**South Carolina General Assembly**

120th Session, 2013-2014

**A28, R38, S448**

**STATUS INFORMATION**

General Bill

Sponsors: Senators Alexander, Peeler, Cleary and S. Martin

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Companion/Similar bill(s): 3618

Introduced in the Senate on February 27, 2013

Introduced in the House on April 30, 2013

Last Amended on April 24, 2013

Passed by the General Assembly on May 3, 2013

Governor's Action: May 21, 2013, Signed

Summary: Physician assistant

**HISTORY OF LEGISLATIVE ACTIONS**

 Date Body Action Description with journal page number

 2/27/2013 Senate Introduced and read first time ([Senate Journal‑page 16](file:///h%3A%5CSJ%20Archive%5C2013%5C02-27-13.docx))

 2/27/2013 Senate Referred to Committee on **Medical Affairs** ([Senate Journal‑page 16](file:///h%3A%5CSJ%20Archive%5C2013%5C02-27-13.docx))

 4/18/2013 Senate Committee report: Favorable with amendment **Medical Affairs** ([Senate Journal‑page 6](file:///h%3A%5CSJ%20Archive%5C2013%5C04-18-13.docx))

 4/24/2013 Senate Committee Amendment Amended and Adopted ([Senate Journal‑page 23](file:///h%3A%5CSJ%20Archive%5C2013%5C04-24-13.docx))

 4/24/2013 Senate Read second time ([Senate Journal‑page 23](file:///h%3A%5CSJ%20Archive%5C2013%5C04-24-13.docx))

 4/24/2013 Senate Roll call Ayes‑42 Nays‑0 ([Senate Journal‑page 23](file:///h%3A%5CSJ%20Archive%5C2013%5C04-24-13.docx))

 4/25/2013 Scrivener's error corrected

 4/30/2013 Senate Read third time and sent to House ([Senate Journal‑page 21](file:///h%3A%5CSJ%20Archive%5C2013%5C04-30-13.docx))

 4/30/2013 House Introduced, read first time, placed on calendar without reference ([House Journal‑page 189](file:///h%3A%5CHJ%20Archive%5C2013%5C04-30-13.docx))

 5/2/2013 House Read second time ([House Journal‑page 32](file:///h%3A%5CHJ%20Archive%5C2013%5C05-02-13.docx))

 5/2/2013 House Roll call Yeas‑105 Nays‑0 ([House Journal‑page 34](file:///h%3A%5CHJ%20Archive%5C2013%5C05-02-13.docx))

 5/2/2013 House Unanimous consent for third reading on next legislative day ([House Journal‑page 35](file:///h%3A%5CHJ%20Archive%5C2013%5C05-02-13.docx))

 5/3/2013 House Read third time and enrolled ([House Journal‑page 2](file:///h%3A%5CHJ%20Archive%5C2013%5C05-03-13.docx))

 5/15/2013 Ratified R 38

 5/21/2013 Signed By Governor

 5/23/2013 Effective date 05/21/13

 5/28/2013 Act No. 28

**VERSIONS OF THIS BILL**

[2/27/2013](file:///p%3A%5Cpprever%5C2013-14%5C448_20130227.docx)

[4/18/2013](file:///p%3A%5Cpprever%5C2013-14%5C448_20130418.docx)

[4/24/2013](file:///p%3A%5Cpprever%5C2013-14%5C448_20130424.docx)

[4/25/2013](file:///p%3A%5Cpprever%5C2013-14%5C448_20130425.docx)

[4/30/2013](file:///p%3A%5Cpprever%5C2013-14%5C448_20130430.docx)

(A28, R38, S448)

**AN ACT** **TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 40‑47‑938 SO AS TO PROVIDE CIRCUMSTANCES IN WHICH A PHYSICIAN MAY ENTER A SUPERVISORY RELATIONSHIP WITH A PHYSICIAN ASSISTANT; TO AMEND SECTION 40‑47‑910, RELATING TO DEFINITIONS IN THE PHYSICIAN ASSISTANTS PRACTICE ACT, SO AS TO ADD AND REVISE CERTAIN DEFINITIONS; TO AMEND SECTION 40‑47‑940, RELATING TO APPLICATION FOR LICENSURE, SO AS TO PROVIDE AN APPLICATION MUST BE COMPLETE BEFORE A LICENSE MAY BE GRANTED; TO AMEND SECTION 40‑47‑945, RELATING TO CONDITIONS FOR GRANTING PERMANENT LICENSURE, SO AS TO DELETE REQUIREMENTS THAT A SUPERVISING PHYSICIAN MUST ACCOMPANY AN APPLICANT APPEARING BEFORE THE BOARD WITH HIS SCOPE OF PRACTICE GUIDELINES, AND TO DELETE THE PROHIBITION AGAINST APPROVAL BY A SUPERVISING PHYSICIAN OF ON‑THE‑JOB TRAINING OR TASKS NOT LISTED ON THE APPLICATION FOR LIMITED LICENSURE AS A PHYSICIAN ASSISTANT; TO AMEND SECTION 40‑47‑950, RELATING TO REQUIREMENTS FOR LIMITED LICENSURE AS A PHYSICIAN ASSISTANT, SO AS TO DELETE REFERENCES TO SUPERVISING PHYSICIANS; TO AMEND SECTION 40‑47‑955, RELATING TO PHYSICAL PRESENCE REQUIREMENTS OF THE SUPERVISING PHYSICIAN OF A PHYSICIAN ASSISTANT, SO AS TO DELETE EXISTING REQUIREMENTS CONCERNING ON‑SITE SETTINGS AND TO PROVIDE WHERE AND HOW A PHYSICIAN ASSISTANT MAY PRACTICE, TO REVISE PROVISIONS CONCERNING OFF‑SITE SETTINGS, AND TO REVISE CERTAIN REQUIREMENTS OF A SUPERVISING PHYSICIAN; TO AMEND SECTION 40‑47‑960, RELATING TO SCOPE OF PRACTICE GUIDELINES FOR PHYSICIAN ASSISTANTS, SO AS TO INCLUDE AUTHORIZATION TO PRESCRIBE SCHEDULE II CONTROLLED SUBSTANCES AMONG SITUATIONS REQUIRING DIRECT EVALUATION OR IMMEDIATE REFERRAL BY THE SUPERVISING PHYSICIAN; TO AMEND SECTION 40‑47‑965, RELATING TO SCHEDULE II CONTROLLED SUBSTANCES AND SCOPE OF PRACTICE GUIDELINES OF A PHYSICIAN ASSISTANT, SO AS TO PROVIDE A PHYSICIAN ASSISTANT MAY RECEIVE AND DISTRIBUTE PROFESSIONAL SAMPLES OF THESE SUBSTANCES AND MAY PRESCRIBE THESE SUBSTANCES IN CERTAIN CIRCUMSTANCES; TO AMEND SECTION 40‑47‑970, RELATING TO THE PRESCRIBING OF DRUGS BY A PHYSICIAN ASSISTANT, SO AS TO AS TO DELETE A PROHIBITION AGAINST PRESCRIBING SCHEDULE II CONTROLLED SUBSTANCES; TO AMEND SECTION 40‑47‑995, RELATING TO THE TERMINATION OF A SUPERVISORY RELATIONSHIP BETWEEN A PHYSICIAN AND PHYSICIAN ASSISTANT, SO AS TO PROVIDE THAT UPON THIS TERMINATION THE PRACTICE OF THE PHYSICIAN ASSISTANT MUST CEASE UNTIL NEW SCOPE OF PRACTICE GUIDELINES, RATHER THAN A NEW APPLICATION, ARE SUBMITTED BY A NEW SUPERVISING PHYSICIAN TO THE BOARD; AND TO REPEAL SECTION 40‑47‑975 RELATING TO ON‑THE‑JOB TRAINING AND SECTION 40‑47‑980 RELATING TO THE TREATMENT OF PATIENTS IN CHRONIC CARE AND LONG‑TERM CARE FACILITIES.**

Be it enacted by the General Assembly of the State of South Carolina:

**Supervisory relationships**

SECTION 1. Article 7, Chapter 47, Title 40 of the 1976 Code is amended by adding:

 “Section 40‑47‑938. (A) A physician currently possessing an active, unrestricted permanent license to practice medicine under the provisions of this chapter, who accepts the responsibility to supervise a physician assistant’s activities, must enter into a supervisory relationship with a physician assistant licensed pursuant to this article, subject to approval of scope of practice guidelines by the board. The physician must notify the board, in writing, of the proposed supervisory relationship and include the proposed scope of practice guidelines for the relationship. Upon receipt of board approval, the physician assistant may begin clinical practice with the named supervising physician and alternate physicians.

 (B) A supervising physician may determine that there are additional medical acts, tasks, or functions for which a physician assistant under the physician’s supervision needs additional training or education to meet the needs of the physician’s practice and that the physician would like to incorporate into the physician assistant’s scope of practice guidelines. The physician must determine, in consultation with the physician assistant, the means of educating the physician assistant, which may include training under the direct supervision of the physician, education, or certification of proposed practices or other appropriate educational methods. The physician must notify the board in writing of the requested changes to the physician assistant’s scope of practice guidelines and must provide documentation to the board of the competence of the physician assistant to perform the additional medical acts, tasks, or functions. Upon receipt of board approval of the requested changes, the physician assistant may incorporate these additional medical acts, tasks, or functions into practice.

 (C) The board shall review and determine whether to approve these proposed scope of practice guidelines or requested changes to the scope of practice guidelines within ten business days after receipt of notice from the supervising physician as required by subsections (A) and (B). If the board needs additional information or clarification, a physician member of the board must contact the supervisory physician within ten business days of receipt of the physician’s notice. If the board requests additional information or clarification to consider approval of scope of practice guidelines or changes to these guidelines, the supervising physician shall provide it in a timely manner; and upon receipt, a determination regarding approval must be made within ten business days.”

**Definitions**

SECTION 2. Section 40‑47‑910 of the 1976 Code is amended to read:

 “Section 40‑47‑910. As used in this article:

 (1) ‘Alternate physician supervisor’ or ‘alternate supervising physician’ means a South Carolina licensed physician currently possessing an active, unrestricted permanent license to practice medicine in South Carolina who accepts the responsibility to supervise a physician assistant’s activities in the absence of the supervising physician and this physician is approved by the physician supervisor in writing in the scope of practice guidelines.

 (2) ‘Board’ means the Board of Medical Examiners of South Carolina.

 (3) ‘Committee’ means the Physician Assistant Committee as established by this article as an advisory committee responsible to the board.

 (4) ‘Immediate consultation’ means a supervising physician must be available for direct communication by telephone or other means of telecommunication.

 (5) ‘NCCPA’ means the National Commission on Certification of Physician Assistants, Inc., the agency recognized to examine and evaluate the education of physician assistants, or its successor organization as recognized by the board.

 (6) ‘Physician assistant’ means a health care professional licensed to assist in the practice of medicine with a physician supervisor.

 (7) ‘Physician supervisor’ or ‘supervising physician’ means a South Carolina licensed physician currently possessing an active, unrestricted permanent license to practice medicine in South Carolina who is approved to serve as a supervising physician for no more than three full‑time equivalent physician assistants. The physician supervisor is the individual who is responsible for supervising a physician assistant’s activities.

 (8) ‘Supervising’ means overseeing the activities of, and accepting responsibility for, the medical services rendered by a physician assistant as part of a physician‑led team in a manner approved by the board.”

**Applications for licensure**

SECTION 3. Section 40‑47‑940(A) of the 1976 Code is amended to read:

 “(A) An application must be submitted to the board on forms supplied by the board. The application must be complete in every detail before licensure may be granted and must be accompanied by a nonrefundable fee. As part of the application process, the supervising physician and physician assistant must specify clearly in detail those medical acts, tasks, or functions for which approval is being sought. The specific medical acts, tasks, or functions must be included in the scope of practice guidelines, and the scope of practice guidelines must accompany the application.”

**Grants of permanent licensure**

SECTION 4. Section 40‑47‑945 of the 1976 Code is amended to read:

 “Section 40‑47‑945. (A) Except as otherwise provided in this article, an individual shall obtain a permanent license from the board before the individual may practice as a physician assistant. The board shall grant a permanent license as a physician assistant to an applicant who has:

 (1) submitted a completed application on forms provided by the board;

 (2) paid the nonrefundable application fees established in this article;

 (3) successfully completed an educational program for physician assistants approved by the Accreditation Review Commission on Education for the Physician Assistant or its predecessor or successor organization;

 (4) successfully completed the NCCPA certifying examination and provide documentation that the applicant possesses a current, active, NCCPA certificate;

 (5) certified that the applicant is mentally and physically able to engage safely in practice as a physician assistant;

 (6) no licensure, certificate, or registration as a physician assistant under current discipline, revocation, suspension, probation, or investigation for cause resulting from the applicant’s practice as a physician assistant;

 (7) good moral character;

 (8) submitted to the board other information the board considers necessary to evaluate the applicant’s qualifications;

 (9) appeared before a board member or board designee with all original diplomas and certificates and demonstrated knowledge of the contents of this article. A temporary authorization to practice may be issued as provided in Section 40‑47‑940 pending completion of this requirement and subject to satisfactory interview as provided below; and

 (10) successfully completed an examination administered by the committee on the statutes and regulations regarding physician assistant practice and supervision.

 (B) Not later than ninety days from the date a temporary authorization is issued, each applicant shall appear before a board member or board designee and demonstrate knowledge of the contents of this article. Failure to appear within the prescribed time automatically results in the immediate invalidation of the authorization to practice pending compliance and further order of the board. If approved, a permanent license may be issued immediately. If not approved, the application must be reviewed by the committee and may be recommended to the board for approval as presented to or modified by the committee.

 (C) The supervising physician of a limited licensee physically must be present on the premises at all times when the limited licensee is performing a task.”

**Appearance before board for temporary licensure**

SECTION 5. Section 40‑47‑950(A)(9) of the 1976 Code is amended to read:

 “(9) appeared before a board member or board designee with all original diplomas and certificates and demonstrated knowledge of the contents of this article; and”

**On‑the‑job training for temporary licensure**

SECTION 6. Section 40‑47‑950(C) of the 1976 Code is amended to read:

 “(C) The supervising physician of a limited licensee physically must be present on the premises at all times when the limited licensee is performing a task.”

**Physical presence requirements of supervising physicians**

SECTION 7. Section 40‑47‑955 of the 1976 Code is amended to read:

 “Section 40‑47‑955. (A) The supervising physician is responsible for all aspects of the physician assistant’s practice. Supervision must be continuous but must not be construed as necessarily requiring the physical presence of the supervising physician at the time and place where the services are rendered, except as otherwise required for limited licensees. The supervising physician shall identify the physician assistant’s scope of practice and determine the delegation of medical acts, tasks, or functions. Medical acts, tasks, or functions must be defined in written scope of practice guidelines which must be appropriate to the physician assistant’s ability and knowledge.

 (B) Pursuant to scope of practice guidelines, a physician assistant may practice in a public place, a private place, or a facility where the supervising physician regularly sees patients, may make house calls, perform hospital duties, and perform any functions performed by the supervising physician if the physician assistant is also qualified to perform those functions.

 (C) A physician assistant must have six months of clinical experience with the current supervising physician before being permitted to practice at a location off site from the supervising physician, except that a physician assistant who has at least two years continuous practice in the same specialty may practice at a location off site from the supervising physician after three months clinical experience with the supervising physician and upon request of the supervising physician. This three‑month requirement may be waived for experienced physician assistants and supervisors upon recommendation of the committee and approval by the board. The off‑site location may not be more than sixty miles of travel from the supervising physician or alternate supervising physician without written approval of the board. Notice of off‑site practice must be filed with the administrative staff of the board before off‑site practice may be authorized. The supervising physician or alternate must review, initial, and date the off‑site physician assistant’s charts periodically as provided in the written scope of practice guidelines, provided the supervising physician must review and verify the adequacy of clinical practice of ten percent of these charts monthly.

 (D) A supervising physician may simultaneously supervise no more than three physician assistants providing clinical service at one time.

 (E) Upon written request, and recommendation of the committee, the board may authorize exceptions to the requirements of this section.”

**Scope of practice, Schedule II drugs**

SECTION 8. Section 40‑47‑960 of the 1976 Code is amended to read:

 “Section 40‑47‑960. A physician assistant practicing at all sites shall practice pursuant to written scope of practice guidelines signed by all supervisory physicians and the physician assistant. Copies of the guidelines must be on file at all practice sites. The guidelines shall include at a minimum the:

 (1) name, license number, and practice addresses of all supervising physicians;

 (2) name and practice address of the physician assistant;

 (3) date the guidelines were developed and dates they were reviewed and amended;

 (4) medical conditions for which therapies may be initiated, continued, or modified;

 (5) treatments that may be initiated, continued, or modified;

 (6) drug therapy, if any, that may be prescribed with drug‑specific classifications; and

 (7) situations that require direct evaluation by or immediate referral to the physician, including Schedule II controlled substance prescription authorization as provided for in Section 40‑47‑965.”

**Permissible medical samples, Schedule II drugs**

SECTION 9. Section 40‑47‑965 of the 1976 Code is amended to read:

 “Section 40‑47‑965. (A) If the written scope of practice guidelines authorizes the physician’s assistant to prescribe drug therapy:

 (1) prescriptions for authorized drugs and devices shall comply with all applicable state and federal laws;

 (2) prescriptions must be limited to drugs and devices authorized by the supervising physician and set forth in the written scope of practice guidelines;

 (3) prescriptions must be signed by the physician assistant and must bear the physician assistant’s identification number as assigned by the board and all prescribing numbers required by law. The preprinted prescription form shall include both the physician assistant’s and physician’s name, address, and phone number and shall comply with the provisions of Section 39‑24‑40;

 (4) drugs or devices prescribed must be specifically documented in the patient record;

 (5) the physician assistant may request, receive, and sign for professional samples of drugs authorized in the written scope of practice guidelines and may distribute professional samples to patients in compliance with appropriate federal and state regulations and the written scope of practice guidelines;

 (6) the physician assistant may authorize prescriptions for an orally administered Schedule II controlled substance, as defined in the federal Controlled Substances Act, pursuant to the following requirements:

 (a) the authorization to prescribe is expressly approved by the supervising physician as set forth in the physician assistant’s written scope of practice guidelines;

 (b) the physician assistant has directly evaluated the patient;

 (c) the authority to prescribe is limited to an initial prescription and must not exceed a seventy‑two hour supply;

 (d) any subsequent prescription authorization must be in consultation with and upon patient examination and evaluation by the supervising physician, and must be documented in the patient’s chart; and

 (e) any prescription for continuing drug therapy must include consultation with the supervising physician and must be documented in the patient’s chart;

 (7) the physician assistant may authorize a medical order for parenteral administration of a Schedule II controlled substance, as defined in the federal Controlled Substances Act, pursuant to the following requirements:

 (a) the authorization to write a medical order is expressly approved by the supervising physician as set forth in the physician assistant’s written scope of practice guidelines;

 (b) the physician assistant is providing patient care in a hospital setting, including emergency and outpatient departments affiliated with the hospital;

 (c) an initial patient examination and evaluation has been performed by the supervising physician, or his delegate physician, and has been documented in the patient’s chart; however, in a hospital emergency department, a physician assistant may authorize such a medical order if the supervising or delegate physician is unavailable due to clinical demands, but remains on the premises and is immediately available, and the supervising or delegate physician conducts the patient evaluation as soon as practicable and is documented in the patient’s chart;

 (d) the physician assistant has directly evaluated the patient; and

 (e) the written medical order may not exceed a one‑time administration within a twenty‑four hour period.

 (B) When applying for controlled substance prescriptive authority, the applicant shall comply with the following requirements:

 (1) the physician assistant shall provide evidence of completion of sixty contact hours of education in pharmacotherapeutics acceptable to the board before application;

 (2) the physician assistant shall provide at least fifteen contact hours of education in controlled substances acceptable to the board;

 (3) every two years, the physician assistant shall provide documentation of four continuing education contact hours in prescribing controlled substances acceptable to the board;

 (4) the physician assistant must have a valid Drug Enforcement Administration (DEA) registration and prescribe in accordance with DEA rules; and

 (5) the physician assistant and supervising physician must read and sign a document approved by the board describing the management of expanded controlled substances prescriptive authority for physician assistants in South Carolina which must be kept on file for review. Within the two‑year period, the physician assistant and the supervising physician periodically shall review this document and the physician assistant’s prescribing practices to ensure proper prescribing procedures are followed. This review must be documented in writing with a copy kept at each practice site.

 (C) A physician assistant’s prescriptive authorization may be terminated by the board if the physician assistant:

 (1) practices outside the written scope of practice guidelines;

 (2) violates any state or federal law or regulation applicable to prescriptions; or

 (3) violates a state or federal law applicable to physician assistants.”

**Prohibited medical acts, Schedule II drugs**

SECTION 10. Section 40‑47‑970 of the 1976 Code is amended to read:

 “Section 40‑47‑970. A physician assistant may not:

 (1) perform a medical act, task, or function which has not been listed and approved on the scope of practice guidelines;

 (2) prescribe drugs, medications, or devices not specifically authorized by the supervising physician and documented in the written scope of practice guidelines;

 (3) prescribe, under any circumstances, controlled substances in Schedule II except as authorized in Section 40‑47‑965;

 (4) perform a medical act, task, or function that is outside the usual practice of the supervising physician.”

**Scope of practice, termination**

SECTION 11. Section 40‑47‑995 of the 1976 Code is amended to read:

 “Section 40‑47‑995. If the supervisory relationship between a physician assistant and the supervising physician is terminated for any reason, the physician assistant and the supervising physician shall inform the board immediately in writing of the termination, including the reasons for the termination. The approval of the practice setting terminates coterminous with the termination of the relationship, and practice shall cease until new scope of practice guidelines are submitted by a supervising physician and are approved by the board.”

**Repeal**

SECTION 12. Sections 40‑47‑975 and 40‑47‑980 of the 1976 Code are repealed.

**Time effective**

SECTION 13. This act takes effect upon approval by the Governor.

Ratified the 15th day of May, 2013.

Approved the 21st day of May, 2013.

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