## 1999 LAWS OF MARYLAND

- (ii) The medical acts have not been delegated by a supervising physician.
- (E) A PHYSICIAN ASSISTANT IS THE AGENT OF THE SUPERVISING PHYSICIAN IN THE PERFORMANCE OF ALL PRACTICE-RELATED ACTIVITIES, INCLUDING THE ORAL, WRITTEN, OR ELECTRONIC ORDERING OF DIAGNOSTIC, THERAPEUTIC, AND OTHER MEDICAL SERVICES.
- [(c)]  $\stackrel{(E)}{(E)}$  Except as provided in subsection [(d)]  $\stackrel{(F)}{(E)}$  of this section, the following individuals may practice as a physician assistant without a certificate:
- (1) A physician assistant student in a PHYSICIAN ASSISTANT training program THAT IS ACCREDITED BY THE COMMISSION ON ALLIED HEALTH EDUCATION PROGRAMS AND approved by the Board[, while performing the delegated medical acts at:
  - (i) Any office of a physician;
  - (ii) A hospital;
  - (iii) A clinic;
  - (iv) A related institution; or
  - (v) A similar facility]; or
- (2) A physician assistant employed in the service of the federal government while performing duties incident to that employment.
- [(d)](F) (G) A physician may not delegate the authority to write  $\{$ medication orders $\}$  PRESCRIPTIONS FOR CONTROLLED DANGEROUS SUBSTANCES, PRESCRIPTION DRUGS, OR MEDICAL DEVICES OR THE ABILITY TO EXERCISE PRESCRIPTIVE AUTHORITY to a physician assistant student in a training program approved by the Board.
- [(e)] (G) (H) (1) Except as prohibited by § 15–102(a) of this title, if a duty that is to be delegated under this section is a part of the practice of a health occupation that is regulated under this article by another board, any rule or regulation concerning that duty shall be adopted jointly by the Board of Physician Quality Assurance and the board that regulates the other health occupation.
- (2) If the two boards cannot agree on a proposed rule or regulation, the proposal shall be submitted to the Secretary for a final decision.
- (I) NOTWITHSTANDING THE PROVISIONS OF THIS SECTION, A PATIENT BEING TREATED REGULARLY FOR A LIFE THREATENING, CHRONIC, DEGENERATIVE, OR DISABLING CONDITION SHALL BE SEEN *INITIALLY* BY THE SUPERVISING PHYSICIAN AND AS FREQUENTLY AS THE PATIENT'S CONDITION REQUIRES, BUT NO LESS THAN WITHIN EVERY FIVE APPOINTMENTS OR WITHIN 180 DAYS, WHICHEVER OCCURS FIRST.