with the treatment program's policies and procedures while in the treatment program, the treatment program shall notify the hospital, related institution, alternative health system, employer, or [primary supervising] *patient care team physicians* of the licensee's noncompliance.

[.14] .15 Examination and Audit of Physician Assistant Practice.

A. (text unchanged)

(1) (text unchanged)

(2) (text unchanged)

(3) (text unchanged)

(a) (text unchanged)

(b) (text unchanged)

B. (text unchanged)

(1) (text unchanged)

(a) (text unchanged)

(b) (text unchanged)

(2) (text unchanged)

(3) (text unchanged)

C. (text unchanged)

(1) The Board's representatives may require a physician, physician assistant, or facility where the physician assistant is employed or practicing to provide *immediate* access to any records relating to the physician assistant's employment, credentialing, and practice and any medical records of patients seen by the physician assistant.

(2) (text unchanged)

(a) (text unchanged)

(b) (text unchanged)

(3) A physician, physician assistant, or facility who fails to comply with a Board audit under §C of this regulation is subject to an administrative fine.

[.15] .16 Practice During a 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 [under the supervision of a physician licensed to practice medicine in Maryland] during a disaster within a county in which a state of disaster has been declared by the Governor, or counties contiguous to a county in which a state of disaster has been declared, in accordance with Public Safety Article, §14-107, Annotated Code of Maryland.

B. The physician assistant shall notify the Board in writing of ~~the~~*ir* name[s], practice locations, and telephone numbers for the physician assistant [and each primary supervising physician] within 30 days of the first performance of medical acts, tasks, or functions as a physician assistant during the disaster.

C. A team of [physician or] physicians and physician assistants or physician assistants practicing under this regulation may not be required to maintain on-site documentation describing [supervisory arrangements] *collaboration agreements* as otherwise required in Regulation .06 of this chapter.

[.16] .17 Fees.

The following fees are applicable to physician assistants:

A. [Initial a]Application fees:

(1) Initial [license] *application* ... [\$200; and] \$310;

(2) [Physician assistant rehabilitation program ... \$25; and] *Endorsement application* ... \$100

(3) *Reciprocity application* ... \$100; and

(4) Reinstatement application ... \$400.

B. Physician Assistant license fee per month until expiration of license ... \$10;

[B] C. Renewal fees:

(1) License renewal fee ... [\$135] \$360;

(2) [Physician assistant rehabilitation program ... \$25; and

(3)] Maryland Health Care Commission (MHCC) fee ... As determined by MHCC under COMAR 10.25.03;

(3) Preceptor fee ... as determined under §15–206(a)(2)(i) of the Health Occupations Article.

[C. Reinstatement fees:

(1) Reinstatement of license fee ... \$200; and

(2) Physician assistant rehabilitation program ... \$25;]

D. [Delegation agreements ... \$200;

E.] Written verification of licensure ... \$25[; and].

[F.] E. [Replacement of wall license ... \$75.] *Advanced Duty Application Fee* ... \$100.

[.17] .18 Sanctioning and Imposition of Fines.

A. (text unchanged)

(1) (text unchanged)

(2) (text unchanged)

(3) (text unchanged)

(a) (text unchanged)

(i) (text unchanged)

(ii) (text unchanged)

(iii) (text unchanged)

(iv) (text unchanged)

(b) [A stayed suspension in which the stay is conditioned on the completion of certain requirements is ranked as probation.

(c) A stayed suspension not meeting the criteria for §A(3)(b) of this regulation is ranked as a reprimand.

(d)] A fine listed in the sanctioning guidelines may be imposed in addition to but not as a substitute for a sanction.

[(e)] (c) (renumber)

(4) (text unchanged)

(5) (text unchanged)

(6) (text unchanged)

(a) (text unchanged)

(b) (text unchanged)

(7) (text unchanged)

(8) (text unchanged)

(9) (text unchanged)

B. (text unchanged)

(1) (text unchanged)

(2) (text unchanged)

(3) (text unchanged)

(4) (text unchanged)

(a) (text unchanged)

(b) (text unchanged)

(c) (text unchanged)

(d) (text unchanged)

(e) (text unchanged)

(f) (text unchanged)

(g) (text unchanged)

(h) (text unchanged)

(i) (text unchanged)

(5) (text unchanged)

(a) (text unchanged)

(b) (text unchanged)

(c) (text unchanged)

(d) (text unchanged)

(e) (text unchanged)

(f) (text unchanged)

(g) (text unchanged)

(h) (text unchanged)

(i) (text unchanged)

(j) (text unchanged)

(k) (text unchanged)

(6) (text unchanged)

C. (text unchanged)

(1) (text unchanged)

(2) (text unchanged)

(a) (text unchanged)

(b) (text unchanged)

(c) (text unchanged)

(d) (text unchanged)

(3) (text unchanged)

D. (text unchanged)

(1) (text unchanged)

(2) (text unchanged)

(3) (text unchanged)

(4) (text unchanged)

E. (text unchanged)

(1) (text unchanged)

(2) (text unchanged)

F. (text unchanged)

(1) (text unchanged)

(a) (text unchanged)

(b) (text unchanged)

(2) (text unchanged)

(a) (text unchanged)

(i) (text unchanged)

(ii)(text unchanged)

(iii) (text unchanged)

(b) (text unchanged)

(3) (text unchanged)

(a) (text unchanged)

(i) (text unchanged)

(ii) (text unchanged)

(iii) (text unchanged)

(b) (text unchanged)

(c) (text unchanged)

(4) (text unchanged)

G. (text unchanged)

(1) (text unchanged)

(2) (text unchanged)

(3) (text unchanged)

(4) (text unchanged)