

HCS HB 387 -- HEALTH CARE PROVIDERS (Frederick)

COMMITTEE OF ORIGIN: Committee on Professional Registration and Licensing

This substitute changes the laws regarding the scope of practice for community paramedics, physician assistants and advanced practice registered nurses. The substitute:

(1) Allows a person to be eligible for certification by the Department of Health and Senior Services as a community paramedic if he or she is currently certified as a paramedic; successfully completes or has successfully completed a community paramedic certification program from a college, university, or educational institution that has been approved by the department or accredited by a national accreditation organization approved by the department; and completes an application form. A community paramedic must practice in accordance with protocols and supervisory standards established by the medical director and must provide the services of a health care plan if the plan has been developed by the patient's physician, advanced practice registered nurse, or physician assistant and the patient isn't receiving the services from another provider. An ambulance service must enter into a written contract to provide community paramedic services in another ambulance service area, and the contract may be for an indefinite period of time, as long as it includes at least a 60-day cancellation notice by either ambulance service. The substitute specifies that no person can hold himself or herself out as a community paramedic or provide the services of the position unless he or she is certified by the department and the medical director has approved the implementation of the community paramedic program;

(2) Changes the laws regarding collaborative practice arrangements between physicians and registered professional nurses. The substitute allows the arrangement to include a waiver of the geographic proximity requirement for up to 28 days per year for rural health clinics as long as the arrangement provides coverage during absence, incapacity, infirmity, or emergency by the collaborating physician. The substitute only applies to independent rural health clinics and provider-based rural health clinics where the main location of the hospital sponsor is more than 50 miles from the clinic. The collaborating physician must maintain documentation relating to the geographic proximity requirement and must furnish it upon request of the State Board of Registration for the Healing Arts in the Division of Registration within the Department of Insurance, Financial Institutions and Professional Registration;

(3) Changes the definition of "supervision" by repealing the

requirement that a physician assistant work in the same facility as the supervising physician 66% of the time the physician assistant provides care. The substitute requires a physician assistant to only practice where the supervising physician routinely provides care, except for existing patients in the patient's home and correctional facilities;

(4) Requires supervising physicians and physician assistants to sign an attestation stating that the physician will provide supervision appropriate to the assistant's training and the assistant will not practice beyond his or her training and experience;

(5) Requires the physician assistant and supervising physician to work in the same facility at least four hours for every 14 days of patient care;

(6) Allows a physician assistant to practice in locations within 50 miles of the supervising physician. The 30 mile limitation is repealed;

(7) Repeals the provision requiring a waiver for physician-physician assistant teams and places no supervision requirements in addition to federal law on the teams to practice in rural health clinics;

(8) Repeals the provision requiring the supervising physician's name, address, and telephone number be on prescriptions for controlled substances when prescribed by a physician assistant; and

(9) Revises the definition of "physician assistant supervision agreement" by requiring the agreement to contain complete contact information of the supervising physician and physician assistant, locations where the physician assistant is authorized to practice, all specialty or board certifications of the supervising physician, and the manner of supervision provided by the physician.