**A** **BILL**

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 DELETE CERTAIN APPLICATION REQUIREMENTS; TO AMEND SECTION 40‑47‑945, RELATING TO CONDITIONS FOR GRANTING PERMANENT LICENSURE, SO AS TO DELETE REQUIREMENTS THAT AN APPLICANT APPEAR BEFORE THE BOARD WITH HIS SUPERVISING PHYSICIAN AND HIS SCOPE OF PRACTICE GUIDELINES, AND TO DELETE THE PROHIBITION AGAINST THE APPROVAL OF 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 40‑47‑955, 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 MINIMUM REQUIREMENTS FOR SCOPE OF PRACTICE GUIDELINES FOR PHYSICIAN ASSISTANTS, SO AS TO INCLUDE THE IMMEDIATE CONSULTATION BETWEEN THE PHYSICIAN ASSISTANT AND HIS PRIMARY OR SUPERVISING PHYSICIAN; TO AMEND SECTION 40‑47‑965, RELATING TO THE AUTHORITY OF A PHYSICIAN ASSISTANT TO REQUEST OR RECEIVE PROFESSIONAL SAMPLES OF DRUGS AUTHORIZED UNDER HIS SCOPE OF PRACTICE GUIDELINES, SO AS TO DELETE THE PROHIBITION AGAINST REQUESTING OR RECEIVING PROFESSIONAL SAMPLES OF SCHEDULE II CONTROLLED SUBSTANCES; 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 40‑47‑975, RELATING TO THE AUTHORITY OF A SUPERVISING PHYSICIAN TO REQUEST PERMISSION FROM THE BOARD FOR A PHYSICIAN ASSISTANT UNDER HIS SUPERVISION TO RECEIVE ON‑THE‑JOB TRAINING, SO AS TO DELETE EXISTING LANGUAGE AND PROVIDE THAT A SUPERVISING PHYSICIAN MAY DETERMINE WHETHER A PHYSICIAN ASSISTANT UNDER HIS SUPERVISION NEEDS ADDITIONAL TRAINING OR EDUCATION, THAT THE PHYSICIAN AND PHYSICIAN ASSISTANT MAY JOINTLY DETERMINE THE MEANS OF PROVIDING THIS TRAINING OR EDUCATION, AND THAT CERTAIN RELATED INFORMATION MUST BE SUBMITTED TO THE BOARD OF MEDICAL EXAMINERS AND THE PHYSICIAN ASSISTANT COMMITTEE FOR THE APPROVAL OF EACH; 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 40‑47‑980 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:

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

“Section 40‑47‑938. 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, may enter into a supervisory relationship with a physician assistant licensed pursuant to this article, subject to approval of a scope of guidelines by the board. The physician will notify the board, in writing, of the proposed supervisory relationship and include the proposed scope of practice guidelines for the relationship. Upon receipt of committee approval, the physician assistant may begin clinical practice with the named supervising physician and alternate physicians. The board shall review and approve these proposed scope of practice guidelines changes within ten working days after receipt of this notice. If the board needs clarification of the proposed changes, a physician member of the board must contact the supervisory physician for a consultation within five working days of receipt after this notice. The physician assistant may begin clinical practice subject to the other provisions of this article following receipt approval from the committee and board of the supervising physician, alternate supervising physicians, and proposed scope of practice.”

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, telephone, or other means of telecommunication.

(~~4~~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.

(~~5~~6) ‘Physician assistant’ means a health care professional licensed to assist in the practice of medicine with a physician supervisor.

(~~6~~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 ~~two~~ four full‑time equivalent physician assistants. The physician supervisor is the individual who is responsible for supervising a physician assistant’s activities.

(~~7~~8) ‘Supervising’ means overseeing the activities of, and accepting responsibility for, the medical services rendered by a physician assistant in a manner approved by the board.”

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 ~~it~~ licensure may be ~~approved~~ 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.”

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 ~~the applicant’s supervising physician and~~ 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 ~~with the applicant’s supervising physician and scope of practice guidelines~~ 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. ~~No on‑the‑job training or task not listed on the application may be approved for a limited license holder.~~”

SECTION 5. 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 ~~approved~~ written scope of practice guidelines which must be appropriate to the physician assistant’s ability and knowledge.

(B) ~~In an on‑site practice setting, the supervising physician or alternate supervising physician physically must be present at the same location as the physician assistant at least seventy‑five percent of the time each month the physician assistant is providing services at the same location as the supervising physician or alternate supervising physician. The physician assistant may not provide services in the absence of the supervising physician or alternate supervising physician for more than seven consecutive days each month without the prior written approval of the board. The board may grant in writing exceptions to the seventy‑five percent direct supervision requirement provided for in this subsection~~ A physician assistant may practice in a public place, a private place, or a facility where a physician regularly sees patients, may make house calls, perform hospital duties, serve as an ambulance attendant, and perform any functions performed by the supervising physician if the physician assistant is also qualified to perform those functions.

(C) ~~For off‑site practice, a~~ 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 South Carolina~~ in the same specialty ~~will be permitted to~~ 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 ~~forty‑five~~ sixty miles ~~or sixty minutes~~ of travel ~~time~~ from the supervising physician or alternate supervising physician without written approval of the board. ~~The supervising physician or alternate supervising physician must be physically present at the off‑site location not less than twenty percent of the time each month the physician assistant is providing services there.~~ 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 ~~not later than five working days from the date of service if not sooner as proportionate to the acuity of care and practice setting~~ periodically as provided in the written scope of practice guidelines, provided he must review and verify the adequacy of clinical practice of ten percent of these charts monthly.

(D) A supervising physician may ~~not~~ simultaneously supervise no more than ~~two~~ four 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.”

SECTION 6. Section 40‑47‑960(7) of the 1976 Code is amended to read:

“(7) ~~situations that require direct evaluation by or immediate referral to the physician~~ provision for immediate consultation between the physician assistant and the primary or supervising physician.”

SECTION 7. Section 40‑47‑965(A)(5) of the 1976 Code is amended to read:

“(5) the physician assistant may request, receive, and sign for professional samples of drugs authorized in the written scope of practice guidelines~~, except for controlled substances in Schedule II,~~ and may distribute professional samples to patients in compliance with appropriate federal and state regulations and the written scope of practice guidelines.”

SECTION 8. 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;~~

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

SECTION 9. Section 40‑47‑975 of the 1976 Code is amended to read:

“Section 40‑47‑975. A physician ~~who has supervised a licensed physician assistant for a period of at least six months, or a physician assistant who has been licensed for at least one year, may request on‑the‑job training for the physician assistant. A request for on‑the‑job training must be submitted to the board in writing and shall describe in detail the additional training and additional tasks involved~~ may determine the additional medical acts, tasks, or functions for which a physician assistant under his supervision needs additional training or education to meet the needs of the physician’s practice. The physician and physician assistant may jointly determine the means of educating the physician assistant, which may include training under the direct supervision of the physician, education or certification of proposed practices, experience demonstrated by a registry of treatment and outcomes of patients within the current practice of the physician and physician assistant according to this article and committee guidelines. Prior to incorporating these additional medical acts, tasks, or functions into the practice of the physician assistant or his scope of practice guidelines, the physician and physician assistant must provide documentation of the competence of the physician assistant to the committee and board for the approval of each.”

SECTION 10. 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 ~~a~~ new ~~application is~~ scope of practice guidelines are submitted by a supervising physician and is approved by the board.”

SECTION 11. Section 40‑47‑980 of the 1976 Code is repealed.

SECTION 12. This act takes effect upon approval by the Governor.

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