

MARYLAND BOARD OF PHYSICIANS

P.O. Box 37217

Baltimore, MD 21297

www.mbp.state.md.us

Collaboration Agreement Addendum for Advanced Duties (Addendum)

EXEMPTIONS

A physician assistant (PA) may perform an advanced duty at an exempt facility without board approval if the following conditions are met:

- The PA is performing the advanced duty at an **exempt facility**, such as a hospital, ambulatory surgical facility, federally qualified health center (FQHC), or another setting listed on a hospital’s delineation of privileges document.
 - The physician assistant is supervised by a physician whose credentials have been reviewed and approved by the exempt facility, whether the physician is an independent contractor or a member of the medical staff.
 - The physician assistant’s own credentials have been reviewed and approved by the exempt facility as part of their role, whether as an independent contractor or a member of the medical staff.
 - The advanced duty to be performed by the physician assistant has been reviewed and approved through a process established by the exempt facility before the physician assistant starts performing the duty.
- A PA may perform an advanced duty at a **non-exempt facility** without board approval if the following conditions are met:
 - The Board has previously approved the PA to perform the advanced duty.
 - The physician assistant has at least 7,000 (3.5 years) hours of clinical practice experience.

The deadlines below pertain to PAs submitting the Collaboration Agreement Addendum for Advanced Duties (Addendum) for Board approval. The Physician Assistant Advisory Committee (PAAC) must review the addendums before they are presented to the Board for approval, modification, or denial. After the PAAC has completed its review and made a recommendation to the Board, addendums will be presented at the next available Board meeting for approval, modification, or denial.

Please mail your completed Addendum to the address at the top of Page 1 of the Addendum. The Board must receive the completed Collaboration Agreement Addendum for Advanced Duties by the deadline date below.

<u>Deadline Dates</u>	<u>PAAC Meeting Dates</u>	<u>Board Meeting Dates</u>
December 16, 2024	January 8, 2025	January 29, 2025
January 13, 2025	February 5, 2025	February 26, 2025
February 10, 2025	March 5, 2025	March 26, 2025
March 10, 2025	April 2, 2025	April 23, 2025
April 14, 2025	May 7, 2025	May 28, 2025
May 12, 2025	June 4, 2025	June 25, 2025
June 9, 2025	July 2, 2025	July 23, 2025
July 14, 2025	August 6, 2025	August 27, 2025
August 11, 2025	September 3, 2025	September 24, 2025
September 8, 2025	October 8, 2025	October 29, 2025
October 13, 2025	November 5, 2025	November 19, 2025**
November 10, 2025	December 3, 2025	December 17, 2025**
December 15, 2025	January 7, 2026	January 29, 2026

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REMINDERS

1. **ONLY complete this application** if you are employed by:
 - a. An accredited hospital or surgicenter, but the hospital's or surgicenter governing body has not approved a delineation of privileges, OR
 - b. A private practice, detention center, public health facility, and correctional facility, OR
 - c. Another non-exempt entity.
2. **Fee:** The fee for each Addendum is \$100.00, and it may be paid only by check or money order (the Board does not issue refunds). **Note:** Failure to include the fee will result in the application being returned to you.
3. **Collaboration Agreement Addendum for Advanced Duties:** Complete and sign all sections of the Collaboration Agreement Addendum for Advanced Duties. The addendum may be returned to the Physician Assistant for the following reasons:
 - a. Incomplete sections;
 - b. Missing signatures;
 - c. A copy of signatures instead of the original signature;
 - d. Missing email addresses for the PA or the PCTP.
4. **Attach a copy of your executed Collaboration Agreement.** Do not attach a copy of your Notification to the Board.
5. **Copies:** The Physician Assistant and the Patient Care Team Physician (PCTP) should keep a copy of the Addendum for their records before mailing it to the Board.
6. **Addendum:** Supporting documentation, i.e., description of education, training and experience, certificates, procedure logs, etc., must accompany the Addendum. *The processing of the Addendum will be delayed if the appropriate supporting documentation is not included.*
7. **Approval Letter:** The approval letter will be emailed to the patient care team physician and the physician assistant. **Please be sure to provide a valid email address for both the PA and PCTP.**
8. **Reporting Changes in Employment Status:** Hospitals, related institutions, alternative health care systems, or employers are required to report to the Board any termination of employment of the physician assistant for any reason, including quality of care issues within 5 days of the termination.

Hospitals, related institutions, alternative health care systems, or employers are also required to report to the Board within 5 days any limitation, reductions, or other changes of employment that might be grounds for disciplinary actions under Health Occupations Article, §15-314.

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INSTRUCTIONS AND IMPORTANT INFORMATION

****Collaboration Agreement: Attach a copy of the collaboration agreement maintained on file at the practice.****

- 1. Fee:** The fee for each Addendum is \$100.00, and it may be paid only by check or money order (the Board does not issue refunds).
 - Checks or money orders must be made payable to: Maryland Board of Physicians
 - Mail the fee and the completed Addendum form to:
MARYLAND BOARD OF PHYSICIANS
P.O. Box 37217
Baltimore, MD 21297
- 2. Physician Assistant Information:** Complete all requested information. The Board will email notification and approval to the PA and PCTP. **Please provide a valid email address.** It is the responsibility of the PA to provide copies of the approval letter to the medical staff office, office manager, etc., of the practice.
- 3. Patient Care Team Physician (PCTP) Information:** Complete all requested information. The Board will email notification and approval to the PCTP. **Please provide a valid email address.**
- 4. Delegated Advanced Duties*:** List the procedure(s) being delegated to the PA and submit a procedure log for each requested procedure. *Examples: Cosmetic procedures, lumbar punctures, central/arterial line insertions, endoscopic procedures, stress testing, etc. The listed procedure(s) should be identical to the advanced procedure(s) listed on the procedure log, and each page of the procedure log must have the printed name, signature, and date of the PCTP.*
 - **Procedure logs should include at least 10-25 each of successfully completed procedures, the date of each procedure, the type of procedure, the name of the PA, and the signature of the patient care team physician attesting that the PA completed the requested procedures.**
 - **Procedure logs should not include identifiable patient data (i.e. date of birth, patient name(s)/initial(s), or social security numbers).**
- 5. Qualifications of Physician Assistant:** Provide a detailed description of the additional training and education that prepared the PA to perform the requested procedures. **Please attach copies of training certificates or other training documentation.**
- 6. Qualifications of Patient Care Team Physician:** Complete this section if the delegated medical acts are outside the customary practice specialty of the Patient Care Team Physician. Physicians who are delegating cosmetic procedures must meet the criteria in COMAR 10.32.09 Collaboration of Cosmetic Regulations before they may supervise a PA. **See Appendix B**
- 7. Attestations:** The PA and PCTP must complete this section.

APPENDICES

Appendix A — Advanced Procedures: The advanced procedures list is meant to be used as a guide in determining what is considered an advanced procedure. This list is not all-inclusive. If you have any questions about a procedure that is not on this list, please contact the Board.

Appendix B — Cosmetic Regulations: Physicians delegating cosmetic procedures must meet the criteria outlined in COMAR 10.32.09.

NOTICE!

There is a \$100.00 fee.

Failure to include the fee will result in the application being returned to you.

Fee: \$100.00

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FOR BANK USE ONLY
Date: _____
Check Number: _____
Amount Paid: _____
Name Code: _____
App ID: 109

Collaboration Agreement Addendum for Advanced Duties

1. Physician Assistant Information. Type or print legibly

Last Name, (Suffix, Jr., III)	First Name:
Middle/Maiden Name:	Maryland License #:
Email:	Telephone #:

2. Patient Care Team Physician Information. Type or print legibly

Last Name (Suffix, Jr., III):	First Name:
Middle/Maiden Name:	Maryland License #:
Email:	Telephone #:

3. Delegated Advanced Duty(ies). Examples: Cosmetic procedures (botox injections, laser hair removal, etc.), lumbar punctures, central/arterial line insertions, endoscopic procedures, stress testing, etc.

4. Qualifications of the Physician Assistant to Perform Requested Advanced Duties.

5. Qualifications of Patient Care Team Physician.

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6. PCTP and PA Attestations

I ATTEST THAT:

- A. All medical acts performed by the physician assistant shall be:
 - a. Appropriate to the education, training, and experience of the physician assistant (PA);
 - b. Customary to the practice of a patient care team physician (PCTP) listed on the collaboration agreement; and
 - c. Performed in a manner consistent with the collaboration agreement.
- B. A copy of the executed collaboration agreement between the listed PCTP and PA has been attached to this Collaboration Agreement Addendum for Advanced Duties.
- C. Any performance of an advanced duty in collaboration with a PCTP shall be in accordance with § 15-302.1 of the Health Occupations Article.
- D. If the PCTP delegates dermatological procedures to the PA, the PCTP will perform the initial evaluation, develop a treatment plan with the PA, and provide immediately available supervision while the PA performs the procedure(s).
- E. If the PCTP delegates cosmetic medical procedures to the PA, the PCTP will perform the initial evaluation, develop a treatment plan with the physician assistant, and provide immediately available supervision while the PA performs the procedure(s). *I have read and understood the regulations for collaboration of cosmetic procedures —COMAR 10.32.09. See Appendix B*
- F. Under penalty of perjury, the contents of the foregoing document are true to the best of my knowledge, information, and belief.

Physician Assistant (Print Legibly): _____

Physician Assistant (Signature): _____ **Date:** _____

Patient Care Team Physician (Print Legibly): _____

Patient Care Team Physician (Signature): _____ **Date:** _____

Updated: 12/02/2024

ADVANCED PROCEDURES BY SPECIALTY

The advanced procedures list is meant to be used as a guide in determining what is considered an advanced procedure. This list is not all inclusive. **Please consider using the listed terminology where appropriate.** If you have any questions about a procedure that is not on the list, please contact the Board.

Note: Peripherally inserted central catheter (PICC) procedures are no longer considered advanced procedures.

Cardiology
Aorta Ultrasound
IABP (Insertion, Manipulation, Removal)
Stress Tests (Pharmacologic and Exercise)
Cardio-Thoracic
Thorocentesis (with/without ultrasound)
Thorocostomy/Chest Tube Insertion
Tracheal Endoscopy
Vascular Access (Venous, Arterial)
Vein Harvesting (Open, Endoscopic)
Critical Care Medicine
Aorta Ultrasound
Conscious Sedation (cannot be performed simultaneously with any other duty or procedure)
Endotracheal Intubation
IABP (Insertion, Manipulation, Removal)
Laryngoscopy
Lumbar Puncture with/without fluoroscopic guidance
Neonatal IV Insertions
Non-Tunneled Central Vascular Access
Paracentesis (with/without ultrasound)
Resuscitation of Neonate
Shunt Tap
Sigmoidoscopy
Suprapubic Bladder Taps
Thoracentesis (with/without ultrasound)
Thoracostomy (Chest Tube Insertion)
Tunneled Central Vascular Access (Arterial/Venous, with/without ultrasound)
Dermatology
Ablative and Non-Ablative Laser Surgery
Chemical Peels
Dermaplaning

ADVANCED PROCEDURES BY SPECIALTY CONTINUED

Excision and Repair of Malignant Lesions
Skin Excisions
Dermatology (Cosmetic)
Ablative and Non-Ablative Laser Surgery
Body Contouring
Botulinum Toxin (A/B) Injections
Chemical Peels
Collagen Injections
Dermaplaning
Excision and Repair of Malignant Lesions
Intralesional Injections
Mesotherapy
Microneedling
Radiofrequency Body Contouring
Skin Excisions
Tattooing (Nipple Areolar Complex)
Ear, Nose and Throat
Laryngoscopy
Nasal Endoscopy
Tympanic Injections
Emergency Medicine
Aorta Ultrasound
Arthrocentesis (with/without fluoroscopic guidance; with/without ultrasound guidance)
Bone Marrow Aspiration and/or Biopsy
Closed Reduction of Dislocations (shoulders, fingers, toes and forearms are core duties) Specify Locations
Closed Reduction of Fractures - Specify Locations
Critical Care Bedside Ultrasound
Endotracheal Intubation
Focused Abdominal Sonography in Trauma (FAST)
Gastrostomy/Gastrojejunostomy Exchange/Replacement
Lumbar Puncture (with/without fluoroscopic guidance)
Non-Tunneled Central Venous Access
Nonfluoroscopic X-Ray procedures of the extremities , anterior, posterior & lateral, not Including the head, utilizing the Mini C-Arm
Paracentesis (with/without ultrasound guidance)
Suprapubic Bladder Taps
Thoracentesis (with/without ultrasound)
Thoracostomy (Chest Tube Insertion)
Tunneled Central Vascular Access (Arterial/Venous with/without ultrasound)
Endocrinology
Thyroid Biopsy
Gastroenterology
Fistula Tubes (insertion and removal)
Paracentesis (with/without ultrasound)

ADVANCED PROCEDURES BY SPECIALTY CONTINUED

Gynecology and Obstetrics
Biopsy (Cervical, Endometrial)
Circumcision
Contraceptive Implants (Insertion and removal)
Culdocentesis
Hysterosalpingogram
Insemination
IUD Insertions and Removal
LEEP
Saline Sonogram
Interventional Radiology
Aorta Ultrasound
Arthrocentesis (with/without ultrasound, with/without fluoroscopic guidance) Specify Sites
Bone Marrow Aspiration and/or Biopsy
Fistulogram with Angioplasty (Dialysis Access Evaluation and Management)
Focused Abdominal Sonography in Trauma (FAST)
Gastrostomy/Gastrojejunostomy Tube Exchange/Replacement
Lumbar Puncture (with/without fluoroscopic guidance)
Myelogram
Nephroureterostomy Exchange/Replacement
Non-Tunneled Central Vascular Access
Paracentesis with/without ultrasound guidance
Percutaneous Biliary Drainage Catheter Exchange
Thoracentesis
Thoracostomy (Chest Tube Insertion)
Tunneled Central Vascular Access
Tunneled Drains (Insertion/Removal) Specify Sites
Neurosurgery
Lumbar Puncture (with/without fluoroscopic guidance)
Myelogram
Shunt Taps
Oncology and Hematology
Administration of Intrathecal Chemotherapy
Bone Marrow Aspirate and/or Biopsy
Bone Marrow Harvest
Conscious Sedation (Conscious sedation cannot be performed simultaneously with any other duty or procedure)
Orthopaedics/Rheumatology
Arthrocentesis (with/without fluoroscopic guidance, with/without ultrasound guidance) Specify Sites
Arthrogram with fluoroscopic guidance Specify Sites
Bone Marrow Aspirate and/or biopsy
Botulinum Toxin (A/B) Injections
Closed Reduction of Dislocation (shoulders, fingers, toes and forearms are core duties) Specify Locations
Closed Reduction of Fractures – Specify Locations

ADVANCED PROCEDURES BY SPECIALTY CONTINUED

Greater Trochanteric Bursal Injections
Insertion Skeletal Traction Pins
Myofascial Injections
Nerve Block (with/without ultrasound guidance)
Nonfluoroscopic X-Ray procedures of the extremities , anterior, posterior & lateral, not Including the head, utilizing the Mini C-Arm
Removal of External Fixation Devices
Trigger Point Injections
Pain Management
Arthrocentesis
Botulinum Toxin (A/B) Injections
Epidural Injections (with/without fluoroscopic guidance)
Myofascial Injections
Nerve Blocks (with/without ultrasound guidance)
Trigger Point Injections
Pediatrics
Insertion of Umbilical Catheter
Neonatal Resuscitation
Newborn Circumcision
Physical Medicine and Rehabilitation
Arthrocentesis (with/without fluoroscopic guidance, with/without ultrasound guidance Specify Sites
Arthrogram (with fluoroscopic guidance) Specify Sites
Botulinum Toxin (A/B) Injections
Epidural Injection Under Fluoroscopic Guidance
Greater Trochanteric Bursal Injections
Myofascial Injections
Nerve Block (with/without ultrasound guidance)
Trigger Point Injections
Psychiatry*
* All psychiatric acts delegated by a Psychiatrist, including but not limited to the following:
Administering compounded Ketamine
Advanced Psychopharmacologic Treatment
Cognitive-Behavioral Therapy
Prescribing compounded Ketamine for self-administration by the patient
Psychiatric Diagnostic Evaluation
Supportive Psychotherapy
Transcranial Magnetic Stimulation (TMS)

ADVANCED PROCEDURES BY SPECIALTY CONTINUED

Surgery – General
Non-Tunneled Central Vascular Access
Tunneled Central Vascular Access
Urology
Cystoscopy
Nephroureterostomy Exchange/Replacement
Suprapubic Bladder Taps

Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE**Subtitle 32 BOARD OF PHYSICIANS****Chapter 09 Delegation and Assignment of Performance of Cosmetic Medical Procedures and Use of Cosmetic Medical Devices**

Authority: Health Occupations Article, §§14-205, 14-306, 14-404, 14-606, and 15-302, Annotated Code of Maryland

10.32.09.01 Scope.

- A. This chapter governs the performance, delegation, assignment, and supervision of cosmetic medical procedures, and the use of cosmetic medical devices by a physician or under a physician's direction.
- B. This chapter does not govern use of medical procedures or medical devices for the purpose of treating a disease.
- C. This chapter does not endorse or certify the safety of any cosmetic medical device or cosmetic medical procedure.
- D. This chapter does not authorize the delegation of any duties to any person who is not licensed under Health Occupations Article, Annotated Code of Maryland.

10.32.09.02 Definitions.

- A. In this chapter, the following terms have the meanings indicated.
- B. Terms Defined.
 - (1) "ACCME" means the Accreditation Council on Continuing Medical Education.
 - (2) "ACGME" means the Accreditation Council for Graduate Medical Education.
 - (3) "AOA" means the American Osteopathic Association.
 - (4) Cosmetic Medical Device.
 - (a) "Cosmetic medical device" means a device that alters or damages living tissue.
 - (b) "Cosmetic medical device" includes any of the following items, when the item is used for cosmetic purposes:
 - (i) Laser;
 - (ii) Device emitting light or intense pulsed light;
 - (iii) Device emitting radio frequency, electric pulses, or sound waves; and
 - (iv) Devices used for the injection or insertion of foreign or natural substances into the skin, fat, facial tissue, muscle, or bone.

(5) Cosmetic Medical Procedure.

(a) "Cosmetic medical procedure" means a procedure using a cosmetic medical device or medical product to improve an individual's appearance.

(b) "Cosmetic medical procedure" includes the following:

(i) Skin treatments using lasers;

(ii) Skin treatments using intense pulsed light;

(iii) Skin treatments using radio frequencies, microwave, or electric pulses;

(iv) Chemical peels that ablate living skin tissue;

(v) Skin treatments with phototherapy;

(vi) Dermabrasion;

(vii) Subcutaneous, intradermal, or intramuscular injections of medical products;

(viii) Treatments intended to remove or cause destruction of fat; and

(ix) Any treatment using a cosmetic medical device for the purpose of improving an individual's appearance.

(6) "Delegate" means to entrust a duty to a physician assistant under Health Occupations Article, Title 15, Annotated Code of Maryland.

(7) "Delegation" means the entrusting of a duty by a physician to a physician assistant under Health Occupations Article, Title 15, Annotated Code of Maryland.

(8) "Dermabrasion" means an abrasive process to remove epidermis and superficial dermis, resulting in a smoothing of contour irregularities.

(9) "Direct supervision" means oversight exercised by a supervising physician who is:

(a) In the physical presence of a non-physician and a patient; and

(b) Instructing the non-physician in the performance of a cosmetic medical procedure, or observing the performance of a non-physician being trained in the procedure.

(10) "Immediately available supervision" means the responsibility of a licensed physician to provide necessary direction in person, by telephone, or by other electronic means.

(11) "Non-Physician" means an individual who:

(a) Meets the requirements of Regulation .04 of this chapter; and

(b) Is not licensed in Maryland as a physician.

(12) "On-site supervision" means oversight exercised by a supervising physician who is:

(a) Present at the site; and

(b) Able to respond in person during a delegated or assigned cosmetic medical procedure.

(13) "Physician assistant" means a physician assistant with a current certificate to practice in Maryland.

10.32.09.03 Physician Qualifications.

A. License. A physician shall obtain a license to practice medicine in Maryland before the physician may perform, delegate, assign, or supervise cosmetic medical procedures or the use of cosmetic medical devices.

B. Education.

(1) A physician who performs, assigns, supervises, or delegates the performance of cosmetic medical procedures by a non-physician first shall obtain training in the indications for and performance of the cosmetic medical procedures and operation of any cosmetic medical device to be used.

(2) Training programs provided by a manufacturer or vendor of cosmetic medical devices or supplies may not be a physician's only education in the cosmetic medical procedures or the operation of the cosmetic medical devices to be used.

(3) ACCME or AOA approved continuing education, or completion of an ACGME or AOA accredited postgraduate program that includes training in the cosmetic medical procedure performed satisfies this requirement.
Qualifications of Individual to Whom Acts May Be Delegated and Assigned.

10.32.09.04 Qualifications of Individual to Whom Acts May Be Delegated and Assigned.

A. A cosmetic medical procedure may be delegated to a physician assistant or assigned to any other health care provider licensed under Health Occupations Article, Annotated Code of Maryland, whose licensing board has determined that the procedure falls within the provider's scope of practice.

B. A physician may not permit any individual who performs cosmetic medical procedures delegated or assigned by that physician to operate a cosmetic medical device or perform a cosmetic medical procedure unless the individual has received:

(1) Training as described in Regulation .07 of this chapter; and

(2) Any training required by that individual's health occupations board.

10.32.09.05 Physician Responsibilities.

A. A physician shall:

(1) Develop and maintain at each site where the delegated, assigned, or supervised cosmetic medical procedures will be rendered written office protocols for each such cosmetic medical procedure;

(2) Personally perform the initial assessment of each patient;

(3) Prepare a written treatment plan for each patient, including diagnosis and planned course of treatment and specification of the device and device settings to be used;

(4) Obtain informed consent of the patient to be treated by a non-physician;

(5) Except as indicated in §B or C of this regulation, provide onsite supervision whenever a non-physician is performing cosmetic medical procedures or using cosmetic medical devices;

(6) Retain responsibility for any acts delegated to a non-physician; and

(7) Create and maintain medical records in a manner consistent with accepted medical practice and in compliance with Health-General Article, Title 4, Subtitles 3 and 4, Annotated Code of Maryland, and with Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. §1320d-2, as amended, and 45 CFR Parts 160 and 164, as amended).

B. The Board may approve a delegation agreement for a physician assistant that permits the physician to delegate performance of cosmetic medical procedures under immediately available supervision after the physician has evaluated the patient and developed a written treatment plan.

C. A delegation agreement for a physician assistant that includes cosmetic medical procedures and is approved by the Board before May 2009, is not affected by this chapter.

10.32.09.06 Written Protocols.

Written protocols for cosmetic medical procedures and equipment shall include the following:

A. List of all equipment, including:

(1) Manufacturer's specifications;

(2) Operating instructions; and

(3) Maintenance log;

B. Documentation regarding initial and periodic training of all users of the equipment;

C. Role of the physician for each procedure;

D. Role of the non-physician for each procedure;

E. Steps to address common complications and emergency situations; and

F. Appropriate care and follow-up for the patient after the procedure.

10.32.09.07 Training of Non-Physicians.

A. The physician is responsible for assuring that any individual to whom the physician delegates or assigns the performance of a cosmetic medical procedure or the operation of a cosmetic medical device is properly trained. Training shall include both theoretical instruction and clinical instruction.

B. Theoretical instruction shall include:

(1) Cosmetic-dermatological indications and contraindications for treatment;

(2) Identification of realistic and expected outcomes of each procedure;

(3) Selection, maintenance, and utilization of equipment;

- (4) Appropriate technique for each procedure, including infection control and safety precautions;
- (5) Pharmacological intervention specific to the procedure;
- (6) Identification of complications and adverse reactions for each procedure;
- (7) Emergency procedures to be used in the event of:
 - (a) Complications;
 - (b) Adverse reactions;
 - (c) Equipment malfunction; or
 - (d) Any other interruption of a procedure; and
- (8) Appropriate documentation of the procedure in the patient's chart.

C. Clinical instruction shall include:

- (1) Observation of performance of the procedure or use of the device by an individual experienced in performing the procedure; and
- (2) Performing the procedure or using the device under the direct supervision of the delegating physician who is present and observing the procedure a sufficient number of times to assure that the non-physician is competent to perform the procedure without direct supervision.

10.32.09.08 Non-Physician's Responsibility.

A. A physician who delegates or assigns a cosmetic medical procedure or the use of a cosmetic medical device to a non-physician or who supervises a non-physician performing these functions shall assure that the non-physician complies with this regulation.

B. A non-physician may not use a cosmetic medical device or perform a cosmetic medical procedure unless the individual has received:

- (1) The training described in Regulation .07 of this chapter; and
- (2) Any training required by that individual's health occupations board.

C. A non-physician shall:

- (1) Review and follow the written protocol with respect to a cosmetic medical procedure;
- (2) Verify that the physician has assessed the patient and given written treatment instructions for the procedure;
- (3) Discuss the procedure with the patient to ensure that the patient:
 - (a) Is aware that the treatment will be provided by a non-physician; and
 - (b) Has given consent in writing to treatment by a non-physician;
- (4) Notify the delegating physician about any adverse events or complications before the patient leaves the site;

(5) Document all relevant details of the procedure in the patient's chart, including any adverse events and complications; and

(6) Satisfy any requirements imposed by the licensing board of the non-physician.

10.32.09.09 Grounds for Discipline.

A. Physician. A physician may be disciplined for any of the following:

(1) Delegating, assigning, or supervising a cosmetic medical procedure performed by an individual who is not a physician assistant or another licensed health care provider whose licensing board has determined that the procedure is within the scope of practice of the individual;

(2) Delegating cosmetic medical procedures to an individual who has not had:

(a) The training specified in Regulation .07 of this chapter; and

(b) The training required by that individual's health occupations board; or

(3) Failure to adhere to any requirement of this chapter.

B. Non-Physician. A non-physician who violates any provision of this chapter is guilty of the practice of medicine without a license and may be subject to a fine of not more than \$50,000 under Health Occupations Article, §14-606, Annotated Code of Maryland.

C. Other Individual. An individual using a cosmetic medical device or performing a cosmetic medical procedure who is not a licensed physician and is not authorized to perform the cosmetic medical procedure under this chapter, or under regulations promulgated by another licensing board established by Health Occupations Article, Annotated Code of Maryland, is guilty of the practice of medicine without a license and may be subject to a fine of not more than \$50,000 under Health Occupations Article, §14-606, Annotated Code of Maryland.

Administrative History

Effective date: August 23, 2010 (37:17 Md. R. 1185)

Regulation .02B amended effective March 14, 2016 (43:5 Md. R. 386); December 31, 2018 (45:26 Md. R. 1246)