

**Comparison of the PA Practice Act of 2013 and PA Practice Act of 2019 (effective August 11<sup>th</sup>, 2019) \***

| KEY ELEMENTS  | PA PRACTICE ACT 2013   | PA PRACTICE ACT 2019  |
|---|--|---|
| LICENSE AS REGULATORY TERM                              | Yes  | Yes   |
| PRESCRIPTIVE AUTHORITY II - V                           | <p><b>Yes, with limitations to Schedule II drugs:</b></p> <p><u>Oral Meds:</u> All are limited to initial prescription not exceeding a 72-hour supply (refill must be in consultation w/ and upon patient examination by supervising physician)</p> <p><u>IV (Parenteral Meds):</u> Can write medical order for one-time dose within a 24-hour period, but this one-time administration limit can be exceeded with approval of supervising physician or alternate supervising physician (approval must be documented in the patient's chart)</p>   | <p><b>Yes, with limitations to Schedule II <i>narcotics</i> which include:</b></p> <p><u>Oral Meds:</u> Can initiate a 5-day supply with a 30-day refill (refill must be in consultation with the supervising physician and documented in the patient's chart-no exam required by supervising physician)</p> <p><u>IV (Parenteral Meds):</u> Can initiate a one-time dose within a 24-hour period with subsequent doses in consultation with and approved by the supervising physician that must be documented in the chart</p>   |
| SCOPE OF PRACTICE SHOULD BE DETERMINED AT EACH PRACTICE | <p>The physician must notify the board, in writing, of the proposed supervisory relationship and include the proposed scope of practice guidelines for the relationship. Upon receipt of board approval, the physician assistant may begin clinical practice with the named supervising physician and alternate physicians.</p> <p>If the board needs additional information or clarification, a physician member of the board must contact the supervisory physician within ten business days.</p> <p>Once the BME issues a final determination, the PA and supervising physician must practice in accordance with the BME's determination.</p> | <p>A PA may begin practice 10 business days after submittal of the scope of practice guidelines (or proposed changes) to the BME and until a final determination is made by the Board. A PA may begin practice earlier than 10 business days if the scope of practice guidelines are approved prior to that time.</p> <p>At any time, if the BME disapproves the scope of practice guidelines (or proposed changes), it must provide a written explanation of its determination and a suggested remedy, if possible.</p> <p>Once the BME issues a final determination, the PA and supervising physician must practice in accordance with the BME's determination.</p> |

**Comparison of the PA Practice Act of 2013 and PA Practice Act of 2019 (effective August 11<sup>th</sup>, 2019) \***

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| <p><b>THE RELATIONSHIP OF THE PA TO THE SUPERVISING/COLLABORATING PHYSICIAN SHOULD NOT BE LIMITED BY PROXIMITY AND SHOULD NOT HAVE RESTRICTIONS OR REQUIREMENTS SUCH AS HOW OFTEN THE PHYSICIAN MUST MEET WITH THE PA (ADAPTABLE COLLABORATION)</b></p> | <p>A physician assistant must have 6 months of clinical experience with the current supervising physician before being permitted to practice at a location off site from the supervising physician, except that a physician assistant who has at least 2 years continuous practice in the same specialty may practice at a location off site from the supervising physician after three months clinical experience with the supervising physician and upon request of the supervising physician.</p> <p>This 3-month requirement may be waived for experienced physician assistants and supervisors upon recommendation of the committee and approval by the board. The off-site location may not be more than sixty miles of travel from the supervising physician or alternate supervising physician without written approval of the board. Upon written request, and recommendation of the committee, the board may authorize exceptions to the requirements of this section.</p> | <p>A PA with less than 2 years of continuous practice who is practicing in a new specialty may not practice at a location off site from the supervising physician for at least 60 days.</p> <p><b>The 60-day period, or a portion of it, may be waived by the supervising physician, with written notice submitted to the BME.</b></p>                        |
| <p><b>REQUIRED CO-SIGNING OF CHARTS SHOULD BE DETERMINED AT THE PRACTICE LEVEL AND WITH CONSIDERATION TO THE SITE AND THE PATIENTS BEING SERVED. RETROSPECTIVE CHART REVIEWS ARE ONE WAY IN WHICH PAs AND PHYSICIANS CAN COMMUNICATE</b></p>            | <p>The supervising physician or alternate must review, initial, and date the off-site physician assistant’s charts periodically as provided in the written scope of practice guidelines, provided the supervising physician must review and verify the adequacy of clinical practice of ten percent of these charts monthly.</p>   | <p>The supervising physician must review, initial, and date the off-site PA’s charts as specified in the scope of practice guidelines by the supervising physician, to ensure quality of care and patient safety.</p> <p><b>(Percentage of offsite chart signature determined by the supervising physician based on the PA’s experience and training)</b></p> |

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| <p><b>RESTRICTIONS ON THE NUMBER OF PAs WITH WHOM A PHYSICIAN MAY COLLABORATE SHOULD BE PRACTICE LEVEL SPECIFIC</b></p> | <p>A supervising physician may simultaneously supervise no more than three physician assistants providing clinical service at one time.</p> <p>Upon written request, and recommendation of the committee, the board may authorize exceptions to the requirements of this section.</p> | <p>A supervising physician may sign scope of practice guidelines for up to a total of 6 full-time equivalents (FTEs) (either PAs, APRNs, or a combination of both).</p> <p>A physician may only supervise a total of 6 individuals (PAs, APRNs, or a combination of both) in clinical practice at any one time.</p> <p>Physicians signing to be alternate supervising physicians will not have those scope of practice guidelines counted toward their total of 6 FTE agreements.</p> <p>The Board of Medical Examiners (BME) may approve exceptions to the ratio requirements.</p> |
|---|---|---|

| OTHER  | PA PRACTICE ACT 2013 | PA PRACTICE ACT 2019 |
|--|----------------------|----------------------|
| PAs CAN WRITE A DNR ORDER  | No                   | Yes                  |
| PAs CAN WRITE POST ORDERS  | No                   | Yes                  |
| PAs CAN COMPLETE HANDICAP PLACARDS   | No                   | Yes                  |
| PAs CAN PRONOUNCE DEATH  | No                   | Yes                  |
| PAs CAN SIGN CLINICAL DOCUMENTS ON BEHALF OF THE PHYSICIAN SO LONG AS THE DOCUMENTS ARE STATED IN THE SCOPE OF PRACTICE GUIDELINES | No                   | Yes                  |
| PAs CAN DELEGATE SPECIFIC TASKS AS OUTLINED IN THE LAW TO UNLICENCED PERSONNEL   | No                   | Yes                  |
| PAs CAN PRACTICE TELEMEDICINE  | No                   | Yes                  |

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| <b>PAs ARE REQUIRED TO COMPLETE A 15-HOUR CONTROLLED SUBSTANCE CME COURSE IN ORDER TO APPLY FOR THEIR DEA and DHEC LICENSES</b> | Yes | No  |
|---|-----|-----|
| <b>PAs ARE REQUIRED TO COMPLETE 4 HOURS OF CONTROLLED SUBSTANCE CME EVERY 2 YEARS TO MAINTAIN THEIR DEA AND DHEC LICENSES</b>   | Yes | Yes |

\* Prepared by SCAPA Legislative Committee, July 2019