

South Carolina General Assembly
120th Session, 2013-2014

S. 448

STATUS INFORMATION

General Bill

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

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Companion/Similar bill(s): 3618

Introduced in the Senate on February 27, 2013

Introduced in the House on April 30, 2013

Last Amended on April 24, 2013

Currently residing in the House

Summary: Physician assistant

HISTORY OF LEGISLATIVE ACTIONS

<u>Date</u>	<u>Body</u>	<u>Action Description with journal page number</u>
2/27/2013	Senate	Introduced and read first time (Senate Journal-page 16)
2/27/2013	Senate	Referred to Committee on Medical Affairs (Senate Journal-page 16)
4/18/2013	Senate	Committee report: Favorable with amendment Medical Affairs (Senate Journal-page 6)
4/24/2013	Senate	Committee Amendment Amended and Adopted (Senate Journal-page 23)
4/24/2013	Senate	Read second time (Senate Journal-page 23)
4/24/2013	Senate	Roll call Ayes-42 Nays-0 (Senate Journal-page 23)
4/25/2013		Scrivener's error corrected
4/30/2013	Senate	Read third time and sent to House
4/30/2013	House	Introduced, read first time, placed on calendar without reference

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VERSIONS OF THIS BILL

[2/27/2013](#)

[4/18/2013](#)

[4/24/2013](#)

[4/25/2013](#)

[4/30/2013](#)

1 ~~Indicates Matter Stricken~~

2 Indicates New Matter

3

4 INTRODUCED

5 April 30, 2013

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S. 448

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9 Introduced by Senators Alexander, Peeler, Cleary and S. Martin

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11 S. Printed 4/30/13--H.

12 Read the first time April 30, 2013.

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A BILL

11 TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA,
12 1976, BY ADDING SECTION 40-47-938 SO AS TO PROVIDE
13 CIRCUMSTANCES IN WHICH A PHYSICIAN MAY ENTER A
14 SUPERVISORY RELATIONSHIP WITH A PHYSICIAN
15 ASSISTANT; TO AMEND SECTION 40-47-910, RELATING
16 TO DEFINITIONS IN THE PHYSICIAN ASSISTANTS
17 PRACTICE ACT, SO AS TO ADD AND REVISE CERTAIN
18 DEFINITIONS; TO AMEND SECTION 40-47-940, RELATING
19 TO APPLICATION FOR LICENSURE, SO AS TO DELETE
20 CERTAIN APPLICATION REQUIREMENTS; TO AMEND
21 SECTION 40-47-945, RELATING TO CONDITIONS FOR
22 GRANTING PERMANENT LICENSURE, SO AS TO DELETE
23 REQUIREMENTS THAT AN APPLICANT APPEAR BEFORE
24 THE BOARD WITH HIS SUPERVISING PHYSICIAN AND
25 HIS SCOPE OF PRACTICE GUIDELINES, AND TO DELETE
26 THE PROHIBITION AGAINST THE APPROVAL OF A
27 SUPERVISING PHYSICIAN OF ON-THE-JOB TRAINING OR
28 TASKS NOT LISTED ON THE APPLICATION FOR LIMITED
29 LICENSURE AS A PHYSICIAN ASSISTANT; TO AMEND
30 SECTION 40-47-955, RELATING TO PHYSICAL PRESENCE
31 REQUIREMENTS OF THE SUPERVISING PHYSICIAN OF A
32 PHYSICIAN ASSISTANT, SO AS TO DELETE EXISTING
33 REQUIREMENTS CONCERNING ON-SITE SETTINGS AND
34 TO PROVIDE WHERE AND HOW A PHYSICIAN
35 ASSISTANT MAY PRACTICE, TO REVISE PROVISIONS
36 CONCERNING OFF-SITE SETTINGS, AND TO REVISE
37 CERTAIN REQUIREMENTS OF A SUPERVISING
38 PHYSICIAN; TO AMEND SECTION 40-47-960, RELATING
39 TO MINIMUM REQUIREMENTS FOR SCOPE OF PRACTICE
40 GUIDELINES FOR PHYSICIAN ASSISTANTS, SO AS TO
41 INCLUDE THE IMMEDIATE CONSULTATION BETWEEN
42 THE PHYSICIAN ASSISTANT AND HIS PRIMARY OR

1 SUPERVISING PHYSICIAN; TO AMEND SECTION
2 40-47-965, RELATING TO THE AUTHORITY OF A
3 PHYSICIAN ASSISTANT TO REQUEST OR RECEIVE
4 PROFESSIONAL SAMPLES OF DRUGS AUTHORIZED
5 UNDER HIS SCOPE OF PRACTICE GUIDELINES, SO AS TO
6 DELETE THE PROHIBITION AGAINST REQUESTING OR
7 RECEIVING PROFESSIONAL SAMPLES OF SCHEDULE II
8 CONTROLLED SUBSTANCES; TO AMEND SECTION
9 40-47-970, RELATING TO THE PRESCRIBING OF DRUGS
10 BY A PHYSICIAN ASSISTANT, SO AS TO AS TO DELETE A
11 PROHIBITION AGAINST PRESCRIBING SCHEDULE II
12 CONTROLLED SUBSTANCES; TO AMEND SECTION
13 40-47-975, RELATING TO THE AUTHORITY OF A
14 SUPERVISING PHYSICIAN TO REQUEST PERMISSION
15 FROM THE BOARD FOR A PHYSICIAN ASSISTANT UNDER
16 HIS SUPERVISION TO RECEIVE ON-THE-JOB TRAINING,
17 SO AS TO DELETE EXISTING LANGUAGE AND PROVIDE
18 THAT A SUPERVISING PHYSICIAN MAY DETERMINE
19 WHETHER A PHYSICIAN ASSISTANT UNDER HIS
20 SUPERVISION NEEDS ADDITIONAL TRAINING OR
21 EDUCATION, THAT THE PHYSICIAN AND PHYSICIAN
22 ASSISTANT MAY JOINTLY DETERMINE THE MEANS OF
23 PROVIDING THIS TRAINING OR EDUCATION, AND THAT
24 CERTAIN RELATED INFORMATION MUST BE SUBMITTED
25 TO THE BOARD OF MEDICAL EXAMINERS AND THE
26 PHYSICIAN ASSISTANT COMMITTEE FOR THE
27 APPROVAL OF EACH; TO AMEND SECTION 40-47-995,
28 RELATING TO THE TERMINATION OF A SUPERVISORY
29 RELATIONSHIP BETWEEN A PHYSICIAN AND PHYSICIAN
30 ASSISTANT, SO AS TO PROVIDE THAT UPON THIS
31 TERMINATION THE PRACTICE OF THE PHYSICIAN
32 ASSISTANT MUST CEASE UNTIL NEW SCOPE OF
33 PRACTICE GUIDELINES, RATHER THAN A NEW
34 APPLICATION, ARE SUBMITTED BY A NEW SUPERVISING
35 PHYSICIAN TO THE BOARD; AND TO REPEAL SECTION
36 40-47-980 RELATING TO THE TREATMENT OF PATIENTS
37 IN CHRONIC CARE AND LONG-TERM CARE FACILITIES.

38

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

41

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

1

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

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

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

43

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

3

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

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

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

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

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

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

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

27 (67) ‘Physician supervisor or supervising physician’ means a
28 South Carolina licensed physician currently possessing an active,
29 unrestricted permanent license to practice medicine in South
30 Carolina who is approved to serve as a supervising physician for
31 no more than ~~two~~ three full-time equivalent physician assistants.
32 The physician supervisor is the individual who is responsible for
33 supervising a physician assistant’s activities.

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

38

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

41

42 “(A) An application must be submitted to the board on forms
43 supplied by the board. The application must be complete in every

1 detail before ~~it~~ licensure may be ~~approved~~ granted and must be
2 accompanied by a nonrefundable fee. As part of the application
3 process, the supervising physician and physician assistant must
4 specify clearly in detail those medical acts, tasks, or functions for
5 which approval is being sought. The specific medical acts, tasks,
6 or functions must be included in the scope of practice guidelines,
7 and the scope of practice guidelines must accompany the
8 application.”

9

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

12

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

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

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

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

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

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

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

35 (7) good moral character;

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

38 (9) appeared before a board member or board designee with
39 ~~the applicant’s supervising physician and~~ all original diplomas and
40 certificates and demonstrated knowledge of the contents of this
41 article. A temporary authorization to practice may be issued as
42 provided in Section 40-47-940 pending completion of this

1 requirement and subject to satisfactory interview as provided
2 below; and

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

6 (B) Not later than ninety days from the date a temporary
7 authorization is issued, each applicant shall appear before a board
8 member or board designee ~~with the applicant's supervising~~
9 ~~physician and scope of practice guidelines~~ and demonstrate
10 knowledge of the contents of this article. Failure to appear within
11 the prescribed time automatically results in the immediate
12 invalidation of the authorization to practice pending compliance
13 and further order of the board. If approved, a permanent license
14 may be issued immediately. If not approved, the application must
15 be reviewed by the committee and may be recommended to the
16 board for approval as presented to or modified by the committee.

17 (C) The supervising physician of a limited licensee physically
18 must be present on the premises at all times when the limited
19 licensee is performing a task. ~~No on-the-job training or task not~~
20 ~~listed on the application may be approved for a limited license~~
21 ~~holder."~~

22

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

25

26 "(9) appeared before a board member or board designee with ~~the~~
27 ~~applicant's supervising physician and~~ all original diplomas and
28 certificates and demonstrated knowledge of the contents of this
29 article; and"

30

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

33

34 "(C) The supervising physician of a limited licensee physically
35 must be present on the premises at all times when the limited
36 licensee is performing a task. ~~No on-the-job training, or task not~~
37 ~~listed on the application, may be approved for a limited license~~
38 ~~holder."~~

39

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

42

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

12 (B) ~~In an on-site practice setting, the supervising physician or~~
13 ~~alternate supervising physician physically must be present at the~~
14 ~~same location as the physician assistant at least seventy five~~
15 ~~percent of the time each month the physician assistant is providing~~
16 ~~services at the same location as the supervising physician or~~
17 ~~alternate supervising physician. The physician assistant may not~~
18 ~~provide services in the absence of the supervising physician or~~
19 ~~alternate supervising physician for more than seven consecutive~~
20 ~~days each month without the prior written approval of the board.~~
21 ~~The board may grant in writing exceptions to the seventy five~~
22 ~~percent direct supervision requirement provided for in this~~
23 ~~subsection~~ Pursuant to scope of practice guidelines, a physician
24 assistant may practice in a public place, a private place, or a
25 facility where the supervising physician regularly sees patients,
26 may make house calls, perform hospital duties, and perform any
27 functions performed by the supervising physician if the physician
28 assistant is also qualified to perform those functions.

29 (C) ~~For off-site practice, a~~ A physician assistant must have six
30 months of clinical experience with the current supervising
31 physician before being permitted to practice at a location off site
32 from the supervising physician, except that a physician assistant
33 who has at least two years continuous practice ~~in South Carolina~~ in
34 the same specialty ~~will be permitted to~~ may practice at a location
35 off site from the supervising physician after three months clinical
36 experience with the supervising physician and upon request of the
37 supervising physician. This three-month requirement may be
38 waived for experienced physician assistants and supervisors upon
39 recommendation of the committee and approval by the board. The
40 off-site location may not be more than ~~forty-five~~ sixty miles ~~or~~
41 ~~sixty minutes of travel time~~ from the supervising physician or
42 alternate supervising physician without written approval of the
43 board. ~~The supervising physician or alternate supervising~~

1 ~~physician must be physically present at the off-site location not~~
2 ~~less than twenty percent of the time each month the physician~~
3 ~~assistant is providing services there.~~ Notice of off-site practice
4 must be filed with the administrative staff of the board before
5 off-site practice may be authorized. The supervising physician or
6 alternate must review, initial, and date the off-site physician
7 assistant's charts ~~not later than five working days from the date of~~
8 ~~service if not sooner as proportionate to the acuity of care and~~
9 ~~practice setting periodically as provided in the written scope of~~
10 practice guidelines, provided the supervising physician must
11 review and verify the adequacy of clinical practice of ten percent
12 of these charts monthly.

13 (D) A supervising physician may ~~not~~ simultaneously supervise
14 no more than two three physician assistants providing clinical
15 service at one time.

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

19
20 SECTION 8. Section 40-47-960 of the 1976 Code is amended to
21 read:

22
23 “Section 40-47-960. A physician assistant practicing at all sites
24 shall practice pursuant to written scope of practice guidelines
25 signed by all supervisory physicians and the physician assistant.
26 Copies of the guidelines must be on file at all practice sites. The
27 guidelines shall include at a minimum the:

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

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

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

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

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

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

38 (7) situations that require direct evaluation by or immediate
39 referral to the physician, including Schedule II controlled
40 substance prescription authorization as provided for in Section
41 40-47-965.”

42

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

3
4 “Section 40-47-965. (A) If the written scope of practice
5 guidelines authorizes the physician’s assistant to prescribe drug
6 therapy:

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

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

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

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

20 (5) the physician assistant may request, receive, and sign for
21 professional samples of drugs authorized in the written scope of
22 practice guidelines, ~~except for controlled substances in Schedule~~
23 ~~H,~~ and may distribute professional samples to patients in
24 compliance with appropriate federal and state regulations and the
25 written scope of practice guidelines;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

39 (5) the physician assistant and supervising physician must
40 read and sign a document approved by the board describing the
41 management of expanded controlled substances prescriptive
42 authority for physician assistants in South Carolina which must be
43 kept on file for review. Within the two-year period, the physician

1 assistant and the supervising physician periodically shall review
2 this document and the physician assistant's prescribing practices to
3 ensure proper prescribing procedures are followed. This review
4 must be documented in writing with a copy kept at each practice
5 site.

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

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

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

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

13

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

16

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

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

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

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

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

27

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

30

31 “Section 40-47-995. If the supervisory relationship between a
32 physician assistant and the supervising physician is terminated for
33 any reason, the physician assistant and the supervising physician
34 shall inform the board immediately in writing of the termination,
35 including the reasons for the termination. The approval of the
36 practice setting terminates coterminous with the termination of the
37 relationship, and practice shall cease until a new ~~application is~~
38 scope of practice guidelines are submitted by a supervising
39 physician and is approved by the board.”

40

41 SECTION 12. Sections 40-47-975 and 40-47-980 of the 1976
42 Code are repealed.

43

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

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