Harbhajan Ajrawat, M.D., Chair
Christine A. Farrelly, Executive Director

Presented by Michael Tran, Policy Analyst

Presentation Overview

The Maryland Board of Physicians is a state agency within the Department of Health.

- Board Overview
- Licensing
- 2025 Legislative Affairs
  - Mandated Employer Reporting
  - Physician Assistant Modernization Act

Board's Mission

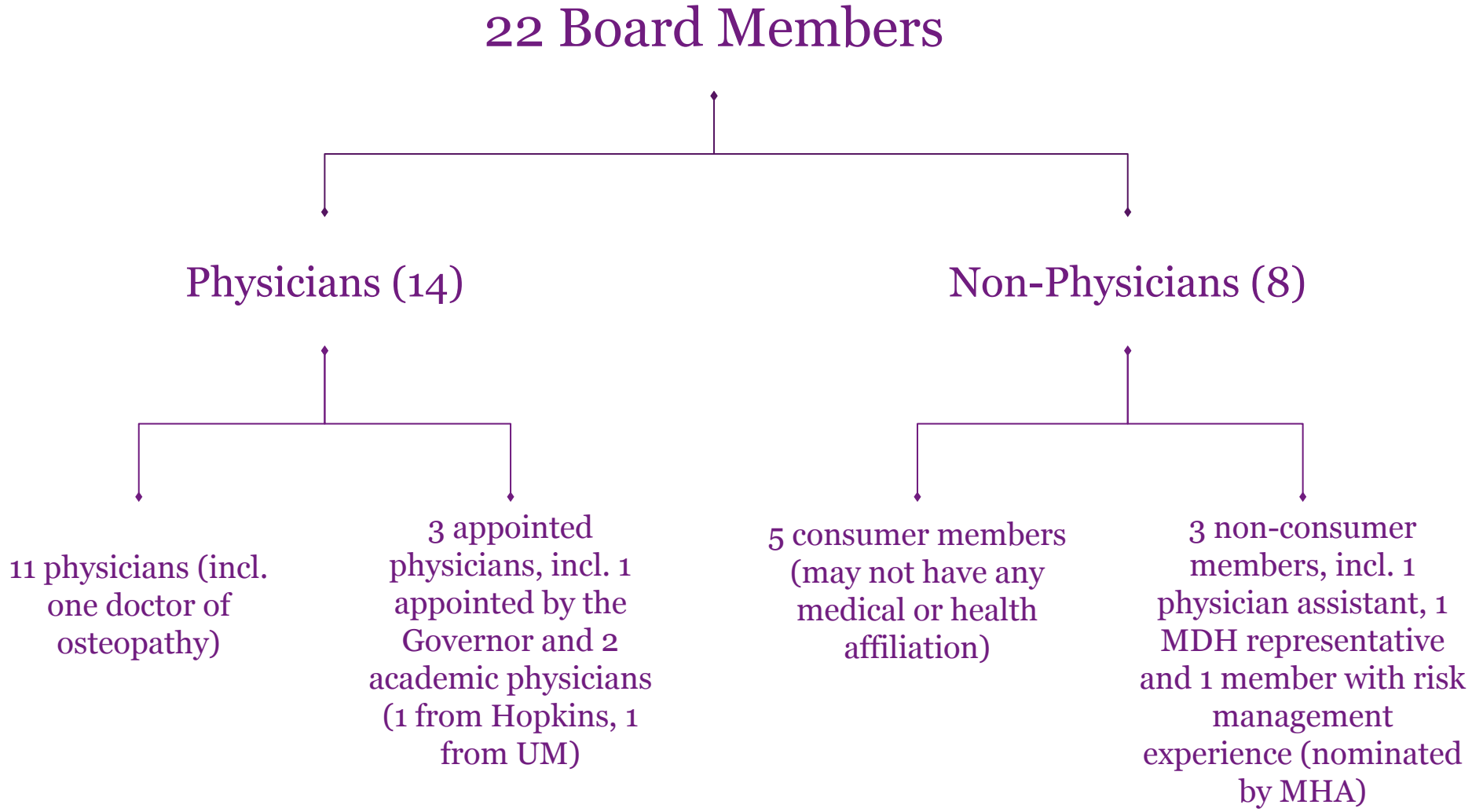
The mission of the Board of Physicians is to assure quality health care in Maryland through the efficient licensure and effective discipline of health providers under its jurisdiction, by protecting and educating clients/customers and stake holders, and enforcing the Maryland Medical Practice Act.

Medical licensure and discipline in Maryland dates back to 1789

Authorizing Statutes:

- *Health Occupations Article, Titles 14 and 15, Maryland Annotated Code*
- *COMAR 10.32.01 through .23*

Board Structure



Disciplinary Panel A

Disciplinary Panel B

- Handles all discipline
- DCCR (Disciplinary Committee for Case Resolution)
- Action items (charges, summary suspensions)
- IRP (investigative review panel)
- Hearings (exceptions, pre and post deprivation, show cause)

Full Board

- Handles policy and legislation
- Appoints allied health committee members
- Approves/disapproves:
  - Advanced duties for PAs
  - E & T Protocols for ATs
  - Regulations

Role of Licensure

To efficiently process applications in an effort to determine eligibility of qualified physicians, in accordance with the Maryland Medical Practice Act and related regulations.

FY 24 Licenses Issued - Practitioner Type	Initial	Reinstatement	Renewal	Total Licenses Issued
Total Physicians	2,932	350	15,474	**18,756**
Allied Health Practitioners				
Athletic Trainers	86	22	639	**747**
Genetic Counselors	362	0	0	**362**
Physician Assistants	505	38	0	**543**
Radiologic Technologists	250	90	0	**340**
Respiratory Care Practitioners	117	30	2,815	**2,962**
Polysomnographers	6	11	0	**17**
Perfusionists	11	0	148	**159**
Psychiatrist Assistants	0	0	4	**4**
Naturopathic Doctors	8	1	57	**66**
Supervised Genetic Counselors	6	0	0	**6**
Total Allied Health Practitioners	1,351	192	3,086	**4,629**
Total Physician and Allied Health Practitioners	**4,286**	**542**	**18,560**	**23,385**

Licensure by Endorsement

Under this process, the Maryland Board would accept the physician's current license as sufficient evidence that the applicant has met some or all of the requirements for licensure. A physician endorsement applicant would not have to undergo a lengthy credentialing process except to fulfill Maryland-specific requirements.

Licensure by Reciprocity

Under this process, the Maryland Board would accept the physician's current license in Virginia and the District of Columbia (D.C.) as sufficient evidence that the applicant has met some or all of the requirements for licensure. A physician reciprocity application would not have to undergo a lengthy credentialing process except to fulfill Maryland-specific requirements.

Military Applicants

Pathway A: Expedited Application for Full Licensure for Service Members, Veterans, and Military Spouses

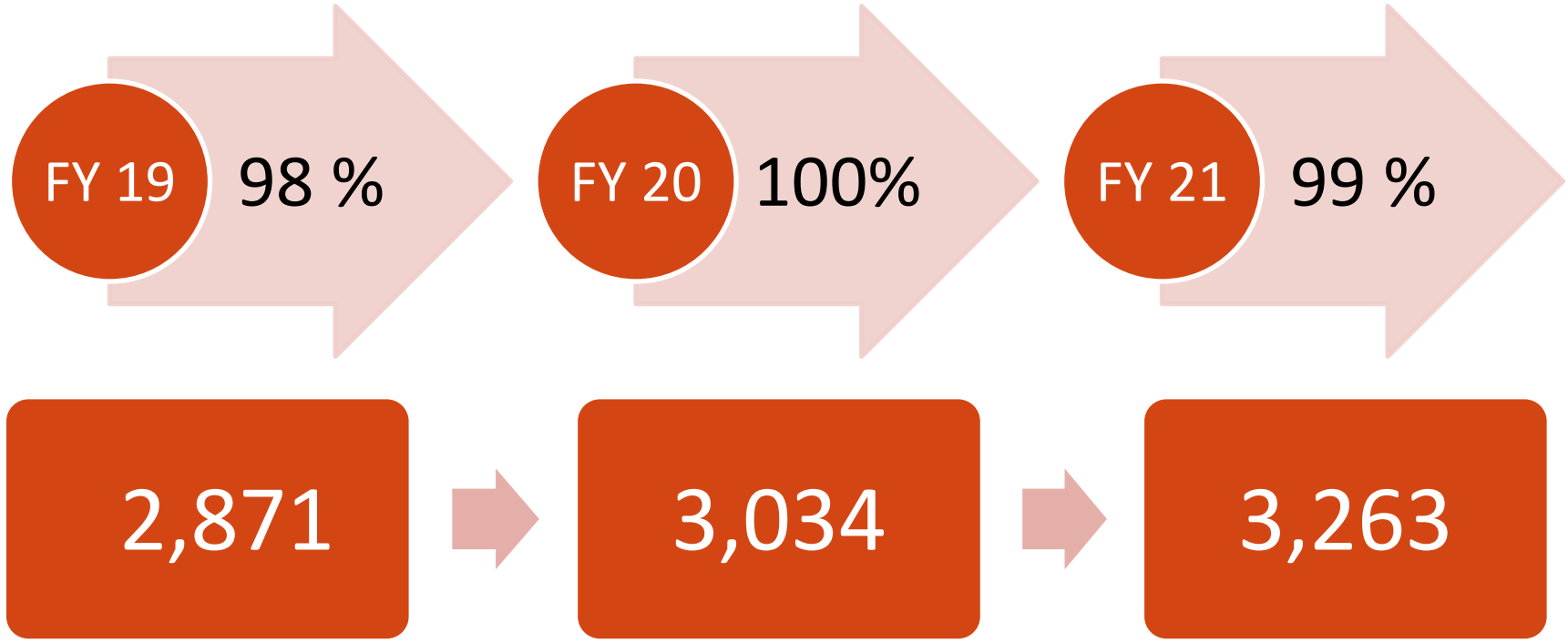
Pathway B: Registration for an Exemption from Licensure for Service Members and Military Spouses (Maryland License will not be issued)

Expedited Licenses

Under certain circumstances, licenses can be expedited for qualified parties. Expediting a license does not remove requirements, including primary source verifications, CHRCs and verification of education, training and experience.

Licensure Goals

Issue 95% of licenses within 10 days of receiving the last qualifying document



Figures not currently available for FY22 due to the 12/3/2021 MDH network incident.

Incomplete application

Incomplete applications, including those missing required documentation, are the most common reason for delays in licensing.

Failure of verifying entities to forward information to the Board

Primary source verification requirements mean that some required documentation most come directly from verifying entities, rather than from the applicant.

Additional information required

Some application responses, such as the character and fitness questions, require additional explanation from the applicant.

Required review or investigation

In some cases, an event on the application may have triggered an investigation, which in turn may require Board staff's compliance unit or a Disciplinary Panel to review.

Why is my license delayed?

Typically, a delay in issuing a license indicates that part of the application is missing or incomplete. In some instances, it may indicate that an investigation has been triggered (such as when the Board receives derogatory information on NPDB or FSMB reports, or regarding credentials).

The most common causes of delays in licensure are indicated here.

Mandated Employer Reporting

Employers are required to make reports to the Board when the employer takes a certain action due to specific licensee conduct.

Mandated Employer Reporting - Employers **SHALL** submit a report within 10 days

Who is required to report?

Any person who enters into an arrangement for professional services, whether paid or unpaid or contractual or otherwise, with an individual licensed by the Board.

This includes hospitals, alternative health systems, related institutions, private practice physician offices, and others.

When is a report required?

When the employer has:

- Reduced, suspended, revoked, restricted, denied, conditioned, or did not renew the licensee's clinical privileges or employment; OR
- Involuntarily terminated or restricted the licensee's employment; OR
- Asked the licensee to voluntarily resign because of the licensees conduct or an investigation;

AND the action was taken because:

- Of reasons that may be grounds for discipline; OR
- Because the licensee may have engaged in unprofessional conduct; OR
- Because the licensee may be unable to practice with reasonable skill and safety; OR
- Because the licensee may have harmed, placed one or more patients or the public at unreasonable risk of harm.

Mandated Employer Reporting

What is required in a report?

A report must include:

1. The action taken by the employer;
2. A detailed explanation of the reasons for the action; and
3. The steps taken by the employer to investigate the conduct of the licensee.

Specific Changes Not Reportable

Voluntary Leaves of Absence, voluntary alterations, voluntary resignations taken by a health care provider who is in good standing

- Maternity leave
- Family problems of a medical or other personal nature
- Military deployment
- Sabbaticals or Extended vacations
- Absences for professional training
- Reduced workload
- Retirement or relocation

Maryland Medical Practice Act and Maryland Physician Assistants Act - Revisions ("General Revisions")

"General Revisions" standardizes language, codifies Board practices, remove duplicative, unclear, or outdated language, corrects errors, and authorizes certain substantial changes including but not limited to: (1) authorizing penalties for certain administrative errors, (2) increasing specific fines, and (3) clarifying and streamlining the requirements for mandated employer reporting.

House Bill 776
&
Senate Bill 423

Employer Mandated Reporting and "General Revisions"

HB 776 and SB 423 (2025) made changes to the employer mandated reporting requirements.

What sections of statute were affected?

- Health Occupations, §§ 14-413, 14-5A-18, 14-5B-15, 14-5C-15, 14-5D-11.5, 14-5E-18, 14-5F-19, 14-5G-20, and 15-103, Annotated Code of Maryland.

What changed?

- The term "employer" now replaces "hospitals" "related health systems" and "alternative health systems".
- Where it was not otherwise already present, language is added that a report is not required if a licensee's conduct was due to substance use and the licensee is initiating or has initiated treatment.
- Where is was not otherwise already present, authorizes the Board to extend the reporting time for good cause shown.
- Increases the civil penalty amount if an employer knowingly fails to make a mandated report.
- Clarifies that an employer must **knowingly** fail to report in order to be fined.

What stayed the same?

- Who is required to report, what is required to be reported, and when a report is required to report is the same - the language has been clarified and streamlined.

Physician Assistant Modernization Act of 2024

The Physician Assistant Modernization Act of 2024 made substantial changes to the requirements for physician assistants in Maryland, including but not limited to (1) transitioning from a delegation agreement to collaboration agreements, (2) transitioning from a supervising physician to patient care team physicians, and (3) altering the advanced duty approval process, including introducing a variety of exemptions.

House Bill 806
&
Senate Bill 167

Definition of Terms

Collaboration Agreement (CA)

- Defined as *"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."*
- Replaced Delegation Agreements on October 1st, 2024.

Patient Care Team Physician (PCTP)

- Defined as *"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."*
- Term will be replacing Primary Supervising Physician (PSP) & Alternate Supervising Physician (ASP).
- A collaboration agreement may list one or more PCTP.

Process: Collaboration Agreement (CA)

1) Execute

- Complete a CA with one or more Patient Care Team Physician(s).
- There is no Board-approved CA form. PAs may use the sample form provided by the Board or use a self-created CA containing the requirements outlined in §15–302 of the Health Occupations Article.

2) Notify

- Notify the Board of the executed CA via the Practitioner Profile located on the Board's website.
- There is no requirement to submit the CA to the Board for approval.

3) File

- Keep a copy of the CA on file at the practice setting.
- Must be made immediately available to the Board upon request.
- PA must maintain copy of CA for 5 years after the termination of the CA.

Process: Modifications and Updates

1) Execute **2) Notify** **3) File**

- All changes or modifications must be maintained and updated in the CA at the primary practice location.
- Modifications cannot be made to a grandfathered CA.
- Any changes to the information listed on the Notification of Executed Collaboration Agreement will require a re-notification of the CA to the Board.
- §15-309(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.

Board Approval of Advanced Duties

MARYLAND BOARD OF PHYSICIANS
P.O. Box 2571
Baltimore, MD 21215
www.mpb.state.md.us

COLLABORATION AGREEMENT ADDENDUM FOR ADVANCED DUTIES

1. PRACTICE SETTING: Please choose one.

Physician Assistant Practice Setting:

- ☐ Detention Center / Correctional Facility
- ☐ Public Health Facility
- ☐ Other:_____
- ☐ HMO
- ☐ Urgent Care Center
- ☐ Nursing Home
- ☐ Private Practice

Please identify the number of locations where these advanced duties will be practiced:_____

2. PHYSICIAN ASSISTANT INFORMATION. Type or print legibly

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

3. PATIENT CARE TEAM PHYSICIAN INFORMATION. Type or print legibly

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

4. PRIMARY PRACTICE LOCATION. Type or print legibly

Facility / Practice Name:		
Address:		
City:	**State:**	**Zip Code:**
Contact:		**Phone:**

5. PRACTICE SPECIALTY.

- ☐ Addiction Medicine
- ☐ Adult Critical Care
- ☐ Allergy / Immunology
- ☐ Anesthesiology
- ☐ Cardiology
- ☐ Cardiovascular Surgery
- ☐ Dermatology
- ☐ Emergency Medicine
- ☐ Endocrinology
- ☐ Family Medicine
- ☐ Geriatrics
- ☐ Gastroenterology & Heptalogy
- ☐ Hospital Medicine
- ☐ Internal Medicine
- ☐ Infectious Disease
- ☐ Neonatology
- ☐ OB/GYN
- ☐ Occupational Medicine
- ☐ Nephrology
- ☐ Neurology
- ☐ Neurosurgery
- ☐ Oncology Ophthalmology
- ☐ Orthopedic
- ☐ Orthopedic Surgery
- ☐ Otolaryngology (ENT)
- ☐ Pain Management
- ☐ Pathology
- ☐ Pediatrics
- ☐ Pediatric Critical Care
- ☐ Pediatric Surgery
- ☐ Plastic Surgery
- ☐ Psychiatry
- ☐ Radiation Oncology
- ☐ Rheumatology
- ☐ Public Health
- ☐ Preventative Medicine, General
- ☐ Physical Medicine & Rehabilitation
- ☐ Pulmonology
- ☐ Radiology
- ☐ Sleep Technology
- ☐ Surgery, General
- ☐ Transplant Surgery
- ☐ Thoracic
- ☐ Urology
- ☐ Vascular Surgery
- ☐ Other:_____

6. DELEGATED ADVANCED DUTY(IES): Please list the procedure(s) that are being delegated to the physician assistant. Attach a copy of the procedure logs* for each requested procedure showing at least 10-25 successful procedures. Includes the dates of the procedure and type of procedures (200 for stress test). **Examples: Cosmetic procedures (botox injections, laser hair removal, etc.), lumbar punctures, central/arterial line insertions, endoscopic procedures, stress testing, etc.**

***The PA's and the training Patient Care Team Physician's names and signatures are REQUIRED on all procedure logs.**

_____.
_____.
_____.
_____.

7. QUALIFICATIONS OF THE PA: Please describe, in detail, the additional training and education that prepared the PA to perform the requested procedures. **If applicable, attach copies of training certificates or other supporting documentation.** (*PAs* who will be performing *cosmetic procedures must meet the requirements of COMAR 10.32.09 Collaboration of Cosmetic Procedures*. **See Appendix B**)

_____.
_____.
_____.
_____.

8. QUALIFICATIONS OF PCTP.

_____.
_____.
_____.
_____.

9. ATTESTATIONS BY THE PCTP AND PA.

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 Advanced Duty Addendum.

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 is performing 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 is performing the procedure(s). *I have read and understood the regulations for collaboration of cosmetic procedures —COMAR 10.32.09.* ***See Appendix B***

F. Under penalties 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:***_____.

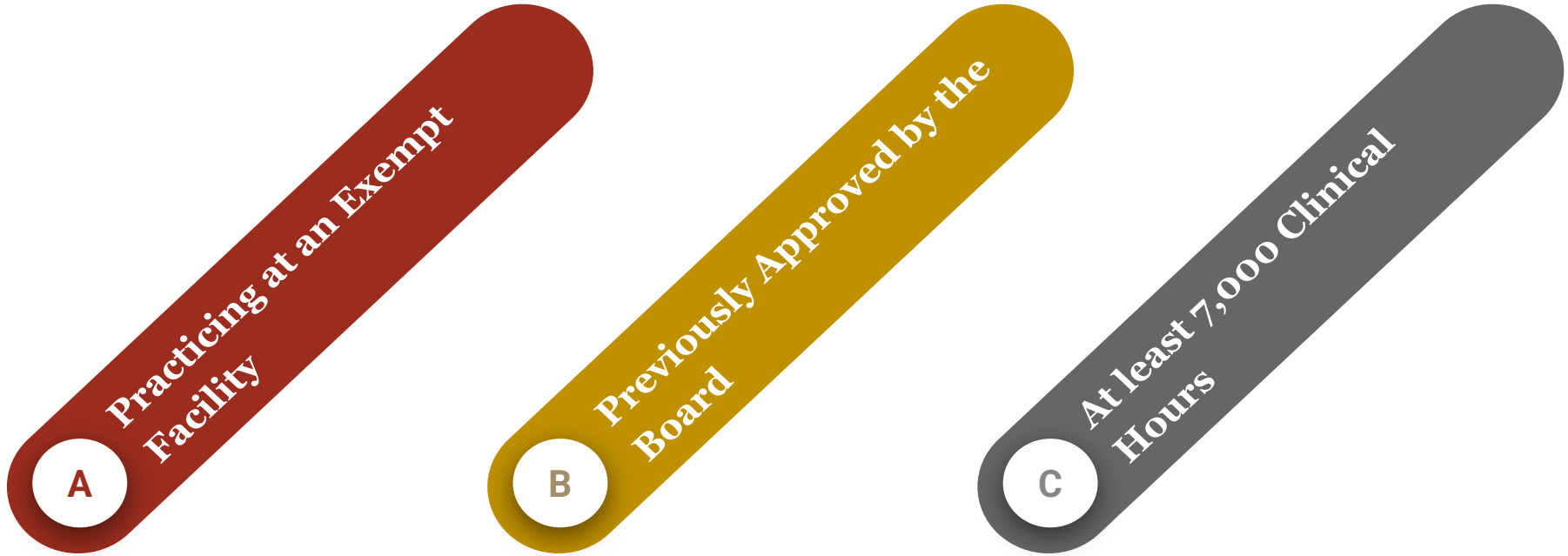
Patient Care Team Physician *(Print Legibly)*:_____.

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

Advanced Duty Addendum

Maryland
DEPARTMENT OF HEALTH

Advanced Duty: Board Approval Exceptions



Maryland
DEPARTMENT OF HEALTH

Advanced Duties: Exempt Facility

15–302.1.

(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.

Required to: Maintain all documentation of education, training, and experience, Hospital credentials, previous Board-approval, etc. as part of the Collaboration Agreement.

(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.

Advanced Duties: Previously Approved

Required to: Maintain all documentation of education, training, and experience, Hospital credentials, previous Board-approval, etc. as part of the Collaboration Agreement.

15–302.1.

(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.

Maryland
DEPARTMENT OF HEALTH

Advanced Duties: Clinical Hours

Required to: Maintain all documentation of education, training, and experience, Hospital credentials, previous Board-approval, etc. as part of the Collaboration Agreement.

15–302.1.

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

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

Thank you!

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