A bill

TO AMEND THE SOUTH CAROLINA CODE OF LAWS BY ADDING SECTION 40‑47‑937 SO AS TO PROVIDE PHYSICIAN ASSISTANTS WHO MEET CERTAIN POSTGRADUATE CLINICAL EXPERIENCE AND PRACTICE EXPERIENCE MAY PRACTICE PURSUANT ONLY TO AN ATTESTATION STATEMENT, AND TO PROVIDE FOR THE FUNCTIONS, LOCATIONS, AND COLLABORATION REQUIREMENTS ALLOWED UNDER THESE PRACTICE ARRANGEMENTS; BY ADDING SECTION 40‑47‑939 SO AS TO PROVIDE THAT CERTAIN PHYSICIAN ASSISTANTS LICENSED IN OTHER JURISDICTIONS MAY PROVIDE EMERGENCY CARE IN THIS STATE UNDER CERTAIN CIRCUMSTANCES, AND TO LIMIT THEIR LIABILITY FOR PROVIDING SUCH CARE; BY AMENDING SECTION 40‑47‑10, RELATING TO THE STATE BOARD OF MEDICAL EXAMINERS, SO AS TO REVISE THE COMPOSITION OF THE BOARD TO INCLUDE TWO PHYSICIAN ASSISTANTS, TO PROVIDE FOR THEIR MANNER OF APPOINTMENT AND THE FILLING OF VACANCIES, AND TO LIMIT THEIR TERMS OF SERVICE; BY AMENDING SECTION 40‑47‑20, RELATING TO DEFINITIONS CONCERNING THE MEDICAL PRACTICE ACT, SO AS TO REVISE VARIOUS DEFINITIONS; BY AMENDING SECTION 40‑47‑113, RELATING TO REQUIREMENTS CONCERNING PHYSICIAN‑PATIENT RELATIONSHIPS AND THE PRESCRIBING OF DRUGS, SO AS TO MAKE CONFORMING CHANGES; BY AMENDING SECTION 40‑47‑195, RELATING TO SUPERVISING PHYSICIANS AND SCOPE OF PRACTICE GUIDELINES, SO AS TO REMOVE CERTAIN LIMITATIONS IMPOSED ON SUPERVISING PHYSICIANS; BY AMENDING SECTION 40‑47‑196, RELATING TO THE DELEGATION OF TASKS TO CERTIFIED MEDICAL ASSISTANTS, SO AS TO MAKE TECHNICAL CHANGES; BY AMENDING SECTION 40‑47‑910, RELATING TO DEFINITIONS IN THE SOUTH CAROLINA PHYSICIAN ASSISTANTS PRACTICE ACT, SO AS TO REVISE NECESSARY DEFINITIONS; BY AMENDING SECTION 40‑47‑915, RELATING TO THE APPLICATION OF THE SOUTH CAROLINA PHYSICIAN ASSISTANTS PRACTICE ACT, SO AS TO REVISE REQUIREMENTS CONCERNING PHYSICIAN ASSISTANTS STUDENTS; BY AMENDING SECTION 40‑47‑935, RELATING TO ACTS AND DUTIES AUTHORIZED TO BE PERFORMED BY PHYSICIAN ASSISTANTS, SO AS TO CLARIFY AND EXPAND THE AUTHORIZED ACTS AND DUTIES; BY AMENDING SECTION 40‑47‑965, RELATING TO REQUIREMENTS FOR WRITING PRESCRIPTIONS FOR DRUGS, CONTROLLED SUBSTANCES, AND MEDICAL DEVICES BY PHYSICIAN ASSISTANTS, SO AS TO REVISE THE REQUIREMENTS; BY AMENDING SECTION 40‑47‑1000, RELATING TO THE UNLAWFUL HOLDING OF ONESELF OUT AS A PHYSICIAN ASSISTANT, SO AS TO PROVIDE FOR THE LAWFUL AND UNLAWFUL USE OF CERTAIN ABBREVIATIONS INDICATIVE OF LICENSURE AS A PHYSICIAN ASSISTANT; BY AMENDING SECTION 40‑47‑1005, RELATING TO MISCONDUCT MANDATING REVOCATION OR DENIAL OF A PHYSICIAN ASSISTANT LICENSE, SO AS TO SPECIFICALLY AUTHORIZE THE BOARD TO DISCIPLINE PHYSICIAN ASSISTANTS FOR MISCONDUCT, TO REVISE THE BASES FOR MISCONDUCT, AND TO PROVIDE REMEDIES AVAILABLE TO THE BOARD UPON FINDING MISCONDUCT; BY AMENDING SECTION 40‑47‑1020, RELATING TO THIRD‑PARTY REIMBURSEMENT TO PHYSICIAN ASSISTANTS, SO AS TO MAKE SUCH PAYMENTS MANDATORY IN CERTAIN CIRCUMSTANCES, AND TO PROVIDE INSURANCE COMPANIES AND THIRD‑PARTY PAYERS MAY NOT IMPOSE MORE RESTRICTIVE OR CONTRADICTORY PRACTICE, EDUCATION, OR COLLABORATION REQUIREMENTS; BY AMENDING SECTION 44‑80‑120, RELATING TO THE AUTHORITY OF PHYSICIAN ASSISTANTS TO CREATE, EXECUTE, AND SIGN POST FORMS, SO AS TO REMOVE OBSOLETE SCOPE OF PRACTICE AND SUPERVISING PHYSICIAN REQUIREMENTS; BY AMENDING SECTION 44‑99‑10, RELATING TO DEFINITIONS CONCERNING EMERGENCY ANAPHYLAXIS TREATMENTS, SO AS TO REMOVE OBSOLETE LANGUAGE; BY AMENDING SECTION 59‑63‑75, RELATING TO CONCUSSION PROTOCOL FOR STUDENT ATHLETES, SO AS TO INCLUDE PHYSICIAN ASSISTANTS AMONG PERSONS AUTHORIZED TO REMOVE STUDENT ATHLETES SUSPECTED OF HAVING SUSTAINED A CONCUSSION FROM COMPETITION, AND TO REMOVE OBSOLETE LANGUAGE; AND BY AMENDING SECTION 59‑63‑95, RELATING TO THE PRESCRIPTION OF LIFESAVING MEDICATIONS TO BE MAINTAINED AND USED BY PUBLIC SCHOOLS, SO AS TO MAKE CONFORMING CHANGES.

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

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

Section 40‑47‑937. (A) Notwithstanding another provision of this article, a PA may practice pursuant only to an attestation statement if he:

(1) possesses more than two thousand hours of postgraduate clinical practice experience as a licensed PA;

(2) possesses more than two thousand hours of postgraduate clinical experience as a licensed PA and more than one thousand hours of practice experience gained after transitioning to a new medical specialty of practice with a supervising physician in that specialty.

(B) A PA practicing pursuant to an attestation statement may perform medical and surgical acts, tasks, or services for which the PA has been prepared through his education, training, and experience and are competent to perform. Medical and surgical services provided by PAs include, but are not limited to:

(1) obtaining and performing comprehensive health histories and physician examinations;

(2) evaluating, diagnosing, managing, and providing medical treatment;

(3) ordering, performing, and interpreting diagnostic studies and therapeutic procedures;

(4) educating patients concerning health promotion and disease prevention;

(5) providing consultations, upon request;

(6) holding admitting privileges within a healthcare facility and hospital;

(7) holding admitting privileges within a licensed birthing center; and

(8) writing medical orders.

(C) A PA may:

(1) provide services in healthcare facilities or programs including, but not limited to, hospitals, nursing facilities, assisted living facilities, and hospices;

(2) obtain informed consent;

(3) supervise, delegate, and assign therapeutic and diagnostic measures to licensed or unlicensed personnel, including the administration of medications;

(4) certify the health or disability of a patient as required by a local, state, or federal program, provided that it is consistent with the scope of practice; and

(5) authenticate any document with his signature, certification, stamp, verification, affidavit, or endorsement if it may be authenticated by the signature, certification, stamp, verification, affidavit, or endorsement of a physician.

(D) A PA shall collaborate with, consult with, or refer to the appropriate member of the healthcare team as indicated by the patient’s condition, the education, experience, and competencies of the PA, and the standard of care. The degree of collaboration must be determined by the practice which may include decisions made by the employer, group, hospital service, and credentialing and privileging systems of licensed facilities. A PA is responsible for the care he provides.

SECTION 2. Article 7, Chapter 47, Title 40 of the S.C. Code is amended by adding:

Section 40‑47‑939. (A) A PA licensed in this State, authorized to practice in any other jurisdiction in the United States, or credentialed as a PA by a federal employer who is responding to a need for medical care resulting from an emergency, a declared state of emergency, or a state or local disaster as declared by the appropriate governing authority may render care that they are able to provide as a PA.

(B) A PA who renders medical care voluntarily, gratuitously, and outside of his ordinary course of employment in accordance with the provisions contained in subsection (A) may not be liable for civil damages for any personal injuries or death proximately caused by acts or omissions that would otherwise constitute ordinary negligence. Immunity does not apply to acts or omissions constituting gross negligence, or wilful, wanton, or reckless conduct.

(C) After 2000 hours, a PA can volunteer their medical services for which the PA has been prepared through his education, training and experience and is competent to perform.

SECTION 3. Section 40‑47‑10(A) of the S.C. Code is amended to read:

(A)(1) There is created the State Board of Medical Examiners to be composed of thirteenfifteen members, three of whom must be lay members, one of whom must be a doctor of osteopathic medicine, two of whom must be physicians from the State at large, two of whom must be PAs, and seven of whom must be physicians, each representing one of the seven congressional districts. All members of the board must be residents of this State, and each member representing a congressional district shall reside in the district the member represents. All physician and PA members of the board must be licensed by the board, must be without prior disciplinary action or conviction of a felony or other crime of moral turpitude, and must be practicing their profession in this State. All lay members of the board must hold a baccalaureate degree or higher, must not have been convicted of a felony or a crime of moral turpitude, and must not be employed or have a member of their immediate family employed in a health or medically related field.

(2) The members of the board shall serve for terms of four years or until their successors are appointed and qualify. Members of the board may only serve three consecutive terms.

(3) All members of the board have full voting rights.

(4) The one lay member and one physician from the State at large must be appointed by the Governor, with the advice and consent of the Senate. Two lay members must be appointed by the Governor, with the advice and consent of the Senate, one upon the recommendation of the President of the Senate and one upon the recommendation of the Speaker of the House of Representatives.

(5) The board shall conduct an election to nominate one physician from the State at large. The election must provide for participation by all physicians currently permanently licensed and residing in South Carolina. To nominate the physicians who will represent the seven congressional districts, the board shall conduct an election within each district. These elections must provide for participation by all permanently licensed physicians residing in the particular district. The board shall conduct an election to nominate the doctor of osteopathic medicine from the State at large, and this election must provide for participation by any physician currently permanently licensed in this State as a doctor of osteopathic medicine. The board shall certify in writing to the Governor the results of each election. The Governor may reject any or all of the nominees upon satisfactory showing of the unfitness of those rejected. If the Governor declines to appoint any of the nominees submitted, additional nominees must be submitted in the same manner following another election. Vacancies must be filled in the same manner of the original appointment for the unexpired portion of the term.

(6)(a) The PA members of the board shall be appointed by the Governor among candidates transmitted to him as provided in this item. The board shall advertise vacancies four months prior to a vacancy occurring as the result of the expiration of a member’s term of office or within two months after a vacancy occurs for any other reason.

(b) When the board must advertise vacancies pursuant to item (6)(a), it shall:

(i) notify all licensed PAs and professional organizations representing twenty‑five or more licensed physician assistants of the vacancy;

(ii) provide information regarding the selection process;

(iii) solicit nominations for the vacancy; and

(iv) transmit to the Governor valid nominations by notified professional organizations and valid petitions submitted by licensed physician assistants supporting the appointment of the licensed physician assistant that have been signed by at least fifteen practicing licensed PAs.

(c) A licensed PA shall serve for terms of four years or until their successors are appointed and qualify. A licensed PA member of the board may only service three consecutive terms.

(6)(7) Vacancies that occur when the General Assembly is not in session may be filled by an interim appointment of the Governor in the manner provided by Section 1‑3‑210.

SECTION 4. Section 40‑47‑20 of the S.C. Code is amended to read:

Section 40‑47‑20. In addition to the definitions provided in Section 40‑1‑20, as used in this chapter unless the context indicates otherwise:

(1) “Active license” means the status of an authorization to practice that has been renewed for the current period and authorizes the licensee to practice in this State.

(2) “Administrative hearing officer” means a physician designated by the board or director.

(3) “Adverse disciplinary action” means a final decision by a United States or foreign licensing jurisdiction, a peer review group, a healthcare institution, a professional or medical society or association, or a court, which action was not resolved completely in the licensee’s favor.

(4) “Agreed to jointly” means the agreement by the Board of Nursing and Board of Medical Examiners on medical acts that nurses perform and that must be defined in a practice agreement pursuant to item (35).

(5) “Approved written scope of practice guidelines” means specific statements developed by a physician or the medical staff and a physician assistantPA who possesses fewer than two thousand hours of postgraduate clinical practice experience as a licensed PA or who possesses more than two thousand hours of postgraduate clinical experience as a licensed PA, but with fewer than one thousand hours of practice experience after transitioning to a new medical specialty of practice with a supervising physician in that specialty that establish physician delegation for medical aspects of care, including the prescription of medications.

(6) “Board” means the State Board of Medical Examiners for South Carolina.

(7) “Board‑approved credentialing organization” means an organization that offers a certification examination in a specialty area of practice, establishes scope and standards of practice statements, and provides a mechanism approved by the board for evaluating continuing competency in a specialized area of practice.

(8) “Business days” means every day except Saturdays, Sundays, and legal holidays.

(9) “Cancellation” means the withdrawal or invalidation of an authorization to practice that was issued to an ineligible person either in error or based upon a false, fraudulent, or deceptive representation in the application process.

(10) “Certification” means approval by an established body, other than the board, but recognized by the board, that recognizes the unique, minimal requirements of specialized areas of practice. Certification requires completion of a recognized formal program of study and specialty board examination, if the specialty board exists, and certification of competence in practice by the certifying agency.

(11) “Criminal history” means a federal, state, or local criminal history of conviction or a pending charge or indictment of a crime, whether a misdemeanor or a felony, that bears upon a person’s fitness or suitability for an authorization to practice with responsibility for the safety and well‑being of others.

(12) “Delegated medical acts” means additional acts delegated by a physician or dentist to a physician assistant, respiratory care practitioner, anesthesiologist’s assistant, or other practitioner authorized by law under approved written scope of practice guidelines or approved written protocols as provided by law in accordance with the applicable scope of professional practice. Delegated medical acts must be performed under the supervision of a physician or dentist who must be readily or immediately available for consultation in accordance with the applicable scope of professional practice. APRNs performing medical acts must practice pursuant to a practice agreement as defined in item (35).

(13) “Dentist” means a dentist licensed by the South Carolina Board of Dentistry.

(14) “Disciplinary action” means a final decision and sanction imposed at the conclusion of a disciplinary proceeding.

(15) “Entity” means a sole proprietorship, partnership, limited liability partnership, limited liability corporation, association, joint venture, cooperative, company, corporation, or other public or private legal entity authorized by law.

(16) “Final decision” means an order of the board that concludes a license application proceeding or formal disciplinary proceeding.

(17) “Formal complaint” means a formal written complaint charging misconduct by a respondent in violation of this chapter, Chapter 1, Title 40, or any other provision of law.

(18) “Immediately available” for the purpose of supervising unlicensed personnel means being located within the office and ready for immediate utilization when needed.

(19) “Inactive license” means the official temporary retirement of a person’s authorization to practice upon the person’s notice to the board that the person does not wish to practice.

(20) “Incompetence” means the failure of a licensee to demonstrate and apply the knowledge, skill, and care that is ordinarily possessed and exercised by other practitioners of the same licensure status and required by the generally accepted standards of the profession. Charges of incompetence may be based upon a single act of incompetence or upon a course of conduct or series of acts or omissions that extend over a period of time and that, taken as a whole, demonstrate incompetence. It is not necessary to show that actual harm resulted from the act or omission or series of acts or omissions if the conduct is such that harm could have resulted to the patient or to the public from the act or omission or series of acts or omissions.

(21) “Independent credentials verification organization” means an entity approved by the board to provide primary source verification of an applicant’s identity, medical education, postgraduate training, examination history, disciplinary history, and other core information required for licensure in this State.

(22) “Initial complaint” means a brief statement that alleges misconduct on the part of a licensee.

(23) “Initial licensure” means the first authorization to practice issued to a person by a licensing authority in this State or any other state.

(24) “Lapsed license” means an authorization to practice that no longer authorizes practice in this State due to the person’s failure to renew the authorization within the renewal period.

(25) “Letter of caution or concern” means a written caution or warning about past or future conduct issued when it is determined that no misconduct has been committed. The issuance of a letter of caution or concern is not a form of discipline and does not constitute a finding of misconduct. The fact that a letter of caution or concern has been issued must not be considered in a subsequent disciplinary proceeding against a person authorized to practice unless the caution or warning contained in the letter of caution or concern is relevant to the misconduct alleged in the proceedings.

(26) “License” means a current document authorizing a person to practice.

(27) “Licensed in good standing” means that one’s authorization to practice has not been revoked and there are no restrictions or limitations currently in effect. Public reprimands issued less than five years from the date an application is received by the board are considered restrictions upon practice.

(28) “Limited license” means a current time‑limited and practice‑limited document that authorizes practice at the level for which one is seeking licensure.

(29) “Medical staff” means licensed physicians or PAs who are approved and credentialed to provide healthcare to patients in a hospital system or a facility that provides healthcare.

(30) “Misconduct” means violation of any of the provisions of this chapter or regulations promulgated by the board pursuant to this chapter or violation of any of the principles of ethics as adopted by the board or incompetence or unprofessional conduct.

(31) “Osteopathic medicine” means a complete school of medicine and surgery utilizing all methods of diagnosis and treatment in health and disease and placing special emphasis on the interrelationship of the musculoskeletal system to all other body systems.

(32) “Pending disciplinary action” means an action or proceeding initiated by a formal complaint.

(33) “Person” means a natural person, male or female.

(34) “Physician” means a doctor of medicine or doctor of osteopathic medicine licensed by the South Carolina Board of Medical Examiners.

(35) “Physician assistant,” “Physician Associate,” “PA‑C,” or “PA” means a healthcare professional licensed to practice medicine for which the PA has been prepared by education, training and experience and is competent to perform.

(35)(36) “Practice agreement” means a written agreement developed by an NP, CNM, or CNS and a physician or medical staff who agrees to work with and to support the NP, CNM, or CNS. The practice agreement must establish the medical aspects of care to be provided by the NP, CNM, or CNS, including the prescribing of medications. The practice agreement must contain mechanisms that allow the physician to ensure that quality of clinical care and patient safety is maintained in accordance with state and federal laws, as well as all applicable Board of Nursing and Board of Medical Examiners rules and regulations. The practice agreement must comply with Section 40‑33‑34. A CNM also may practice pursuant to written policies and procedures for practice developed and agreed to with a physician who is board certified or board eligible by the American College of Obstetricians and Gynecologists. Written policies and procedures constitute a practice agreement for purposes of compliance with Section 40‑33‑34 and must address medical aspects of care including prescriptive authority and must contain transfer policies and details of the on‑call agreement with the physician with whom the policies and procedures were developed and agreed. The on‑call physician has the authority to designate another qualified physician to be the on‑call physician if necessary. The on‑call physician must be available to the CNM to provide medical assistance in person, by telecommunications, or by other electronic means.

(36)(37) “Practice of Medicine” means:

(a) advertising, holding out to the public or representing in any manner that one is authorized to practice medicine in this State;

(b) offering or undertaking to prescribe, order, give, or administer any drug or medicine for the use of any other person;

(c) offering or undertaking to prevent or to diagnose, correct or treat in any manner, or by any means, methods, or devices, disease, illness, pain, wound, fracture, infirmity, defect, or abnormal physical or mental condition of a person, including the management of pregnancy and parturition;

(d) offering or undertaking to perform any surgical operation upon a person;

(e) rendering a written or otherwise documented medical opinion concerning the diagnosis or treatment of a patient or the actual rendering of treatment to a patient within this State by a physician located outside the State as a result of transmission of individual patient data by electronic or other means from within a state to such physician or his or her agent;

(f) rendering a determination of medical necessity or a decision affecting the diagnosis and/or treatment of a patient is the practice of medicine subject to all of the powers provided to the Board of Medical Examiners, except as provided in Section 38‑59‑25;

(g) using the designation Doctor, Doctor of Medicine, Doctor of Osteopathic Medicine, Physician, Surgeon, Physician and Surgeon, Dr., M.D., D.O., Physician Assistant, Physician Associate, PA, or PA‑C, or any combination of these in the conduct of any occupation or profession pertaining to the prevention, diagnosis, or treatment of human disease or condition unless such a designation additionally contains the description of another branch of the healing arts for which one holds a valid license in this State that is applicable to the clinical setting; and

(h) testifying as a physician or PA in an administrative, civil, or criminal proceeding in this State by expressing an expert medical opinion.

(37)(38) “Practitioner” means a person who has been issued an authorization to practice in this State. The term does not include persons who have not been issued a license, registration, certification, or other authorization to practice in this State, except as provided by law for persons licensed in another state or jurisdiction.

(38)(39) “Presiding officer” means the chairman of the hearing panel or a designee. When no chair of the hearing panel has been designated, the term includes the chairman or vice chairman of the board or a designee. A person designated to act on behalf of the chairman of the board or a hearing panel may not have been involved with the investigation or prosecution of the particular matter.

(39)(40) “Private reprimand” means a statement by the board that misconduct was committed by a person authorized to practice which has been declared confidential and which is not subject to disclosure as a public document.

(40)(41) “Probation” means the issuance of an authorization to practice conditioned upon compliance with terms and conditions imposed by a licensing board in this State or another state. The holder of the authorization to practice on probation may petition the board for reinstatement to full, unrestricted practice upon compliance with all terms and conditions imposed by the board.

(41)(42) “Public reprimand” means a publicly available statement of the board that misconduct was committed by a person authorized to practice.

(42)(43) “Reactivation” means the restoration to active status of an authorization from inactive status.

(43)(44) “Readily available” means the physician or medical staff who enters into a practice agreement with an NP, CNM, or CNS must be able to be contacted either in person or by telecommunications or other electronic means to provide consultation and advice to the NP, CNM, or CNS performing medical acts.

(44)(45) “Reinstatement” means an action of the board in a disciplinary matter that authorizes the resumption of practice upon any terms or conditions ordered or agreed to by the board.

(45)(46) “Relinquish” means to permanently cancel or invalidate an authorization instead of disciplinary proceedings or final decision by the board. A person whose authorization to practice has been relinquished to the board is permanently ineligible for a license or other authorization of any kind from the board. Relinquishment is irrevocable, an admission of any or all of the allegations of misconduct, and reported and treated as a permanent revocation.

(46)(47) “Respondent” means a person charged with responding in a disciplinary or other administrative action.

(47)(48) “Revocation” means the permanent cancellation or withdrawal of an authorization issued by the board. A person whose authorization has been permanently revoked by the board is permanently ineligible for an authorization of any kind from the board.

(48)(49) “Significant disciplinary action” means a public decision in a disciplinary matter that involves substantial issues of professional or ethical competence or qualification to practice. The board may consider any actions taken by the original board or conduct considered relevant to the applicant’s fitness for licensure to practice in this State.

(49)(50) “State identification bureau” means an authorized governmental agency responsible for receiving and screening the results of criminal history records checks in this State or another state.

(50)(51) “Supervision” means the process of critically observing, directing, and evaluating another person’s performance, unless otherwise provided by law.

(51)(52) “Suspension” means the temporary withdrawal of authorization to practice for either a definite or indefinite period of time ordered by the board. The holder of a suspended authorization to practice may petition the board for reinstatement to practice upon compliance with all terms and conditions imposed by the board.

(52)(53) “Telehealth” means the use of electronic communications, information technology, or other means to deliver healthcare, patient and professional health‑related education, public health, and health administration between a licensee in one location and a patient in another location with or without an intervening practitioner.

(53)(54) “Telemedicine” means the practice of medicine using electronic communications, information technology, or other means between a licensee in one location and a patient in another location with or without an intervening practitioner.

(54)(55) “Temporary license” means a current, time‑limited document that authorizes practice at the level for which one is seeking licensure.

(55)(56) “Unprofessional conduct” means acts or behavior that fails to meet the minimally acceptable standard expected of similarly situated professionals including, but not limited to, conduct that may be harmful to the health, safety, and welfare of the public, conduct that may reflect negatively on one’s fitness to practice, or conduct that may violate any provision of the code of ethics adopted by the board or a specialty.

(56)(57) “Voluntary surrender” means forgoing the authorization to practice by the subject of an initial or formal complaint pending further order of the board. It anticipates other formal action by the board and allows any suspension subsequently imposed to include this time.

(57)(58) “Volunteer license” means authorization of a retired practitioner to provide medical services to others through an identified charitable organization without remuneration.

(58)(59) “Certified medical assistant” or “CMA” means a person who:

(1) has completed:

(a) a medical assisting education program accredited by the Commission on Accreditation of Allied Health Education Programs or its successor, by the Accrediting Bureau of Health Education Schools or its successor, or by any accrediting agency recognized by the United States Department of Education, and which must include courses or components in anatomy and physiology, medical terminology, pharmacology, medical laboratory techniques, and clinical experience, provided the clinical experience component may be satisfied through an individual’s work experience with a health care employer;

(b) a Career and Technical Education Health Sciences Program approved by the South Carolina Department of Education;

(c) a medical assisting program provided by a branch of the United States military;

(d) a medical assisting United States Department of Labor‑approved Registered Apprenticeship program; or

(e) a training program that is delivered, in whole or in part, by a healthcare employer that aligns to a nationally accredited certification exam; and

(2) a person who has complied with the provisions of subitem (1) and maintains current certification from a certifying body offering a certification program that is:

(a) approved by the Board of Medical Examiners and the Board of Nursing; and

(b) is accredited by the National Commission for Certifying Agencies or other accreditation body recognized by the Board of Medical Examiners and the Board of Nursing. The term “certified medical assistant” or “CMA” also includes medical assistants who have maintained certification from one of the certifying entities in subitem (2) of this section since January 1, 2020, and individuals employed as certified medical assistants as of the effective date of this actsection who do not meet the education or training requirements required in this item, but who meet those requirements no later than July 15, 2026.

(59)(60) “Unlicensed assistive personnel” or “UAP” means persons not currently licensed by the Board of Nursing as nurses, or persons who are not certified medical assistants as defined in Section 40‑47‑20(58)(59), who perform routine nursing tasks that do not require a specialized knowledge base or the judgment or skill of a licensed nurse. Nursing tasks performed by unlicensed assistive personnel must be performed under the supervision of a physician, physician assistant, APRN, registered nurse, or licensed practical nurse. Unlicensed assistive personnel must not administer medications except as otherwise provided by law.

SECTION 5. Section 40‑47‑113(A) and (B) of the S.C. Code is amended to read:

(A) It is unprofessional conduct for a licensee initially to prescribe drugs to an individual without first establishing a proper physicianpractitioner‑patient relationship. A proper relationship, at a minimum, requires that the licensee make an informed medical judgment based on the circumstances of the situation and on the licensee’s training and experience and that the licensee:

(1) personally perform and document an appropriate history and physical examination, make a diagnosis, and formulate a therapeutic plan;

(2) discuss with the patient the diagnosis and the evidence for it, and the risks and benefits of various treatment options; and

(3) ensure the availability of the licensee or coverage for the patient for appropriate follow‑up care.

(B) Notwithstanding subsection (A), a licensee may prescribe for a patient whom the licensee has not personally examined under certain circumstances including, but not limited to, writing admission orders for a newly hospitalized patient, prescribing for a patient of another licensee for whom the prescriber is taking call, prescribing for a patient examined by a licensed advanced practice registered nurse, a physician assistant, or other physician extender authorized by law and supervised by the physician, continuing medication on a short‑term basis for a new patient before the patient’s first appointment, or prescribing for a patient for whom the licensee has established a physicianpractitioner‑patient relationship solely via telemedicine so long as the licensee complies with Section 40‑47‑37 of this act.

SECTION 6. Section 40‑47‑195(D)(1) of the S.C. Code is amended to read:

(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 healthcare delivery team pursuant to rules and regulations of the Board of Medical Examiners.

SECTION 7. Section 40‑47‑196 of the S.C. Code is amended to read:

Section 40‑47‑196. (A) Specific tasks may be delegated to a CMA by a physician, physician assistant or PA if authorized to do so in his scope of practice guidelines, or advanced practice registered nurse if authorized to do so in his practice agreement. The scope of practice guidelines for a physician assistantPA and the practice agreement for an advanced practice registered nurse must address what tasks may be appropriately delegated to a CMA, provided, however, that the following tasks must not be delegated to a CMA by a physician assistantPA or advanced practice registered nurse:

(1) administering controlled medications, intravenous medications, contrast agents, or chemotherapy agents;

(2) injecting neurotoxin products, neuro modulatory agents, or tissue fillers;

(3) using lasers or instruments that results in tissue destruction;

(4) placing sutures;

(5) taking radiographs or using any ionizing radiation unless the CMA is also a certified limited practice radiographer;

(6) analyzing, interpreting, or diagnosing symptoms or tests;

(7) triaging patients; and

(8) performing a clinical decision‑making task by means of telemedicine.

(B) A physician, physician assistantPA, or advanced practice registered nurse may delegate specified tasks to a CMA pursuant to the following requirements:

(1) the task must be delegated directly to the CMA by the physician, physician assistantPA, or advanced practice registered nurse, and not through another licensed practitioner;

(2) the task must be performed when the physician, physician assistantPA, or advanced practice registered nurse delegating the task is in such close proximity as to be immediately available to the CMA if needed;

(3) the physician, physician assistantPA, or advanced practice registered nurse delegating the task must determine that the task is within the training and competency of the CMA and will not pose a significant risk to the patient if improperly performed;

(4) the task must not involve the verbal transmission of an order or prescription to a licensed person if the licensed person requires the order or prescription to be in writing; and

(5) the CMA must wear an appropriate badge identifying the CMA’s status, which must be clearly visible to the patient at all times.

(C)(1) A physician or physician assistantPA, pursuant to the physician assistantPA ̕s scope of practice guidelines, may delegate nursing tasks to UAP under the supervision of the physician or physician assistantPA. Such nursing tasks include, but are not limited to, the following:

(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;

(g) collecting specimens (urine, stool, sputum);

(h) point of care testing and screening tests;

(i) recording information;

(j) performing nonclinical tasks via telemedicine; and

(k) observing, recording, or reporting any of the nursing tasks enumerated in this subsection.

(2) Pursuant to the APRN’s practice agreement, he may delegate any of the above nursing tasks to a UAP.

SECTION 8. Section 40‑47‑910 of the S.C. 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 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) “Attestation statement” means a document that attests that the PA has the requisite competence, education, training, and experience to provide medical services; attests that the PA shall collaborate with, consult with, or refer to the appropriate member of the healthcare team as indicated by the patient’s condition, the education, training, experience, and competencies of the PA and the applicable standard of care; does not assign supervisory or legal responsibility to or represent acceptance of legal responsibility by a physician for the care provided by a PA, and is signed by the PA and submitted to the Board of Medical Examiners.

(2)(3) “Board” means the Board of Medical Examiners of South Carolina.

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

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

(5)(6) “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)(7) “Physician assistant,” “Physician Associate,” “PA‑C,” or “PA” means a healthcare professional licensed to assist in the practice of medicine for which the PA has been prepared by education, training, and experience and is competent to performwith a physician supervisor.

(7)(8) “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)(9) “Supervising” means overseeing the activities of, and accepting responsibility for, the medical services rendered by a PA in accordance with approved, written scope of practice guidelines as part of a physician‑led team in a manner approved by the board.

SECTION 9. Section 40‑47‑915 of the S.C. Code is amended to read:

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) who is a PA enrolled in a PA educationalpursuing 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,” “PA Student,” or “PA‑S” clearly legible. The badge or adornment must be at least one inch by three inches in size.

SECTION 10. Section 40‑47‑935 of the S.C. Code is amended to read:

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 that are lawfully delegated by his supervising physician, 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 and telehealth in accordance with the requirements of Section 40‑47‑37,et seq. 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 without having to be licensed to practice medicine in this State as otherwise required in Section 40‑47‑37(A)(4).

(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;

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

(8) issue an order for home health services pursuant to the provisions of Chapter 69, Title 44.

(C) Deleted;

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

(E) Notwithstanding another provision of state law, and to the extent permitted by federal law, nothing in the section prevents a PA practicing pursuant to an attestation statement from:

(1) practicing telemedicine;

(2) performing medical acts, tasks, or functions provided for in subsection (B)(1) through (8);

(3) creating, executing, and signing a POST form;

(4) committing a patient to a psychiatric facility if the patient is unable to consent and the PA deems that the patient is a danger to himself or others; or

(5) using fluoroscopy for guidance of diagnostic and therapeutic procedures.

SECTION 11. Section 40‑47‑955 of the S.C. Code is amended to read:

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 12. Section 40‑47‑965 of the S.C. Code is amended to read:

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.A PA may prescribe, dispense, order, administer, and procure drugs and medical devices. A PA may plan and initiate a therapeutic regimen that includes ordering and prescribing therapies and nonpharmacological interventions including, but not limited to, durable medical equipment, nutrition, blood and blood products, and diagnostic support services including, but not limited to, home healthcare, hospice, and physical and occupational therapy.

(B) Prescribing and dispensing drugs may include Schedule II through Schedule V substances and all legend drugs. Prescribing and institutional facility orders must comply with all applicable state and federal laws. All PA‑dispensing activities shall:

(1) comply with appropriate state and federal regulations;

(2) occur when pharmacy services are not reasonably available, or when it is in the best interest of the patient, or when it is an emergency; and

(3) include any medications that may be dispensed by a physician.

(C) A PA may request, receive, and sign for professional samples. A PA may distribute professional samples to patients in compliance with appropriate state and federal regulations.

(D) A PA who prescribes or dispenses a controlled substance must register with the federal Drug Enforcement Administration.

(E) 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 the PA’s name, address, and phone number, and shall comply with the provisions of Section 39‑24‑40.

(F) Drugs or devices prescribed must be specifically documented in the patient record.

(B)(G) 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)(H) A PA’s prescriptive authorization may be terminated by the board if the PA violates:

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

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

(3)(2) violates a state or federal law applicable to PAs.

SECTION 13. Section 40‑47‑1000 of the S.C. Code is amended to read:

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 or to use any combination or abbreviation of the term “physician assistant” or “physician associate” to indicate or imply that he is a PA. A person who violates this subsection is guilty of a misdemeanor and upon conviction, shall be sentenced in the same manner as provided for in Section 40‑47‑200.

(B) A person who meets the qualifications for licensure pursuant to this chapter, but does not possess a current license, may use the title “PA,” “physician assistant,” or “physician associate” but may not act or practice as a PA.

(C) Unless the exemption provided in subsection (B) is applicable, 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)(D) 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)(E) 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)(F) Investigations and disciplinary proceedings under this article must be conducted in accordance with the provisions of Article 1.

(E)(G) 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 14. Section 40‑47‑1005 of the S.C. Code is amended to read:

Section 40‑47‑1005. (A) The board is authorized to discipline a PA for his misconduct. 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) has violated any provision of this chapter, or any regulations promulgated pursuant to this chapter;

(12) has violated patient confidentiality, except as required by law;

(13) has engaged in unprofessional or unethical conduct;

(14) has prescribed, sold, administered, distributed, ordered, or given away any drug classified as a controlled substance for any purpose other than a medically accepted therapeutic purpose;

(15) has been disciplined by another jurisdiction for acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action as provided for in this section;

(16) has failed to cooperate with an investigation conducted by the board; or

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

(B) Upon a finding of misconduct, the board may:

(1) refuse to grant a license;

(2) administer a public or private reprimand;

(3) revoke, suspend, limit, or otherwise restrict a license;

(4) require a PA to submit to the care, counseling, or treatment of a health professional designated by the board;

(5) impose corrective measures;

(6) impose a civil penalty or fine;

(7) suspend enforcement of its findings and place the PA on probation with the right to vacate the probationary order for noncompliance; and

(8) at its discretion, restore or reissue a license and remove any disciplinary or corrective action that it may have imposed.

SECTION 15. Section 40‑47‑1020 of the S.C. Code is amended to read:

Section 40‑47‑1020. Nothing in this article may be construed to require third party reimbursement directly to a PA for services rendered.(A) Payment for services within a PA’s scope of practice must be made when ordered or performed by the PA if the same service would have been covered if ordered or performed by a physician. Payment for services must be based on the service provided and not on the health professional who delivered the service. A PA is authorized to bill for and receive direct payment for the delivery of medically necessary services.

(B) When appropriate, a PA must be identified as the rendering professional in the bill and claims process when medical or surgical services have been delivered to a patient.

(C) An insurance company or third‑party payer may not impose a practice, education, or collaboration requirement that is inconsistent with or more restrictive than required by statute or regulation.

SECTION 16. Section 44‑99‑10(5) of the S.C. Code is amended to read:

(5) “Healthcare practitioner” means a physician, an advanced practice registered nurse authorized to prescribe medication pursuant to Section 40‑33‑34, or a physician assistant (PA) authorized to prescribe medication pursuant to Sections 40‑47‑955 throughSection 40‑47‑965.

SECTION 17. Section 59‑63‑75(D)(1), (2), and (3) of the S.C. Code is amended to read:

(1) If a coach, athletic trainer, official, physician assistant (PA), or physician suspects that a student athlete, under the control of the coach, athletic trainer, official, PA, or physician, has sustained a concussion or brain injury in a practice or in an athletic competition, the student athlete shall be removed from practice or competition at that time.

(2) A student athlete who has been removed from play may return to play if, as a result of evaluating the student athlete on site, the athletic trainer, physician, physician assistant pursuant to scope of practice guidelines, or nurse practitioner pursuant to a written protocol determines in his best professional judgment that the student athlete does not have any signs or symptoms of a concussion or brain injury.

(3) A student athlete who has been removed from play and evaluated and who is suspected of having a concussion or brain injury may not return to play until the student athlete has received written medical clearance by a physician or PA.

SECTION 18. Section 59‑63‑95(A), (B), and (C) of the S.C. Code is amended to read:

(A) As used in this section, and unless the specific context indicates otherwise:

(1) “Administer” means the direct application of a lifesaving medication into the body of a person.

(2) “Advanced practice registered nurse” means a registered nurse prepared for an advanced practice registered nursing role by virtue of the additional knowledge gained through an advanced formal education program in a specialty area pursuant to Chapter 33, Title 40.

(3) “Designated school personnel” means an employee, agent, or volunteer of a school designated by the governing authority of the school district or the governing authority of the private school who has completed the training required in accordance with the guidelines of the Department of Health and Environmental Control to provide for or administer a lifesaving medication to a student or other individual on a school premises or attending a school function.

(4) “Governing authority of a school” means the board of trustees of a school district or the board of trustees of a private school.

(5) “Lifesaving medication” means any prescription medication that can be administered to a person experiencing a medical emergency. The Department of Health and Environmental Control, in consultation with the Department of Education, will publish a list of lifesaving medications that can be administered by designated school personnel in response to a medical emergency pursuant to this section and shall publish training guidelines for the administration of such lifesaving medications.

(6) “Participating governing authorities” means governing authorities of school districts and governing authorities of private schools that authorize schools to maintain a supply of lifesaving medications and to provide and administer lifesaving medications to students and other people on a school premises or attending a school function pursuant to subsections (B) and (C).

(7) “Physician” means a doctor of medicine licensed by the South Carolina Board of Medical Examiners pursuant to Article 1, Chapter 47, Title 40.

(8) “Physician assistant” means a healthcare professional licensed to assist with the practice of medicine with a physician supervisor pursuant to Article 7, Chapter 47, Title 40has the same meaning as found in Section 40‑47‑20(35).

(9) “Provide” means to supply one or more lifesaving medications to a student or other person on a school premises or attending a school function.

(10) “School” means a public or private school.

(11) “Self‑administration” means a student or other person’s discretionary use of lifesaving medication, whether provided by the student or the other person or by a school nurse or other designated school personnel pursuant to this section.

(B) Notwithstanding another provision of law, a physician, including the Director of Public Health for the Department of Health and Environmental Control pursuant to subsection (I); an advanced practice registered nurse licensed to prescribe medication pursuant to Section 40‑33‑34; and a physician assistant licensed to prescribe medication pursuant to Sections 40‑47‑955 through Section 40‑47‑965 may prescribe lifesaving medications maintained in the name of a school for use in accordance with subsection (D). Notwithstanding another provision of law, licensed pharmacists and physicians may dispense lifesaving medications in accordance with a prescription issued pursuant to this subsection. Notwithstanding another provision of law, a school may maintain a stock supply of lifesaving medications in accordance with a prescription issued pursuant to this subsection. For the purposes of administering and storing lifesaving medications, schools are not subject to Chapter 43, Title 40 or Chapter 99 of the South Carolina Code of State Regulations.

(C) The governing authority of a school district or private school may authorize school nurses and other designated school personnel to:

(1) provide a lifesaving medication to a student in accordance with a prescription specific to the student that is on file with the school;

(2) administer a lifesaving medication to a student in accordance with a prescription specific to the student on file with the school;

(3) administer a lifesaving medication to a student or other person on a school premises whom the school nurse or other designated school personnel believes in good faith is experiencing a medical emergency, in accordance with a standing protocol of a physician, including the Director of Public Health for the Department of Health and Environmental Control pursuant to subsection (I); an advanced practice registered nurse licensed to prescribe medication pursuant to Section 40‑33‑34; or a physician assistant licensed to prescribe medication pursuant to Sections 40‑47‑955 throughSection 40‑47‑965, regardless of whether the student or other person has a prescription for a lifesaving medication.

SECTION 19. This act takes effect upon approval by the Governor.

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