



South Carolina Academy of Physician Assistants Summary of S.132 and H.3399

1. Prescriptive authority Schedule II-V

- **Current state:** Limitations on Schedule II (PAs have been writing Schedule II medications since 2013)
- **Proposed change:** Ability to write Schedule II-V in accordance with federal, state, and regulatory/executive orders as approved in the scope of practice

Currently some patients must wait to see the physician to have certain medications prescribed and dosages changed. This can be cumbersome in rural areas or surgical practices when the surgeon is in the operating room and the after surgery visit is performed by a PA.

It allows clarity and flexibility as new federal, state, and regulatory/executive orders evolve.

PAs are well trained to prescribe these medications. All SC PA schools have over 100 contact classroom hours in pharmaceutical education. This does not include the education PAs receive when practicing on clinical rotations.

2. Scope of practice determined at the practice level

- **Current state:** Board of Medical Examiners (BME) must approve all scopes and additional procedures in 10 business days
- **Proposed change:** The PA may begin practice 5 business days after the scope of practice has been submitted to the BME. The PA must be notified within 5 business days of approval or remedy by the BME. If the PA is employed within a hospital system or provider group that has a credentialing committee, the scope of practice will be approved by the Physician Chief Medical Officer (CMO) or a physician delegated by the CMO. The scope of practice must be filed after approval within 5 business days to the BME.

Hospital systems have their own credentialing committee and follow Joint Commission guidelines

Both approval processes allow the PA to begin practice without administrative delays while still allowing communication and oversight by our state Board of Medical Examiners

3. Adaptable supervision/collaboration requirements

- **Current state:** PAs can practice up to 60 miles offsite after either 3 months or 6 months depending on the PA's experience
- **Proposed change:** Physician and PA determine distance (mileage) within the borders of SC

This expands access to care and continuity of care. The physician can be in one location while the PA practices in another within SC. Given telemedicine technology, the PA can reach the supervising physician when needed.

4. Chart co-signature requirements determined at the practice level

- **Current state:** 10% of offsite charts require signature by the supervising physician
- **Proposed change:** No chart signature requirement other than requirements set forth by CMS and the Joint Commission

5. Supervising Physician: PA ratio

- **Current state:** Physician: PA, 1:3 ratio
- **Proposed change:** Physician/PA ratio to be 1:6 with exceptions to also be waived by the Board of Medical Examiners

6. Reduce administrative burden placed on Physicians

- **Current state:** Current limited ability to sign various forms which are inconsistent
- **Proposed change:** Authority to sign types of forms such as: Handicap Placards, PT, OT, Speech, Rehab orders, disability forms, etc.

7. Emergency, Disaster Care and Community Volunteering

- **Current state:** Limited ability/Clarity needed to provide services
- **Proposed change:** Provides provisions for emergency, disaster care, and camps, etc.

Contact us anytime as we can answer your questions or provide additional information:

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