**South Carolina General Assembly**

123rd Session, 2019-2020

**A32, R45, S132**

**STATUS INFORMATION**

General Bill

Sponsors: Senators Davis, Nicholson, Hutto, M.B. Matthews, Kimpson, Alexander and Scott

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**HISTORY OF LEGISLATIVE ACTIONS**

 Date Body Action Description with journal page number

 12/12/2018 Senate Prefiled

 12/12/2018 Senate Referred to Committee on **Medical Affairs**

 1/8/2019 Senate Introduced and read first time ([Senate Journal‑page 100](file:///h%3A%5Csj%5C20190108.docx))

 1/8/2019 Senate Referred to Committee on **Medical Affairs** ([Senate Journal‑page 100](file:///h%3A%5Csj%5C20190108.docx))

 2/21/2019 Senate Committee report: Favorable with amendment **Medical Affairs** ([Senate Journal‑page 4](file:///h%3A%5Csj%5C20190221.docx))

 2/26/2019 Scrivener's error corrected

 3/12/2019 Senate Amended ([Senate Journal‑page 53](file:///h%3A%5Csj%5C20190312.docx))

 3/13/2019 Scrivener's error corrected

 3/20/2019 Senate Amended ([Senate Journal‑page 19](file:///h%3A%5Csj%5C20190320.docx))

 3/20/2019 Senate Read second time ([Senate Journal‑page 19](file:///h%3A%5Csj%5C20190320.docx))

 3/20/2019 Senate Roll call Ayes‑42 Nays‑0 ([Senate Journal‑page 19](file:///h%3A%5Csj%5C20190320.docx))

 3/21/2019 Senate Read third time and sent to House ([Senate Journal‑page 22](file:///h%3A%5Csj%5C20190321.docx))

 3/26/2019 House Introduced and read first time ([House Journal‑page 6](file:///h%3A%5Chj%5C20190326.docx))

 3/26/2019 House Referred to Committee on **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 6](file:///h%3A%5Chj%5C20190326.docx))

 5/1/2019 House Committee report: Favorable **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 27](file:///h%3A%5Chj%5C20190501.docx))

 5/7/2019 House Read second time ([House Journal‑page 16](file:///h%3A%5Chj%5C20190507.docx))

 5/7/2019 House Roll call Yeas‑105 Nays‑0 ([House Journal‑page 19](file:///h%3A%5Chj%5C20190507.docx))

 5/8/2019 House Read third time and enrolled ([House Journal‑page 42](file:///h%3A%5Chj%5C20190508.docx))

 5/9/2019 Ratified R 45

 5/13/2019 Signed By Governor

 5/17/2019 Effective date See Act for Effective Date

 5/21/2019 Act No.  32

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**VERSIONS OF THIS BILL**

[12/12/2018](file:///p%3A%5Cpprever%5C2019-20%5C132_20181212.docx)

[2/21/2019](file:///p%3A%5Cpprever%5C2019-20%5C132_20190221.docx)

[2/26/2019](file:///p%3A%5Cpprever%5C2019-20%5C132_20190226.docx)

[3/12/2019](file:///p%3A%5Cpprever%5C2019-20%5C132_20190312.docx)

[3/13/2019](file:///p%3A%5Cpprever%5C2019-20%5C132_20190313.docx)

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[5/1/2019](file:///p%3A%5Cpprever%5C2019-20%5C132_20190501.docx)

(A32, R45, S132)

**AN ACT** **TO AMEND SECTION 40‑47‑195, CODE OF LAWS OF SOUTH CAROLINA, 1976, RELATING TO PHYSICIAN SUPERVISION OF CERTAIN PRACTITIONERS, SO AS TO MAKE VARIOUS CHANGES CONCERNING SCOPE OF PRACTICE GUIDELINES; AND TO AMEND ARTICLE 7, CHAPTER 47, TITLE 40, RELATING TO THE SOUTH CAROLINA PHYSICIAN ASSISTANTS PRACTICE ACT, SO AS TO REVISE THE ARTICLE IN ITS ENTIRETY.**

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

**Supervising physicians and scopes of practice**

SECTION 1. Section 40‑47‑195 of the 1976 Code is amended to read:

 “Section 40‑47‑195. (A) A licensee who supervises another practitioner shall hold a permanent, active, unrestricted authorization to practice in this State and be currently engaged in the active practice of their respective profession or shall hold an active unrestricted academic license to practice medicine in this State.

 (B) Pursuant to this chapter, only licensed physicians may supervise another practitioner who performs delegated medical acts in accordance with the practitioner’s applicable scope of professional practice authorized by state law. It is the supervising physician’s responsibility to ensure that delegated medical acts to other practitioners are performed under approved written scope of practice guidelines or approved written protocol in accordance with the applicable scope of professional practice authorized by state law. A copy of approved written scope of practice guidelines or approved written protocol, dated and signed by the supervising physician and the practitioner, must be provided to the board by the supervising physician within seventy‑two hours of request by a representative of the department or board.

 (C) In evaluating a written guideline or protocol, the board and supervising physician or medical staff shall consider the:

 (1) training and experience of the supervising physician;

 (2) nature and complexity of the delegated medical acts being performed;

 (3) geographic proximity of the supervising physician to the supervised practitioner; when the supervising physician is not located at the same site as the supervised practitioner, special consideration must be given to the manner in which the physician intends to monitor the practitioner, and prior board approval must be received for this practice unless otherwise provided in this chapter; and

 (4) number of other practitioners the physician or medical staff supervises. Reference must be given to the number of supervised practitioners, as prescribed by law. When the supervising physician assumes responsibility for more than the number of practitioners prescribed by law, special consideration must be given to the manner in which the physician intends to monitor, and prior board approval must be received for this practice.

 (D)(1) A physician or medical staff who are engaged in practice with a PA, NP, CNM, or CNS must:

 (a)(i) hold permanent, active, and unrestricted authorization to practice medicine in this State and be actively practicing medicine within the geographic boundaries of this State; or

 (ii) hold an active, unrestricted academic license to practice medicine in this State and be actively practicing medicine within the geographic boundaries of this State;

 (b) have in place prior to beginning practice and during its continuation a practice agreement as defined in Section 40‑47‑20(35) or scope of practice guidelines as defined in Section 40‑47‑20(5), a copy of which the physician must make available to the board within seventy‑two hours of a request;

 (c) not enter into scope of practice guidelines or practice agreements with more than the equivalent of six full‑time PAs, NPs, CNMs, or CNSs and must not practice in a situation in which the number of NPs, CNMs, or CNSs providing clinical services with whom the physician is working, combined with the number of PAs providing clinical services whom the physician is supervising, is greater than six individuals at any one time, provided, however, that the board may approve an exception to these requirements upon application by the physician, if the board determines that an exception is warranted and that quality of care and patient safety will be maintained;

 (d) not enter into a practice agreement with a PA, NP, CNM, or CNS performing a medical act, task, or function that is outside the usual practice of that physician or outside of the physician’s training or experience, provided, however, that the board may approve an exception to this requirement upon application by the physician, if the board determines that an exception is warranted and that quality of care and patient safety will be maintained; and

 (e) maintain responsibility in the practice agreement for the health care delivery team pursuant to rules and regulations of the Board of Medical Examiners.

 (2) The board is authorized to conduct random audits of scope of practice guidelines and practice agreements.”

**South Carolina Physician Assistant Practice Act, revised**

SECTION 2. Article 7, Chapter 47, Title 40 of the 1976 Code is amended to read:

“Article 7

South Carolina Physician Assistants Practice Act

 Section 40‑47‑905. This article may be cited as the ‘South Carolina Physician Assistants Practice Act’.

 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 PA’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 PAs, or its successor organization as recognized by the board.

 (6) ‘Physician assistant’ or ‘PA’ 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. The physician supervisor is the individual who is responsible for supervising a PA’s activities.

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

 Section 40‑47‑915. This article does not apply to a person:

 (1) who is employed as a PA by the United States Government, where such services are provided solely under the direction or control of the United States Government;

 (2) pursuing a course of study leading to a degree or certificate to practice as a physician assistant in a program accredited by the Accreditation Review Commission on Education for the Physician Assistant, or its successor agency, provided, however, the person must be clearly identified by a badge or other adornment with that person’s name and the words ‘Physician Assistant Student’ clearly legible. The badge or adornment must be at least one inch by three inches in size.

 Section 40‑47‑920. The Director of the Department of Labor, Licensing and Regulation may employ additional staff as necessary for the performance of the department’s duties under this article.

 Section 40‑47‑925. (A) There is created the Physician Assistant Committee as an advisory committee to the board which consists of nine members to be appointed by the Board of Medical Examiners. Three of the members must be licensed PAs with a minimum of three years of patient care experience in this State. Two members must be consumers, and three members must be physicians who are licensed to practice in this State. Of the three physician members, at least two must regularly supervise a PA. One member of the Board of Medical Examiners shall serve on the committee ex officio. All organizations, groups, or interested individuals may submit recommendations to the board of at least two individuals for each position to be filled on the committee.

 (B) The members shall serve for terms of four years and until their successors are appointed and qualify, except the initial term of two PAs, the consumer member, and one physician are for two years. Vacancies must be filled in the manner of the original appointment for the unexpired portion of the term. The board, after notice and opportunity for hearing, may remove any member of the committee for negligence, neglect of duty, incompetence, revocation or suspension of license, or other dishonorable conduct. Members of the committee shall receive mileage, subsistence, and per diem as provided by law for members of state boards, commissions, and committees for each meeting attended. No member may serve more than two full four‑year terms consecutively, but may be eligible for reappointment four years from the date the last full four‑year term expired.

 (C) The committee shall meet at least two times yearly and at other times as may be necessary. A quorum for all meetings shall consist of five members. At its initial meeting, and at the beginning of each year thereafter, the committee shall elect from its membership a chairman, vice chairman, and secretary to serve for a term of one year.

 (D) The committee shall receive and account for all monies under the provisions of this article and shall pay all monies collected to the board for deposit with the State Treasurer as provided for by law.

 Section 40‑47‑930. (A) The committee shall evaluate the qualifications for licensure and make recommendations to the board.

 (B) The board may issue subpoenas, examine witnesses, and administer oaths and may investigate allegations of practices violating the provisions of this article.

 (C) The committee:

 (1) may recommend regulations to the board relating to professional conduct to carry out the provisions of this article including, but not limited to, professional certification and the establishment of ethical standards of practice for persons holding a license to practice as PAs in this State;

 (2) shall conduct hearings and keep records and minutes necessary to carry out its functions;

 (3) shall provide notice of all hearings authorized under this article pursuant to the Administrative Procedures Act;

 (4) shall determine the qualifications and make recommendations regarding the issuance of licenses to qualified PAs;

 (5) shall recommend to the board whether to issue or renew licenses under those conditions prescribed in this article;

 (6) may recommend requirements to the board for continuing professional education of PAs to the board;

 (7) shall keep a record of its proceedings and a register of all licensees, including their names and last known places of employment and residence. The board shall annually compile and make available a list of PAs authorized to practice in this State. An interested person may obtain a copy of this list upon application to the board and payment of an amount sufficient to cover the cost of printing and mailing;

 (8) shall report annually to the board on duties performed, actions taken, and recommendations;

 (9) shall hear disciplinary cases and recommend findings of fact, conclusions of law, and sanctions to the board. The board shall conduct a final hearing at which it shall make a final decision; and

 (10) shall perform such duties and tasks as may be delegated to the committee by the board.

 Section 40‑47‑935. (A) PAs may perform:

 (1) medical acts, tasks, or functions within written scope of practice guidelines under physician supervision;

 (2) those duties and responsibilities, including the prescribing and dispensing of drugs and medical devices, that are lawfully delegated by their supervising physicians; provided, however, only PAs holding a permanent license may prescribe drug therapy as provided in this article; and

 (3) telemedicine in accordance with the requirements of Section 40‑47‑37 including, but not limited to, Section 40‑47‑37(C)(6) requiring board authorization prior to prescribing Schedule II and Schedule III prescriptions; Section 40‑47‑113, approved written scope of practice guidelines, and pursuant to all physician supervisory requirements imposed by this chapter.

 (B) Notwithstanding any provisions of state law other than this chapter, and to the extent permitted by federal law, a PA may perform the following medical acts unless otherwise provided in the scope of practice guidelines:

 (1) provide noncontrolled prescription drugs at an entity that provides free medical care for indigent patients;

 (2) certify that a student is unable to attend school but may benefit from receiving instruction given in his home or hospital;

 (3) refer a patient to physical therapy for treatment;

 (4) pronounce death, certify the manner and cause of death, and sign death certificates pursuant to the provisions of Chapter 63, Title 44 and Chapter 8, Title 32;

 (5) issue an order for a patient to receive appropriate services from a licensed hospice as defined in Chapter 71, Title 44;

 (6) certify that an individual is handicapped and declare that the handicap is temporary or permanent for the purposes of the individual’s application for a placard; and

 (7) execute a do not resuscitate order pursuant to the provisions of Chapter 78, Title 44.

 (C)(1) If provided in the scope of practice guidelines, a PA may delegate the following tasks to unlicensed assistive personnel to be performed under the PA’s supervision:

 (a) meeting patients’ needs for personal hygiene;

 (b) meeting patients’ needs relating to nutrition;

 (c) meeting patients’ needs relating to ambulation;

 (d) meeting patients’ needs relating to elimination;

 (e) taking vital signs;

 (f) maintaining asepsis; and

 (g) observing, recording, and reporting any of the tasks enumerated in this subsection.

 (2) A PA may not delegate the administration of medication to unlicensed assistive personnel.

 (D) A PA is an agent of his supervising physician in the performance of all practice‑related activities, including, but not limited to, the ordering of diagnostic, therapeutic, and other medical services.

 (E) A PA may sign specified documents on behalf of the supervising physician or alternate supervising physician if authorized in the scope of practice guidelines.

 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 PA’s activities, must enter into a supervisory relationship with a PA 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. The PA may begin clinical practice with the named supervising physician and alternate physicians ten business days after the scope of practice guidelines have been submitted to the board and until a final determination is made by the board.

 (B) A supervising physician may determine that there are additional medical acts, tasks, or functions for which a PA 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 PA’s scope of practice guidelines. The physician must determine, in consultation with the PA, the means of educating the PA, 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 PA’s scope of practice guidelines and must provide documentation to the board of the competence of the PA to perform the additional medical acts, tasks, or functions. The PA may incorporate these additional medical acts, tasks, or functions into practice ten business days after the proposed changes have been submitted to the board and until a final determination is made by the board.

 (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 three business days. If the proposed scope of practice guidelines or proposed changes, or a portion thereof, is disapproved by the board, then the board must provide a written explanation for its determination and a suggested remedy if possible. Upon receipt of the board’s determination, the supervising physician and PA must practice in accordance with the board’s determination.

 (D) If a PA is to be employed by a hospital system or provider group with a credentialing committee, then the credentialing committee may begin the credentialing process necessary to employ the PA upon submittal of the proposed scope of practice guidelines to the board.

 (E) A physician and a PA beginning practice pursuant to this section under a proposed scope of practice guidelines or proposed changes to a scope of practice guidelines ten business days after submittal to the board, but before a determination is made by the board, must not be subject to any disciplinary action for beginning practice.

 Section 40‑47‑940. A license 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, provided, however, that a PA may not practice until the supervising physician and PA comply with the requirements of Section 40‑47‑938.

 Section 40‑47‑945. Except as otherwise provided in this article, an individual shall obtain a permanent license from the board before the individual may practice as a PA. The board shall grant a permanent license as a PA 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 PAs approved by the Accreditation Review Commission on Education for the Physician Assistant or its predecessor or successor organization;

 (4) successfully passed the PA National Certifying Examination administered by the National Commission on the Certification of Physician Assistants (NCCPA) and provided 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 PA;

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

 (7) good moral character; and

 (8) submitted to the board other information the board considers necessary to evaluate the applicant’s qualifications, participated in an interview if requested by the board, or both.

 Section 40‑47‑950. (A) The board may issue a limited PA license to an applicant who has:

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

 (2) paid the nonrefundable application fees established by this regulation;

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

 (4) not previously failed two consecutive NCCPA certifying examinations and has registered for, or intends to register to take the next offering of, the NCCPA examination;

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

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

 (7) good moral character;

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

 (9) appeared before a board member or board designee if requested by the board with any documents requested by the board and demonstrated knowledge of the contents of this article.

 (B) A limited license is not renewable and is valid only until the results of a limited licensee’s two consecutive NCCPA certifying examinations are reported to the board. When a limited licensee has failed two consecutive NCCPA certifying examinations, or fails one exam and does not take the NCCPA certifying examination at the next opportunity or, after applying for a limited license, fails to register for the next offering of the examination, the limited license immediately is void and the applicant is no longer eligible to apply for further limited licensure.

 (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.

 Section 40‑47‑955. (A) The supervising physician is responsible for all aspects of the PA’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 PA’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 PA’s ability and knowledge.

 (B) Pursuant to scope of practice guidelines, a PA may:

 (1) practice in a public place, a private place, or a facility where the supervising physician regularly sees patients; and

 (2) make house calls, perform hospital duties, perform telemedicine, and perform any functions performed by the supervising physician if the PA is also qualified to perform those functions.

 (C) A PA who has less than two years continuous practice or who is changing specialties may not practice at a location off site from the supervising physician until the PA has sixty days clinical experience on‑site with the supervising physician. This sixty‑day requirement, or a portion thereof, may be waived by the supervising physician in writing on a form approved by the board and submitted to the board. The supervising physician or alternate must review, initial, and date the offsite physician assistant’s charts periodically as specified in the written scope of practice guidelines to ensure quality of care and patient safety.

 Section 40‑47‑960. (A) A PA practicing at all sites shall practice pursuant to written scope of practice guidelines signed by all supervisory physicians and the PA. 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 PA;

 (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.

 (B) In a hospital practice setting, a list of alternate supervising physicians may be submitted to the board without the signatures of the alternate supervising physicians.

 Section 40‑47‑965. (A) If the written scope of practice guidelines authorizes the PA 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 or electronically submitted by the PA and must bear the PA’s identification number as assigned by the board and all prescribing numbers required by law. The preprinted prescription form shall include both the PA’s and physician’s name, address, and phone number, and, if possible, the physician through the electronic system, 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 PA 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 PA 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 PA’s written scope of practice guidelines;

 (b) the PA has directly evaluated the patient, provided, however, that a PA may authorize a prescription if the PA is assigned to take calls for the supervising physician or alternate supervising physician treating the patient;

 (c) the authority to prescribe a Schedule II narcotic controlled substance is limited to an initial prescription not to exceed a five‑day supply;

 (d) any subsequent prescription authorization for a Schedule II narcotic controlled substance after the initial prescription must be in consultation with and approved by the supervising physician, and such approval 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 PA 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 PA’s written scope of practice guidelines;

 (b) the PA 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 PA 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 PA has directly evaluated the patient, provided, however, that the PA may authorize a medical order if the PA is assigned to take call for the supervising physician or alternate supervising physician treating the patient; and

 (e) the written medical order may not exceed a one‑time administration within a twenty‑four hour period without the approval of the supervising physician or alternate supervising physician, and such approval must be documented in the patient’s chart.

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

 (1) the PA shall provide evidence of education in pharmacotherapeutics as determined by the board before application;

 (2) every two years, the PA shall provide documentation of four continuing education hours related to approved procedures of prescribing and monitoring controlled substances listed in Schedules II, III, and IV of the schedules provided for in Sections 44‑53‑210, 44‑53‑230, and 44‑53‑250; and

 (3) the PA must have a valid Drug Enforcement Administration (DEA) registration and prescribe in accordance with DEA rules.

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

 (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 PAs.

 Section 40‑47‑970. A PA may not:

 (1) perform a medical act, task, or function which has not been listed 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 or outside the supervising physician’s training or experience unless the board approves an exception pursuant to Section 40‑47‑195(D)(1)(d).

 Section 40‑47‑985. The board or a person designated by the board may make unscheduled inspections of any office or facility employing a PA.

 Section 40‑47‑990. A PA must clearly identify himself as a PA to ensure that the PA is not mistaken or misrepresented as a physician. A PA shall wear a clearly legible identification badge or other adornment of at least one inch by three inches in size bearing the PA’s name and the words ‘Physician Assistant’, ‘PA‑C’, or ‘PA’.

 Section 40‑47‑995. If the supervisory relationship between a PA and the supervising physician is terminated for any reason, the PA 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. After notification to the board, a current alternate supervising physician for the PA may serve as the supervising physician under the existing scope of practice guidelines, for a period not to exceed ninety days, until a new supervising physician is designated and new scope of practice guidelines are approved.

 Section 40‑47‑1000. (A) It is unlawful for a person who is not licensed under this article to hold himself out as a PA. A person who holds himself out as a PA without being licensed under this article, during a period of suspension, or after his license has been revoked by the board is guilty of a misdemeanor and, upon conviction, must be fined not more than three hundred dollars or imprisoned for not more than ninety days, or both.

 (B) For the purpose of any investigation or proceeding under the provisions of this article, the board or a person designated by the board may administer oaths and affirmations, subpoena witnesses, take testimony, and require the production of any documents or records which the board considers relevant to the inquiry.

 (C) If the board has sufficient evidence that a person is violating a provision of this article, the board, in addition to all other remedies, may order the person to immediately desist and refrain from this conduct. The board may apply to an administrative law judge as provided under Article 5, Chapter 23, Title 1 for an injunction restraining the person from this conduct. An administrative law judge may issue a temporary injunction ex parte and upon notice and full hearing may issue any other order in the matter it considers proper. No bond may be required of the board by an administrative law judge as a condition to the issuance of any injunction or order contemplated by the provisions of this section.

 (D) Investigations and disciplinary proceedings under this article must be conducted in accordance with the provisions of Article 1.

 (E) No provision of this article may be construed as prohibiting the respondent or his legal counsel from exercising the respondent’s constitutional right of due process under the law or prohibiting the respondent from normal access to the charges and evidence filed against him as a part of due process under the law.

 Section 40‑47‑1005. Misconduct constituting grounds for revocation, suspension, probation, reprimand, restrictions, or denial of a license must be found when a PA:

 (1) has knowingly allowed himself or herself to be misrepresented as a physician;

 (2) has filed or has had filed on his or her behalf with the board any false, fraudulent, or forged statement or documents;

 (3) has performed any work assignment, task, or other activity which is not on the PA scope of practice guidelines;

 (4) misuses alcohol or drugs to such a degree to render him or her unfit to practice as a PA;

 (5) has been convicted of a felony or a crime involving moral turpitude or drugs;

 (6) has sustained any physical or mental disability which renders further practice dangerous to the public;

 (7) has engaged in any dishonorable or unethical conduct that is likely to deceive or harm patients;

 (8) has used or made any false or fraudulent statement in any document connected with practice or licensure as a PA;

 (9) has obtained or assisted another person in obtaining fees under dishonorable, false, or fraudulent circumstances;

 (10) has violated or conspired with another person to violate any provision of this article; or

 (11) otherwise demonstrates a lack of the ethical or professional competence required to act as a PA.

 Section 40‑47‑1010. A license issued pursuant to this chapter may be renewed biennially or as otherwise provided by the board and department. A person who has not demonstrated continuing education, as required by this article, is not eligible for issuance or renewal of an authorization to practice.

 Section 40‑47‑1015. (A) Fees for PA licensure are established as follows:

 (1) initial licensing fee, not to exceed five hundred dollars;

 (2) renewal of license fee, not to exceed one hundred fifty dollars;

 (3) late renewal fee, not to exceed the renewal fee doubled; and

 (4) reactivation application fee, not to exceed two hundred dollars.

 (B) Fees may be adjusted biennially pursuant to Section 40‑1‑50 to ensure that they are sufficient but not excessive to cover expenses including the total of the direct and indirect costs to the State for the operations of the committee.

 Section 40‑47‑1020. Nothing in this article may be construed to require third party reimbursement directly to a PA for services rendered.”

**Time effective**

SECTION 3. This act takes effect ninety days after the approval of the Governor.

Ratified the 9th day of May, 2019.

Approved the 13th day of May, 2019.

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