

HCS HB 2127 -- ASSISTANT PHYSICIANS (Frederick)

COMMITTEE OF ORIGIN: Standing Committee on Health and Mental Health Policy

The bill changes the examination requirement for an assistant physician so that an assistant physician needs to complete Step 2 or Step 3 of the United States Medical Licensing Examination within a four-year period before applying for licensure (but in no event more than four years after graduation from a medical college). Currently, an assistant physician has to complete Step 1 and Step 2 of the licensing examination within two years before applying for licensure (and in no event more than three years after graduation).

The bill allows an assistant physician to provide any services in specified locations. Currently, an assistant physician can only provide primary care services. The bill allows an assistant physician to provide services in a health care facility with internship or residency training programs.

An assistant physician shall be considered a physician assistant for reimbursement purposes and the Department of Social Services must seek any necessary waivers to implement this requirement.

The bill requires that an assistant physician licensure fee cannot be more than the licensure fee for a physician assistant. Additionally, no rules can require an assistant physician to complete more hours of continuing medical education than a licensed physician. Any rules or regulations in effect as of the effective date of this section that conflicts with the provisions of this section will be null and void.

The bill removes the requirement that an assistant physician has to enter into a collaborative practice agreement within six months of initial licensure.

A health carrier must reimburse an assistant physician on the same basis that it covers a service when it is provided by another comparable mid-level provider including, but not limited to, a physician assistant.

The bill specifies that although a collaborating physician must be continuously present with the assistant physician for a one-month period before the assistant physician can practice, "continuously present" only means that the collaborating physician and assistant physician are practicing in the same location; it does not mean that the collaborating physician must physically present while the assistant physician is seeing patients. Additionally, no rule can require that the collaborating physician must review more than 10%

of the assistant physician's patient charts during this one-month period.

An assistant physician may prescribe buprenorphine for up to a 30-day supply without refill.

Nothing in this bill shall be construed to limit the authority of hospitals to make employment or medical staff credentialing or privileging decisions.

This bill allows a physician to enter into collaborative practice arrangements or supervision agreements with a total of six full-time equivalent advanced practice registered nurses (APRN), physician assistants, or assistant physicians, in any combination thereof. Currently, a doctor can work with up to three APRNs or three physician assistants at a time.

This bill includes similar provisions from HB 1574 (2018).