

HOUSE BILL 722

J2

3lr1588
CF SB 674

By: **Delegate Kerr**

Introduced and read first time: February 7, 2023

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Physician Assistants – Parity With Other Health Care Practitioners**
3 **(Physician Assistant Parity Act of 2023)**

4 FOR the purpose of altering certain provisions of law to include physician assistants in the
5 health care practitioners who may take certain actions, including actions related to
6 the guardianship of disabled persons, admission of individuals to mental health
7 facilities, the Emergency and Allergy Treatment Program, the Attendant Care
8 Program, and petitions for extreme risk protective orders; requiring the Maryland
9 Department of Health to cover charges related to examinations by a physician
10 assistant for certain emergency evaluatees; exempting physician assistants from the
11 Maryland Pharmacy Act; altering the membership and duties of the Statewide
12 Advisory Commission on Immunization; altering the membership of a certain
13 workgroup formed by the Maryland Health Care Commission; and generally relating
14 to physician assistants.

15 BY repealing and reenacting, with amendments,
16 Article – Correctional Services
17 Section 9–601.1(e)(1)
18 Annotated Code of Maryland
19 (2017 Replacement Volume and 2022 Supplement)

20 BY repealing and reenacting, with amendments,
21 Article – Estates and Trusts
22 Section 13–705(c)(2)
23 Annotated Code of Maryland
24 (2022 Replacement Volume and 2022 Supplement)

25 BY repealing and reenacting, with amendments,
26 Article – Health – General
27 Section 5–606, 10–601(g) and (h), 10–610(c), 10–611(b), (c), and (e), 10–615(6),
28 10–616(a)(1) and (c), 10–619, 10–620(f), 10–622(b) and (d), 10–623(a),

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



- 1 10–624(a)(1), 10–628(a)(1), 13–701, 13–705, 13–707(b)(1) and (c),
2 18–214(d)(11) and (12), 19–108.4, 19–705.1(b)(1)(vi) and (2), and
3 19–2001(a)(4)
4 Annotated Code of Maryland
5 (2019 Replacement Volume and 2022 Supplement)
- 6 BY repealing and reenacting, without amendments,
7 Article – Health – General
8 Section 10–601(a), 10–620(a), 18–214(b), 19–705.1(a), and 19–2001(a)(1) and (b)(1)
9 Annotated Code of Maryland
10 (2019 Replacement Volume and 2022 Supplement)
- 11 BY adding to
12 Article – Health – General
13 Section 10–601(g) and 18–214(d)(12)
14 Annotated Code of Maryland
15 (2019 Replacement Volume and 2022 Supplement)
- 16 BY repealing and reenacting, with amendments,
17 Article – Health Occupations
18 Section 4–308(k)(4)(vi) and (m)(1)(iii) and (5)(ii) and 12–102(d)(2), (e)(1)(i), (f)(1), and
19 (g)
20 Annotated Code of Maryland
21 (2021 Replacement Volume and 2022 Supplement)
- 22 BY repealing and reenacting, without amendments,
23 Article – Health Occupations
24 Section 4–308(m)(1)(i)
25 Annotated Code of Maryland
26 (2021 Replacement Volume and 2022 Supplement)
- 27 BY repealing and reenacting, with amendments,
28 Article – Human Services
29 Section 7–404(a)
30 Annotated Code of Maryland
31 (2019 Replacement Volume and 2022 Supplement)
- 32 BY repealing and reenacting, without amendments,
33 Article – Public Safety
34 Section 5–601(a)
35 Annotated Code of Maryland
36 (2022 Replacement Volume)
- 37 BY repealing and reenacting, with amendments,
38 Article – Public Safety
39 Section 5–601(e)
40 Annotated Code of Maryland

(2022 Replacement Volume)

BY repealing and reenacting, without amendments,
Article – State Personnel and Pensions
Section 9–504(a)
Annotated Code of Maryland
(2015 Replacement Volume and 2022 Supplement)

BY repealing and reenacting, with amendments,
Article – State Personnel and Pensions
Section 9–504(b)
Annotated Code of Maryland
(2015 Replacement Volume and 2022 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
That the Laws of Maryland read as follows:

Article – Correctional Services

9–601.1.

(e) (1) A pregnant inmate who is deemed to need infirmary care shall be admitted to the infirmary on order of a primary care nurse practitioner, **A PHYSICIAN ASSISTANT**, or **AN** obstetrician.

Article – Estates and Trusts

13–705.

(c) (2) Notwithstanding the provisions of paragraph (1) of this subsection, a petition for guardianship of a disabled person shall include signed and verified certificates of competency from the following health care professionals who have examined or evaluated the disabled person:

(i) Two licensed physicians; or

(ii) 1. One licensed physician; and

2. A. One licensed psychologist;

B. One licensed certified social worker–clinical; **[or]**

C. One nurse practitioner; **OR**

D. ONE LICENSED PHYSICIAN ASSISTANT.

Article – Health – General

5–606.

(a) (1) Prior to providing, withholding, or withdrawing treatment for which authorization has been obtained or will be sought under this subtitle, the attending physician and a second physician [or a], nurse practitioner, **OR PHYSICIAN ASSISTANT**, one of whom shall have examined the patient within 2 hours before making the certification, shall certify in writing that the patient is incapable of making an informed decision regarding the treatment. The certification shall be based on a personal examination of the patient.

(2) If a patient is unconscious, or unable to communicate by any means, the certification of a second physician [or a], nurse practitioner, **OR PHYSICIAN ASSISTANT** is not required under paragraph (1) of this subsection.

(3) When authorization is sought for treatment of a mental illness, the second physician [or the], nurse practitioner, **OR PHYSICIAN ASSISTANT** may not be otherwise currently involved in the treatment of the person assessed.

(4) The cost of an assessment to certify incapacity under this subsection shall be considered for all purposes a cost of the patient's treatment.

(b) A health care provider may not withhold or withdraw life-sustaining procedures on the basis of an advance directive where no agent has been appointed or on the basis of the authorization of a surrogate, unless:

(1) The patient's attending physician and a second physician [or a], nurse practitioner, **OR PHYSICIAN ASSISTANT** have certified that the patient is in a terminal condition or has an end-stage condition; or

(2) Two physicians, one of whom is a neurologist, neurosurgeon, or other physician who has special expertise in the evaluation of cognitive functioning, certify that the patient is in a persistent vegetative state.

10–601.

(a) In this subtitle the following words have the meanings indicated.

(G) “PHYSICIAN ASSISTANT” MEANS AN INDIVIDUAL WHO IS LICENSED UNDER TITLE 15 OF THE HEALTH OCCUPATIONS ARTICLE TO PRACTICE AS A PHYSICIAN ASSISTANT.

[(g)] (H) “Psychiatric nurse practitioner” means an individual who is:

(1) Licensed as a registered nurse and certified as a nurse practitioner under Title 8 of the Health Occupations Article; and

(2) Practicing in the State as a certified registered nurse practitioner—psychiatric mental health.

[(h)] (I) “Psychologist” means an individual who is licensed under Title 18 of the Health Occupations Article to practice psychology.

10–610.

(c) A facility may not admit an individual under this section unless:

(1) The individual has a mental disorder;

(2) The mental disorder is susceptible to care or treatment;

(3) The applicant understands the nature of a request for admission; and

(4) Assent to the admission has been given:

(i) By the admitting physician of the facility; or

(ii) For a child or adolescent unit of a State facility, by:

1. 1 physician and 1 psychologist;

2. 1 PHYSICIAN AND 1 PHYSICIAN ASSISTANT;

[2.] 3.2 physicians;

[3.] 4.1 physician and 1 psychiatric nurse practitioner;

[4.] 5.1 physician and 1 licensed certified social worker—clinical;

or

[5.] 6.1 physician and 1 licensed clinical professional counselor.

10–611.

(b) A disabled person may apply for voluntary admission of the disabled person if:

(1) The disabled person submits a formal, written application that contains the disabled person’s personal information and is on the form required by the Administration; and

(2) In accordance with subsections (c) through (e) of this section, either a physician and a psychologist, two physicians, [or] a physician and a psychiatric nurse practitioner, **OR A PHYSICIAN AND A PHYSICIAN ASSISTANT** certify that:

(i) The disabled person has the capacity to execute an application for voluntary admission; and

(ii) The disabled person understands both the criteria for voluntary admission set forth under this section and the procedure for requesting discharge from the facility.

(c) (1) A certificate for voluntary admission of a disabled person under subsection (b) of this section shall:

(i) Be based on the personal examination of the physician, psychologist, [or] psychiatric nurse practitioner, **OR PHYSICIAN ASSISTANT** who signs the certificate; and

(ii) Be in the form that the Secretary of Health adopts, by rule or regulation.

(2) The rules and regulations shall require the form to include an opinion that:

(i) The disabled person has a mental disorder;

(ii) The mental disorder is susceptible to care or treatment;

(iii) The disabled person understands the nature of the request for admission; and

(iv) The disabled person is able to give continuous assent to retention by the facility.

(e) A certificate may not be used for an admission if the physician, psychologist, [or] psychiatric nurse practitioner, **OR PHYSICIAN ASSISTANT** who signed the certificate:

(1) Has a financial interest, through ownership or compensation, in a proprietary facility and admission to that proprietary facility is sought for the disabled person whose status is being certified; or

(2) Is related, by blood or marriage, to the disabled person or the guardian of the person of the disabled person.

Each application for involuntary admission to a facility or Veterans' Administration hospital under this part shall:

(6) Be accompanied by the certificates of:

(i) 1 physician and 1 psychologist;

(ii) 2 physicians;

(III) 1 PHYSICIAN AND 1 PHYSICIAN ASSISTANT;

~~[(iii)]~~ **(IV)** 1 physician and 1 psychiatric nurse practitioner;

~~[(iv)]~~ **(V)** 1 physician and 1 licensed certified social worker—clinical;

or

~~[(v)]~~ **(VI)** 1 physician and 1 licensed clinical professional counselor;

and

10–616.

(a) (1) A certificate for involuntary admission of an individual under this part shall:

(i) Be based on the personal examination of the physician, psychologist, psychiatric nurse practitioner, **PHYSICIAN ASSISTANT**, licensed certified social worker—clinical, or licensed clinical professional counselor who signs the certificate; and

(ii) Be in the form that the Secretary adopts, by rule or regulation.

(c) A certificate may not be used for an admission if the physician, psychologist, psychiatric nurse practitioner, **PHYSICIAN ASSISTANT**, licensed certified social worker—clinical, or licensed clinical professional counselor who signed the certificate:

(1) Has a financial interest, through ownership or compensation, in a proprietary facility and admission to that proprietary facility is sought for the individual whose status is being certified; or

(2) Is related, by blood or marriage, to the individual or to the applicant.

10–619.

Within 12 hours of notification by a physician, licensed psychologist, psychiatric nurse practitioner, **PHYSICIAN ASSISTANT**, licensed certified social worker—clinical, or licensed clinical professional counselor who has certified an individual under this part, a

facility operated by the Maryland Department of Health shall receive and evaluate the individual certified for involuntary admission if:

(1) The individual's involuntary admission is not limited by § 10–617 of this subtitle;

(2) An application for admission has been completed;

(3) A certifying physician, psychologist, psychiatric nurse practitioner, **PHYSICIAN ASSISTANT**, licensed certified social worker–clinical, or licensed clinical professional counselor is unable to place the individual in a facility not operated by the Department; and

(4) The Department is unable to provide for the placement of the person other than in a facility operated by the Department.

10–620.

(a) In Part IV of this subtitle the following words have the meanings indicated.

(f) (1) “Mental disorder” means the behavioral or other symptoms that indicate:

(i) To a lay petitioner who is submitting an emergency petition, a clear disturbance in the mental functioning of another individual; and

(ii) To the following health professionals doing an examination, at least one mental disorder that is described in the version of the American Psychiatric Association's “Diagnostic and Statistical Manual – Mental Disorders” that is current at the time of the examination:

1. Physician;

2. Psychologist;

3. Clinical social worker;

4. Licensed clinical professional counselor;

5. Clinical nurse specialist in psychiatric and mental health nursing (APRN/PMH);

6. Psychiatric nurse practitioner (CRNP–PMH);

7. **PHYSICIAN ASSISTANT**; or

[7.] 8. Licensed clinical marriage and family therapist.

(2) “Mental disorder” does not include intellectual disability.

10–622.

(b) (1) The petition for emergency evaluation of an individual may be made by:

(i) A physician, psychologist, **PHYSICIAN ASSISTANT**, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, licensed clinical marriage and family therapist, or health officer or designee of a health officer who has examined the individual;

(ii) A peace officer who personally has observed the individual or the individual’s behavior; or

(iii) Any other interested person.

(2) An individual who makes a petition for emergency evaluation under paragraph (1)(i) or (ii) of this subsection may base the petition on:

(i) The examination or observation; or

(ii) Other information obtained that is pertinent to the factors giving rise to the petition.

(d) (1) A petitioner who is a physician, psychologist, **PHYSICIAN ASSISTANT**, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, licensed clinical marriage and family therapist, health officer, or designee of a health officer shall give the petition to a peace officer.

(2) The peace officer shall explain to the petitioner:

(i) The serious nature of the petition; and

(ii) The meaning and content of the petition.

10–623.

(a) If the petitioner under Part IV of this subtitle is not a physician, psychologist, **PHYSICIAN ASSISTANT**, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, licensed clinical marriage and family therapist, health officer or designee of a health officer, or peace officer, the petitioner shall present the petition to the court for immediate review.

1 10-624.

2 (a) (1) A peace officer shall take an emergency evaluatee to the nearest
3 emergency facility if the peace officer has a petition under Part IV of this subtitle that:

4 (i) Has been endorsed by a court within the last 5 days; or

5 (ii) Is signed and submitted by a physician, psychologist,
6 **PHYSICIAN ASSISTANT**, clinical social worker, licensed clinical professional counselor,
7 clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse
8 practitioner, licensed clinical marriage and family therapist, health officer or designee of a
9 health officer, or peace officer.

10 10-628.

11 (a) (1) If an emergency evaluatee cannot pay or does not have insurance that
12 covers the charges for emergency services, an initial consultant examination by a physician,
13 **PHYSICIAN ASSISTANT**, or nurse practitioner, and transportation to an emergency facility
14 and, for an involuntary admission of the emergency evaluatee, to the admitting facility, the
15 Department shall pay the appropriate party the actual cost or a reasonable rate for this
16 service, whichever is lower, except that hospitals shall be paid at rates approved by the
17 Health Services Cost Review Commission.

18 13-701.

19 The Emergency and Allergy Treatment Program is a program in the Department for
20 the purpose of providing a means of authorizing certain individuals to administer
21 life-saving treatment to individuals who have severe adverse reactions to allergens or
22 insect stings when physician, **PHYSICIAN ASSISTANT**, registered nurse practitioner, or
23 emergency medical services are not immediately available in a youth camp.

24 13-705.

25 (a) (1) A registered nurse practitioner, **PHYSICIAN ASSISTANT**, or a physician
26 licensed to practice [medicine] in the State may prescribe auto-injectable epinephrine in
27 the name of a certificate holder.

28 (2) A registered nurse practitioner, a pharmacist [licensed to practice
29 pharmacy in the State], A **PHYSICIAN ASSISTANT**, or a physician **LICENSED TO**
30 **PRACTICE IN THE STATE** may dispense auto-injectable epinephrine under a prescription
31 issued to a certificate holder.

32 (b) A certificate holder may:

33 (1) On presentment of a certificate, receive from any registered nurse
34 practitioner, **PHYSICIAN ASSISTANT**, or any physician licensed to practice [medicine] in

1 the State a prescription for auto-injectable epinephrine and the necessary paraphernalia
2 for the administration of auto-injectable epinephrine; and

3 (2) Possess and store prescribed auto-injectable epinephrine and the
4 necessary paraphernalia for the administration of auto-injectable epinephrine.

5 (c) In an emergency situation when registered nurse practitioner, physician,
6 **PHYSICIAN ASSISTANT**, or emergency medical services are not immediately available, a
7 certificate holder or agent may administer auto-injectable epinephrine to an individual
8 who is experiencing or believed in good faith by the certificate holder or agent to be
9 experiencing anaphylaxis.

10 13-707.

11 (b) (1) A cause of action may not arise against any physician **OR PHYSICIAN**
12 **ASSISTANT** for any act or omission when the physician **OR PHYSICIAN ASSISTANT** in good
13 faith prescribes or dispenses auto-injectable epinephrine and the necessary paraphernalia
14 for the administration of auto-injectable epinephrine to a person certified by the
15 Department under this subtitle.

16 (c) This section does not affect, and may not be construed as affecting, any
17 immunities from civil liability or defenses established by any other provision of the Code or
18 by common law to which a volunteer, registered nurse practitioner, physician, **PHYSICIAN**
19 **ASSISTANT**, or pharmacist may be entitled.

20 18-214.

21 (b) There is a Statewide Advisory Commission on Immunizations.

22 (d) The following members are subject to term limits:

23 (11) One physician member of the American College of Physicians – Internal
24 Medicine Society of Maryland; [and]

25 **(12) ONE PHYSICIAN ASSISTANT MEMBER OF THE MARYLAND**
26 **ACADEMY OF PHYSICIAN ASSISTANTS; AND**

27 **[(12)] (13)** Up to three additional members selected by the Secretary.

28 19-108.4.

29 (a) In this section, “primary care” means health care provided in the following
30 fields’ outpatient settings:

31 (1) Family medicine;

(2) General pediatrics;

(3) Primary care internal medicine;

(4) Primary care obstetrics and gynecology;

(5) Primary care nurse practitioner services; [and]

(6) PRIMARY CARE PHYSICIAN ASSISTANT SERVICES; AND

[(6)] (7) Primary care midwifery.

(b) On or before December 1 each year, beginning in 2024, the Commission shall provide a report to the Governor and, in accordance with § 2–1257 of the State Government Article, the General Assembly that includes:

(1) An analysis of primary care investment over the immediately preceding year, including data stratified by zip code and county, in relation to total health care spending over the previous year;

(2) Ways to improve the quality of and access to primary care services, with special attention to increasing health care equity, reducing health care disparities, and avoiding increased costs to patients and the health care system; and

(3) Any findings and recommendations of the Commission.

(c) (1) The Commission shall form a workgroup to develop the report required under subsection (b) of this section, including by interpreting the results of the required analysis and making the recommendations.

(2) The workgroup required under this subsection shall include representatives of:

(i) The Maryland Primary Care Program;

(ii) The Health Services Review Commission;

(iii) The Maryland Insurance Administration;

(iv) The Health Care Financing Division of the Maryland Department of Health;

(v) The primary care community, including from the Maryland Academy of Family Physicians, the Maryland Chapter of the American Academy of Pediatrics, the Maryland Section of the American College of Obstetricians and Gynecologists, the Maryland Nurses Association, **THE MARYLAND ACADEMY OF**

PHYSICIAN ASSISTANTS, the Maryland Affiliate – American College of Nurse Midwives, the Maryland Community Health System, and the MidAtlantic Association of Community Health Centers;

(vi) Payors of primary care services, including carriers and managed care organizations;

(vii) Health services researchers with expertise in primary care; and

(viii) Other interested stakeholders.

19–705.1.

(a) The Secretary shall adopt regulations that set out reasonable standards of quality of care that a health maintenance organization shall provide to its members.

(b) (1) The standards of quality of care shall include:

(vi) A requirement that each member shall have an opportunity to select a primary physician, **A PHYSICIAN ASSISTANT**, or a certified nurse practitioner from among those available to the health maintenance organization; and

(2) This subsection may not be construed to require that a health maintenance organization include certified nurse practitioners **OR PHYSICIAN ASSISTANTS** on the health maintenance organization’s provider panel as primary care providers.

19–2001.

(a) (1) In this subtitle the following words have the meanings indicated.

(4) (i) Except as provided in subparagraph (ii) of this paragraph, “health care practitioner” means any individual licensed or certified under the Health Occupations Article who:

1. Is a licensed practical nurse, registered nurse, or certified nursing assistant; or

2. Practices in an allied health care field, as defined by the Office in regulation.

(ii) “Health care practitioner” does not include:

1. An acupuncturist;

2. A dentist;

3. A nurse anesthetist;
4. A nurse midwife;
5. A nurse practitioner;
6. A pharmacist;
7. A physician; [or]
8. **A PHYSICIAN ASSISTANT; OR**
- [8.] **9.** A podiatrist.

(b) (1) A health care staff agency shall be licensed by the Office before referring health care practitioners to a health care facility to render temporary health care services at a health care facility in this State.

Article – Health Occupations

4–308.

(k) (4) A facility in which a dental hygienist is authorized to practice under the general supervision of a licensed dentist in accordance with this subsection shall ensure that:

(vi) A dental hygienist consults with the supervising dentist or the patient's dentist and the treating physician, registered nurse practitioner, certified nurse midwife, **LICENSED PHYSICIAN ASSISTANT**, or licensed certified midwife before proceeding with treatment if there is a change in the patient's medical condition;

(m) (1) (i) In this subsection the following words have the meanings indicated.

(iii) "Clinical office" means an office of a licensed physician, **LICENSED PHYSICIAN ASSISTANT, CERTIFIED** registered nurse practitioner, certified nurse midwife, or licensed certified midwife who provides prenatal, postpartum, or primary care and in which the supervising dentist and dental hygienist communicate with the licensed physician, **LICENSED PHYSICIAN ASSISTANT**, certified registered nurse practitioner, certified nurse midwife, or licensed certified midwife in providing dental hygiene services to a patient.

(5) A dental hygienist practicing under the general supervision of a licensed dentist in a facility and performing an authorized dental hygiene service for a patient's initial appointment shall:

(ii) Consult with the supervising dentist and the treating physician, **LICENSED PHYSICIAN ASSISTANT, CERTIFIED** registered nurse practitioner, certified nurse midwife, or licensed certified midwife before proceeding with treatment if there is a change in or concerns about a patient's medical condition;

12-102.

(d) This title does not prohibit:

(2) A licensed dentist, licensed physician, **LICENSED PHYSICIAN ASSISTANT**, or licensed podiatrist from personally dispensing a drug or device sample to a patient of the licensed dentist, licensed physician, **LICENSED PHYSICIAN ASSISTANT**, or licensed podiatrist if:

(i) The sample complies with the labeling requirements of § 12-505 of this title;

(ii) No charge is made for the sample; and

(iii) The authorized prescriber enters an appropriate record in the patient's chart.

(e) (1) This title does not prohibit:

(i) A dentist, physician, **LICENSED PHYSICIAN ASSISTANT**, or podiatrist from administering a prescription drug or device in the course of treating a patient;

(f) (1) This title does not prohibit a dentist, physician, **LICENSED PHYSICIAN ASSISTANT**, or podiatrist from personally dispensing a starter dosage of a prescription drug or device to a patient of the dentist, physician, **LICENSED PHYSICIAN ASSISTANT**, or podiatrist, provided that:

(i) The starter dosage complies with the labeling requirements of § 12-505 of this title;

(ii) No charge is made for the starter dosage; and

(iii) The dentist, physician, **LICENSED PHYSICIAN ASSISTANT**, or podiatrist enters an appropriate record on the patient's chart.

(g) This title does not prohibit a dentist, physician, **LICENSED PHYSICIAN ASSISTANT**, or podiatrist from dispensing a prescription drug or device in the course of treating a patient:

(1) At a medical facility or clinic that is operated on a nonprofit basis;

(2) At a health center that operates on a campus of an institution of higher education; or

(3) At a public health facility, a medical facility under contract with a State or local health department, or a facility funded with public funds.

Article – Human Services

7–404.

(a) (1) The Department shall ensure that at any given time at least 50% of the eligible individuals receiving financial assistance under the Program are:

(i) gainfully employed;

(ii) actively seeking employment; or

(iii) attending an institution of postsecondary or higher education, as defined in § 10–101 of the Education Article.

(2) The remainder of the eligible individuals receiving financial assistance under the Program shall be individuals who:

(i) reside in a nursing facility or similar institution licensed to provide chronic or intermediate care and who will be deinstitutionalized as a result of the Program; or

(ii) are certified by an attending physician, **PHYSICIAN ASSISTANT**, or certified nurse practitioner as being at risk of placement in a nursing facility or similar institution licensed to provide chronic or intermediate care if attendant care services are not received in the community.

Article – Public Safety

5–601.

(a) In this subtitle the following words have the meanings indicated.

(e) (1) “Petitioner” means an individual who files a petition for an extreme risk protective order under this subtitle.

(2) “Petitioner” includes:

(i) a physician, **PHYSICIAN ASSISTANT**, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and

1 mental health nursing, psychiatric nurse practitioner, licensed clinical marriage or family
2 therapist, or health officer or designee of a health officer who has examined the individual;

3 (ii) a law enforcement officer;

4 (iii) the spouse of the respondent;

5 (iv) a cohabitant of the respondent;

6 (v) a person related to the respondent by blood, marriage, or
7 adoption;

8 (vi) an individual who has a child in common with the respondent;

9 (vii) a current dating or intimate partner of the respondent; and

10 (viii) a current or former legal guardian of the respondent.

11 Article – State Personnel and Pensions

12 9–504.

13 (a) An employee who uses sick leave for 5 or more consecutive workdays for
14 personal illness or disability or the illness or disability of a member of the employee's
15 immediate family may not receive payment under this subtitle unless the employee gives
16 the employee's immediate supervisor an original certificate of illness or disability.

17 (b) The certificate required under subsection (a) of this section shall be signed by
18 one of the following:

19 (1) a medical doctor who is authorized to practice medicine or surgery by
20 the state in which the doctor practices;

21 (2) if authorized to practice in a state and performing within the scope of
22 that authority:

23 (i) a chiropractor;

24 (ii) a clinical psychologist;

25 (iii) a dentist;

26 (iv) a licensed certified social worker – clinical;

27 (v) a nurse midwife;

28 (vi) a nurse practitioner;

(vii) an oral surgeon;

(viii) an optometrist;

(ix) a physical therapist; [or]

(X) A PHYSICIAN ASSISTANT; OR

[(x)] (XI) a podiatrist;

(3) an accredited Christian Science practitioner; or

(4) a health care provider as defined by the federal Family Medical Leave

Act.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
October 1, 2023.