

REMOVE BARRIERS TO PRACTICE: A COMMON SENSE APPROACH TO MANAGING HEALTHCARE

HOW DOES SOUTH CAROLINA BENEFIT?

DUTY: CARE, COMMITMENT, COSTS

Improve patient care outcomes

Meet critical access needs for consumers

Reduce costs to taxpayers

Increase access to primary care

WHAT IS AN APRN?

An APRN includes Nurse Practitioners and Certified Nurse Midwives who hold at a minimum a Master's degree in Nursing at the advanced practice nurse level, who are educated and clinically trained to assess, diagnose, prescribe, and educate patients regarding their healthcare. They also conduct research and provide community outreach to improve patient populations.

INCREASED ACCESS TO CARE

Removing barriers to practice for APRNs (Nurse Practitioners and Certified Nurse Midwives) enhances hospital systems, physicians, and Nurse Practitioners/Certified Nurse Midwives to enhance capabilities to increase access to health care, especially primary care, prenatal care, and mental health care.

REDUCED COSTS

By keeping patients out of the ER for primary and psychiatric care, this reduces costs to BC/BS and tax payers. The average ER visit nationwide is about \$1233. Nationwide, there is a 20% increase in ER visits; 65% of ER visits in 2014-2015 were for non-emergent issues. In SC 2014-2016, the top 15 reasons Medicaid beneficiaries sought the ER were for primary care complaints costing the state over 140 million dollars! Spending \$1233 for a UTI, STD, or upper respiratory infection is not an efficient way to manage health care, especially when a more affordable option is available for \$60 per visit by seeing a Nurse Practitioner or Certified Nurse Midwife.

INCREASED PSYCHIATRIC OUTPATIENT CARE

Psychiatric providers are scarce in SC. Some SC counties have NO mental health providers. Removing barriers to practice will allow psychiatric Nurse Practitioners to establish practices, manage patients in outpatient settings, and reduce Emergency Visits for mental health care.

IMPROVED PATIENT OUTCOMES

Studies show that Nurse Practitioners have excellent outcomes with chronic disease management and Certified Nurse Midwives reduce C-section rates, even in states that have collaboration and independent practice.

SAFE CARE

Studies show that NPs and CNMs are safe providers. There have been no patient safety issues with the elimination of the supervision. Physician groups contend that supervision ensures that APRNs make a correct diagnosis. However, a government study found that physicians misdiagnose 20% of the time.

TEAM BASED CARE

Team based care, while licensing health professionals as independent providers in collaboration with a health team, improves patient outcomes and ensures that each provider brings their unique contribution to the table, is accountable for their own practice, and removes liability from other professionals.

Who supports: Nurse Practitioners, Certified Nurse Midwives, Coalition for Access to Healthcare, SC Healthcare Association, AARP, Federally Qualified Healthcare Centers, Rural Health Centers, Agape Primary Care, Free Medical Clinics, Eau Claire Health Care Cooperative, Physicians Across the SC, South Carolina Nurses Association, American College of Obstetricians and Gynecologists, Designated Legislators, SC Healthcare Association, SC Department of Mental Health.

Who Opposes: South Carolina Medical Association, SC Academy of Family Practice.

South Carolina Coalition for Access to Healthcare

IMPROVE ACCESS TO CARE and CONTROL COSTS NOW



THE HEALTH CARE PROBLEM IN SC:

- South Carolina ranks 44th in the nation in the United Health Foundation's health report card, ranking of “F”. [1]
- South Carolina is in crisis as we face a critical shortage of primary health care providers.
- Parts or all of 46 counties in South Carolina are designated as medically underserved by the South Carolina Department of Health and Environmental Control (DHEC).[12]
- The American Association of Medical Colleges Center for Workforce Studies predicts that there will be a shortage of about 63,000 physicians by 2015, and 130,600 by 2025. SC Ranks 36th in nation in primary care physicians supply. [7, 1]
- Currently, 8 SC counties have no OB-GYN providers; DHEC HPSA maps indicate that the state is underserved for primary care and mental health care. [12, 13]

APRN AND ACCESS TO CARE:

- Advanced Practice Registered Nurses (APRNs) can provide up to 90% of primary care, 52% serving rural and underserved in SC, an untapped resource to extend primary care in SC. [2, 11]
- Enrollment in nurse practitioner programs is growing each year in South Carolina. Currently there are over 570 Advanced Practice Registered Nurses (APRNs) enrolled in our state’s educational programs. [11]

WHAT IS AN APRN?

- An APRN includes Nurse Practitioners and Certified Nurse Midwives who hold at a minimum a Master’s degree in Nursing at the advanced practice nurse level, who are educated and clinically trained to assess, diagnose, prescribe, and educate patients regarding their healthcare. They also conduct research and provide community outreach to improve patient populations.

APRN EFFECTIVENESS AND SAFETY:

- Numerous studies in the last decade have been published documenting the critical role APRNs play in providing cost-effective, safe, and high quality care. The most recent meta-analysis in 2011, documented quality patient outcomes related to APRN care. [3]
- There is an increased satisfaction with APRN care and lower costs associated with educating APRNs. [4]
- On average, NPs who receive their master’s degree have spent 4-5 years in clinical training by the time they are awarded their degree. NPs who are enrolled in a Doctor of Nursing Practice (DNP) program often have 6-7 years of clinical training by the time they finish their education.

NATIONAL RECOMMENDATIONS AND FINDINGS:

- The Macy Foundation, the National Health Policy Forum, AARP, and most notably, the Institute of Medicine (IOM) have recommended that nurses should practice to the full extent of their education and training.
- The IOM’s most recent report, *The Future of Nursing: Leading Change, Advancing Health*, issues a key message to policy makers and the public that “nurses should practice to the full extent of their education and training.” The first recommendation under this key message is that “scope of practice barriers should be removed.” [5]
- The National Governors Association (NGA) recently released a paper titled *The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care*. The NGA a “bipartisan organization of the nation's governors—concluded that “NPs may be able to mitigate projected shortages of primary care services. Expanded utilization

of NPs has the potential to increase access to health care, particularly in historically underserved areas.” [6, p. 11]

- Two recent rulings by the Federal Trade Commission (FTC) call for state legislatures to adopt less restrictive regulatory models that permit APRNs to practice without unnecessary physician supervision.
- The FTC ruled that “The IOM noted twenty-two states and the District of Columbia allow APRNs to practice and prescribe independently, and there were no differences in safety and quality between states with restrictive scope of practice laws and regulations, and those that allow APRNs to practice independently, including prescribing medications without an agreement with a physician.” [8, 9]
- In states where practice barriers have been removed, approximately 50 percent of nurse practitioners choose to work in rural areas. [8]
- In those states where practice barriers have been removed, physicians' incomes have not been decreased or compromised by allowing nurses full scope of practice. [4, 8]

SOUTH CAROLINA APRN BARRIERS THAT IMPOSE A BURDEN TO PRACTICE AND IMPEDE ACCESS:

- Restricting NP scope of practice in South Carolina by requiring physician supervision is in direct conflict with the educational system and Federal Trade Commission that state NPs should practice independently to conduct patient evaluations, diagnose, order and interpret diagnostic tests, initiate and monitor treatments, as well as write prescriptions. [10]
- In South Carolina APRNs must practice within 45 miles of a physician, making it impossible for APRNs to provide even more care in rural SC communities. No other state has such a mileage regulation.
- In South Carolina, APRNs have limitations with ordering treatment for patients with disabilities, home health services, hospice care, Schedule II medications, and others.

WHAT NEEDS TO BE DONE:

- 1. Legislative regulations must remove barriers to nursing practice in order to increase access and reduce health care costs.**
- 2. Barriers that create a burden that need to be removed include: mileage rules, supervision requirements, prescriptive limitations and limitations to privileges that impede APRNs' ability to provide care to all people in the state.**

**Let's remove barriers in order to increase access to care
and reduce costs. Remove Barriers that impede access!
NOW is the right time for change.**

References:

- [1] United Health Foundation. <https://www.unitedhealthfoundation.org/grants/grantsrankings.aspx> (2017)
- [2] Naylor, MD, Kurtzman, ET. (2010) The Role of Nurse Practitioners In Reinventing Primary Care. Health Affairs 29. 5 (May 2010): 893-9.
- [3] Newhouse RP et al., (2011). Advanced Practice Nurse Outcomes 1990-2008: A Systematic Review. *Nursing Economics* 29(5).
- [4] Safriet, BJ. (1992). "Health Care Dollars & Regulatory Sense: The Role of Advanced Practice Nursing," *Yale Journal on Regulation*, 426-40.
- [5] IOM report (2010). <http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>
- [6] National Governors Association. (2012). The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care. Washington, DC. accessed from, <http://www.nga.org/cms/home/nga>.
- [7] Leveraging Graduate Medical Education to Increase Primary Care and Rural Physician Capacity in SC. GME Advisory Group Report in response to Proviso 33.34E, 2014
- [8] Federal Trade Commission, 2014. Competition and Regulation of Advanced Practice Nurses.
- [9] Supreme Court of the US. NC State Board of Dental Examiners versus Federal Trade Commission. Feb 2015, #13-534.
- [10] Federal Trade Commission issues an advisory opinion that says 2015 House Bill 3078 will expand access. House Bill 3772 and Senate Bill mirror the House Bill 3078 (November 2015).
- [11] USC NP Graduate Data, 2017.
- [12] DHEC MSPA maps.
- [13] ACOG SC Fact Sheet

Side By Side Senate Bill 345 and House Bill 3772 APRN Compromise

as Offered by the NPs, CNMs, and CNS

Synopsis:

- 1. Transition from supervision to collaborative practice for New Graduates APRNs (NP and CNS) after 2000 hours of practice.**
- 2. The New Graduate APRN (NP and CNS) is subject to a mileage radius of 60 miles from the supervising physician or dentist. CNM new graduates not subject to supervision due to vicarious liability and difficulty finding a supervising OB-GYN physician.**
- 3. Collaborative interprofessional practice for APRNs (NP, CNM, CNS) who agree to serve rural or underserved areas or serve underserved populations in urban areas.**
- 4. No ratios or mileage constraints for experienced APRNs (NP, CNS, CNM)**
- 5. Underserved or rural area means an area that is determined by a federal or state agency with the authority to determine such designation.**
- 6. Underserved population means a population residing in rural or urban areas that includes but is not limited to persons receiving Medicaid, Medicare, DHEC Care, Free Clinic Care, or those residing in long term care settings or receiving hospice/palliative care, those in institutions including but not limited to incarceration and mental health, and persons including but not limited to homeless, HIV, children, women, economically disadvantaged, uninsured, underinsured, developmentally disabled, medically fragile, mentally ill, migrants, military persons and their dependents, and veterans and their dependents.**
- 7. Added a definition of telehealth.**
- 8. Added that APRNs practice to the fullest extent of their license.**
- 9. Amended some areas to clarify that some of the definitions apply to NP, CNS, or CNM and not CRNA.**
- 10. Amended definition of CNM, NP**
- 11. Clarified C2 prescribing to reflect the Governor’s mandate limitation of five days for Narcotics.**

Current Law Nurse Practice Act	Proposed	Rationale
No Nurse Practice Act authorization for APRNs (NP, CNM, CNS) to engage in Telehealth	<p><u>Advanced Practice Nurses (NP, CNM, CNS) may deliver or consult for health care via telehealth, to include diagnosing and managing an individual's health care status.</u></p> <p><u>Telehealth' is a tool for communication between the APRN (NP, CNS, CNM), the</u></p>	Add definitions for telehealth. Need this language to authorize APRNs (NP, CNM, CNS) to use Telehealth as a tool to reach out to rural and underserved populations in order to increase access to care, reduce costs, and reduce transportation barriers, especially for rural and underserved populations. Keeping folks out of the ER for primary care will reduce costs.

	<p>patient, and other health care professionals for consultation or the delivery of healthcare services.</p>	
<p>'Certified Nurse-Midwife' or 'CNM' means an advanced practice registered nurse who holds a minimum of a master's degree in the specialty area and provides nurse-midwifery management of women's health care, focusing particularly on pregnancy, childbirth, postpartum, care of the newborn, family planning, and gynecological needs of women.</p>	<p>'Certified Nurse-Midwife' or 'CNM' means an advanced practice registered nurse who holds a minimum of a master's degree in the specialty area and provides nurse-midwifery management of women's health care, focusing particularly on pregnancy, childbirth, postpartum, care of the newborn, family planning, and gynecological needs of women. maintains certification by the American Midwifery Certification Board who is trained to provide a range of health care services for women from adolescence beyond menopause. These services include women's primary health care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of partners for sexually transmitted infections. CNMs work in private practice, community health facilities, clinics, hospitals and accredited birth centers.</p>	<p>Amended the definition of CNM, NP, and CNS to reflect current national language and support from the Association of Obstetricians and Gynecologists.</p> <p>Current language requires physician supervision of CNMs, regardless of experience. However, supervision does not exist for experienced APRNs (NP, CNM, CNS). Currently, about 20 NPs and CNMs have their own practice or own Rural Health Centers. Over 50% of SC NPs and CNMs in SC do NOT practice onsite with physicians.</p> <p>Supervision would remain in place for New Graduate NPs and CNMs.</p>
<p>No definition of collaboration or rural/underserved populations or areas exist in current Nurse Practice Act.</p>	<p>A licensed nurse practitioner, certified nurse-midwife, or clinical nurse specialist must provide evidence of approved written protocols, as provided in this section. A licensed NP, CNM, or CNS performing delegated medical acts must do so under the general supervision of a licensed physician or dentist who must be readily available for consultation. A licensed nurse practitioner, certified nurse midwife, or clinical nurse specialist must practice collaboration and the APRN (NP, CNM, CNS) is subject to random audit by the Board of Nursing.</p> <p>'Collaboration' means a professional relationship between one or more APRN's (NP, CNS, CNM) and other health professionals, which includes collaboration, consultation and referral for patient care. The professional relationship may be subject to an employee-employer contract or employing entity. APRNs who practice collaboration shall serve rural or underserved areas or serve underserved populations in urban areas.</p> <p>'Underserved or rural area' means an area that is determined by a federal or state</p>	<p>Added a definition of collaboration to reflect current practice arrangements for experienced APRNs (NP, CNM, CNS) who agree to practice in rural and underserved areas or with rural/underserved populations.</p> <p>Current language requires physician supervision of NPs, CNMs, CNS. However, supervision does not exist for experienced APRNs (NP, CNM, CNS). Currently, about 20 NPs and CNMs have their own practice or own Rural Health Centers. Over 50% of SC NPs and CNMs in SC do NOT practice onsite with physicians.</p> <p>Currently, 23 states authorize independent practice and 15 states authorize collaborative practice.</p> <p>Supervision would remain in place for New Graduate NPs and CNMs.</p> <p>Federal Trade Commission (FTC) rules that it is discriminatory and Anticompetitive for other health professionals and regulatory boards to regulate and oversee other health professions. FTC ruled in SC that physician supervision of APRNs was anti-competitive, incurred more restrictions and regulations, increased</p>

	<p><u>agency with the authority to determine such designation.</u></p> <p><u>'Underserved population' means a population residing in rural or urban areas that includes but is not limited to persons receiving Medicaid, Medicare, DHEC (Department of Health and Environmental Health) care, Free Clinic care, or those residing in long term care settings or receiving hospice/palliative care, those in institutions including but not limited to incarceration and mental health, and persons including but not limited to homeless, HIV, children, women, economically disadvantaged, uninsured, underinsured, developmentally disabled, medically fragile, mentally ill, migrants, military persons and their dependents, and veterans and their dependents.</u></p>	<p>costs to taxpayers due to unnecessary regulations, and impeded access to care.</p>
<p>'Nurse Practitioner' or 'NP' means a registered nurse who has completed an advanced formal education program at the master's level <u>or doctoral level</u> acceptable to the board, and who demonstrates advanced knowledge and skill in assessment and management of physical and psychosocial health, illness status of persons, families, and groups. Nurse practitioners who perform delegated medical acts must have a supervising physician or dentist who is readily available for consultation and shall operate within the approved written protocols.</p>	<p>'Nurse Practitioner' or 'NP' means a registered nurse who has completed an advanced formal education program at the master's level <u>or doctoral level</u> acceptable to the board, and who demonstrates advanced knowledge and skill in assessment and management of physical and psychosocial health, illness status of persons, families, and groups. <u>Nurse practitioners who perform delegated medical acts must have a supervising physician or dentist who is readily available for consultation and shall operate within the approved written protocols.</u></p>	<p>Amended definition of NPs to reflect current educational level and remove supervision since experienced NPs collaborate, which reflects current practice arrangements for experienced APRNs (NP).</p> <p>Current language requires physician supervision of all NPs, regardless of experience. However, supervision does not exist for experienced APRNs (NP, CNM, CNS). Currently, about 20 NPs and CNMS have their own practice or own Rural Health Centers. Over 50% of SC NPs and CNMS in SC do NOT practice onsite with physicians.</p> <p>Supervision would remain in place for New Graduate NPs and CNMs.</p>
<p>'Physician' means a physician licensed by the South Carolina Board of Medical Examiners who possesses an active, unrestricted, permanent license to practice medicine.</p>	<p>'Physician' means a physician licensed by the South Carolina Board of Medical Examiners <u>who possesses an active, unrestricted, permanent license to practice medicine. Physicians are prohibited from charging remuneration or fees from APRNs for supervision or collaboration.</u></p>	<p>Added language that physicians cannot charge APRNs (NP, CNM, CNS) a fee for supervision and/or collaboration. Some physicians are charging APRNs fees of \$300 to \$1000 per month to supervise, in addition to obtaining reimbursement from the payers for the NP/CNM's services.</p>
<p>No language in the Nurse Practice Act for New Graduate APRNs to transition to practice (NP, CNM, CNS)</p>	<p><u>"Supervising physician" for a New Graduate APRN (Nurse Practitioner, Clinical Nurse Specialist) means a physician, osteopathic physician, or dentist who holds an unencumbered license to practice medicine or dentistry.</u></p> <p><u>'Transition to practice agreement' means an agreement between an APRN (NP, CNS)</u></p>	<p>Per the physician groups request, language was added for physician supervision for new graduates to transition to practice. New graduates are subject to a 60 mileage constraint from the physician.</p> <p>APRNs (NP, CNM, CNS) can transition from physician supervision to collaboration after 2000 hours post-</p>

	<p>with less than 2000 hours of practice as an advanced practice registered nurse and a supervising physician for the delivery of health care.</p> <p>a. A transition to practice agreement for APRNs (NP, CNS) with less than 2000 hours of practice shall include the APRN (NP, CNS) and supervising physician identifying information, electronic means of communication with supervising physician, 60 mileage radius from the supervising physician, and evidence based practice guidelines that outline patient care, which is subject to random audit by the Board of Nursing.</p> <p>b. A release from the transition to practice is made by notification by written affidavit by the APRN to the Board of Nursing after 2000 hours of practice as an APRN (NP, CNS). An APRN (NP, CNS) with more than 2000 hours of practice may choose to remain in a supervisory relationship with a supervising physician as defined by the physician and the APRN (NP, CNS).</p>	<p>graduation. IMPORTANT TO NOTE: RNS entering APRN programs have on the average 10,000 hours of direct patient care.</p>
<p>No current language in the Nurse Practice Act to authorize APRNs (NP, CNM, CNS) to provide non-controlled prescription drugs at free clinics; certify a student for home instruction; refer a patient to physical therapy; issue an order for hospice services and provide care to patients in hospice facility; and issue certifications for handicapped placards</p>	<p>"Section 40-33-55. A nurse practitioner, certified nurse midwife, or clinical nurse specialist may provide non-controlled prescription drugs at an entity that provides free medical services for indigent patients."</p> <p>SECTION 2. Article 1, Chapter 33, Title 40 of the 1976 Code is amended by adding:</p> <p>"Section 40-33-57. Notwithstanding another provision of law, nurse practitioners and certified nurse midwives may certify that a student is unable to attend school but may benefit from receiving instruction given in his home or in a hospital."</p> <p>SECTION 3. Article 1, Chapter 33, Title 40 of the 1976 Code is amended by adding:</p> <p>"Section 40-33-59. Notwithstanding another provision of law, nurse practitioners and certified nurse midwives orally or in writing may refer a patient to a physical therapist for treatment."</p> <p>SECTION 4. Article 1, Chapter 33, Title 40 of the 1976 Code is amended by adding:</p>	<p>Need these language changes to increase access to care since over 50% of APRNs do not work on site with MDs and 50% work in underserved or rural areas. Not having these capabilities impede or delay total patient care.</p> <p>Provider Orders for Life Sustaining Treatment (POLST) is a form that seeks to standardize orders and communication between patients and the health care community on end of life care and interventions. The POLST initiative seeks to use one style of form, signed by a patient or their surrogate and a health care provider, and is applicable across health care settings.</p> <p>When fully implemented, POLST and similar standardized orders will help patients and their families have their desires for various types of interventions and end-of-life care honored.</p>

"Section 40-33-61. The State, a political subdivision of the State, a commission, a clinic, or a board administering relief, social security, health insurance, or health services under the laws of this State may not deny to the recipients or beneficiaries of their assistance or services the freedom to choose the provider of care or service that is within the scope of practice of a nurse practitioner or certified nurse midwife licensed by the board."

SECTION 5. Article 1, Chapter 33, Title 40 of the 1976 Code is amended by adding:

"Section 40-33-63. Notwithstanding another provision of law, nurse practitioners and certified nurse midwives may pronounce death and sign death certificates."

SECTION 6. Article 1, Chapter 33, Title 40 of the 1976 Code is amended by adding:

"Section 40-33-65. Notwithstanding another provision of law, nurse practitioners and certified nurse midwives may issue an order for a patient to admit to a hospice facility or agency and receive appropriate hospice or palliative care services."

SECTION 7. Article 1, Chapter 33, Title 40 of the 1976 Code is amended by adding:

"Section 40-33-67. Notwithstanding another provision of law, nurse practitioners and certified nurse midwives may issue a certificate that certifies that an individual is handicapped, and whether the handicap is temporary or permanent, for purposes of the individual's application for a placard."

SECTION 8. Article 1, Chapter 47, Title 40 of the 1976 Code is amended by adding:

"Section 40-47-370. The provisions of this article do not apply to a person employed as an APRN by the United States government where such services are provided solely under the direction and control of the United States government."

'Hospice facility' means an institution, place, or building in which a licensed

	<p><u>hospice agency provides room, board, and appropriate hospice services on a twenty-four-hour basis to individuals requiring hospice care pursuant to the orders of a physician, nurse practitioner, or certified nurse midwife.</u></p> <p><u>'Hospice care' means terminal or palliative care that is initiated by the medical director of the agency, or the physician member of the hospice facility, or the individual's primary care provider that includes a physician or nurse practitioner.</u></p>	
<p>'Delegated medical acts' means additional acts delegated by a physician or dentist to the NP, CNM, or CNS and may include formulating a medical diagnosis and initiating, continuing, and modifying therapies, including prescribing drug therapy, under approved written protocols as provided in Section 40-33-34. Delegated medical acts must be agreed to jointly by both the Board of Nursing and the Board of Medical Examiners. Delegated medical acts must be performed under the general supervision of a physician or dentist who must be readily available for consultation.</p>	<p><u>'Delegated medical acts' means additional acts delegated by a physician or dentist to the NP, CNM, or CNS and may include formulating a medical diagnosis and initiating, continuing, and modifying therapies, including prescribing drug therapy, under approved written protocols as provided in Section 40-33-34. Delegated medical acts must be agreed to jointly by both the Board of Nursing and the Board of Medical Examiners. Delegated medical acts must be performed under the general supervision of a physician or dentist who must be readily available for consultation.</u></p>	<p>Removing this language reflects current educational programs and clinical practice for APRNs that includes diagnosing and prescribing.</p> <p>According the National Council State Boards of Nursing, this is outdated language and should be removed.</p>
<p>When application is made for more than three NP's, CNM's, or CNS's to practice with one physician or when a NP, CNM, or CNS is performing delegated medical acts in a practice site greater than forty-five miles from the supervising physician, the Board of Nursing and Board of Medical Examiners shall each review the application to determine if adequate supervision exists.</p> <p>'Readily available' means the physician must be in near proximity and is able to be contacted either in person or by telecommunications or other electronic means to provide consultation and advice to the</p>	<p><u>When application is made for more than three NP's, CNM's, or CNS's to practice with one physician or when a NP, CNM, or CNS is performing delegated medical acts in a practice site greater than forty five miles from the supervising physician, the Board of Nursing and Board of Medical Examiners shall each review the application to determine if adequate supervision exists.</u></p> <p><u>'Readily available' means the physician must be in near proximity and is able to be contacted either in person or by telecommunications or other electronic means to provide consultation and advice to the practitioner performing delegated medical acts. When application is made for more than the equivalent of three full time NPs, CNMs, or CNSs to practice with one physician, or when a NP, CNM, or CNS is performing delegated medical acts in a practice site greater than forty five miles from the physician, the Board of Nursing</u></p>	<p>Removing this ratio (one MD to 3 NP or CNMs) and the 45-mile radius removes constraints to patient care and access. The National Council States Board of Nursing states this is outdated language and are impediments to patient care.</p> <p>Only 8 states have supervision, mileage and/or ratio constraints (Georgia, NC, SC, Alabama, Texas, California, Oklahoma)</p>

<p>practitioner performing delegated medical acts. When application is made for more than the equivalent of three full-time NPs, CNMs, or CNSs to practice with one physician, or when a NP, CNM, or CNS is performing delegated medical acts in a practice site greater than forty-five miles from the physician, the Board of Nursing and the Board of Medical Examiners shall review the application to determine if adequate supervision exists.</p>	<p>and the Board of Medical Examiners shall review the application to determine if adequate supervision exists.</p>	
<p>Authorization for prescribing includes: do not include prescriptions for Schedule II controlled substances; however, Schedules III through V controlled substances may be prescribed if listed in the approved written protocol and as authorized by Section 44-53-300</p>	<p>do not include prescriptions for Schedule II controlled substances; however, Schedules III through V controlled substances may be prescribed if listed in the approved written protocol and as authorized by Section 44-53-300 include Schedules III through V substances, which may be prescribed for a thirty day initial prescription and for each thirty day renewal. Schedule II substances may be prescribed for a thirty-day initial prescription and for each thirty-day renewal, except for narcotics listed in Schedule II, which can be prescribed for five days per the Governor's mandate provided the prescription is not for patients in hospice, palliative, or pain management care;</p>	<p>Expands the prescribing of schedules 2, but for narcotics Schedule 2 only for 5 days per the Governor's mandate. The only exception is for patients in palliative, hospice, or pain management care.</p>

2017 <https://www.bartonassociates.com/blog/a-guide-to-the-np-wheel-nurse-practitioner-scope-of-practice-laws/>

2017 <https://www.bartonassociates.com/locum-tenens-resources/nurse-practitioner-scope-of-practice-laws/>

2017 <https://www.aanp.org/images/documents/policy-toolbox/Limit%20on%20Ratios%20of%20NPs%20to%20Physicians%20in%20Collaborative%20or%20Supervisory%20Agreements.pdf>

<https://www.ncsbn.org/policy-and-government.htm>

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District 33



Senator Luke A. Rankin (R)
201 Beaty St., Conway 29526

District 11



Senator Glenn G. Reese (D)
507 Fagan Drive, Lake Bowen, Inman 29349

District 2



Senator Rex F. Rice (R)
P.O. Box 1706, Easley 29641

District 32



Senator Ronnie A. Sabb (D)
P.O. Box 311, Greeleyville 29056

District 19



Senator John L. Scott, Jr. (D)
215 Elmont Dr., Columbia 29203

District 41



Senator Sandy Senn (R)
P.O. Box 12279, Charleston 29422

District 26



Senator Nikki G. Setzler (D)
249 Congaree Park Drive, West Columbia 29169

District 23



Senator Katrina Frye Shealy (R)
PO Box 84783, Lexington 29073

District 27



Senator Vincent A. Sheheen (D)
P.O. Drawer 10, Camden 29021

District 12



Senator Scott Talley (R)
134 Oakland Ave., Spartanburg 29302

District 6



Senator William Timmons (R)
PO Box 395, Greenville 29602

District 8



Senator Ross Turner (R)
P. O. Box 16703, Greenville 29606

District 9



Senator Daniel B. "Danny" Verdin, III (R)
P.O. Box 272, Laurens 29360

District 30



Senator Kent M. Williams (D)
4205 Stirk Place, Marion 29571

District 24



Senator Tom Young, Jr. (R)
P.O. Box 651, Aiken 29802

South Carolina Legislative Services

House Members 2018

By Session:

District 59



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1646 Harris Court, Florence 29501

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Representative Merita A. "Rita" Allison (R)
P.O. Box 93, Lyman 29365

District 103



Representative Carl L. Anderson (D)
P.O. Box 694, Georgetown 29442

District 42



Representative Michael A. "Mike" Anthony (D)
322 Mt. Vernon Rd., Union 29379

District 94



Representative Katherine E. "Katie" Arrington (R)
100 Turner Field Way, Summerville 29485

District 57



Representative Lucas Atkinson (D)
912 N. Main St., Marion 29571

District 87



Representative Todd K. Atwater (R)
P.O. Box 1056, Lexington 29071-1056

District 80



Representative Jimmy C. Bales, Ed.D. (D)
1515 Crossing Creek Rd., Eastover 29044

District 71



Representative Nathan Ballentine (R)
324 Sienna Dr, Chapin 29036

District 90



Representative Justin T. Bamberg (D)
232 Azalea Avenue, Bamberg 29003

District 24



Representative Bruce W. Bannister (R)
P.O. Box 10007, Greenville 29603

District 28



Representative Eric M. Bedingfield (R)
945 Cooley Bridge Rd, Belton 29627

District 114



Representative Linda "Lin" Bennett (R)
231 N. Ainsdale Dr., Charleston 29414

District 78



Representative Beth E. Bernstein (D)
1019 Assembly St., Columbia 29201

District 81



Representative Bart T. Blackwell (R)
6 Roundhill Ct., Aiken 29803

District 122



Representative William K. "Bill" Bowers (D)
P.O. Box 686, Hampton 29924

District 123



Representative Jeffrey A. "Jeff" Bradley (R)
304 Seabrook Drive, Hilton Head Island 29926

District 70



Representative Wendy C. Brawley (D)
217 Sagemont Dr., Hopkins 29061

District 116



Representative Robert L. Brown (D)
5925 Hwy. 162, Hollywood 29449

District 48



Representative Bruce M. Bryant (R)
4015 Kingfisher Dr., York 29745

District 17



Representative James Mikell "Mike" Burns (R)
100 Old Locust Hill Rd., Taylors 29687

District 89



Representative Micajah P. "Micah" Caskey, IV (R)
2811 Dalewood Dr., West Columbia 29170

District 35



Representative William M. "Bill" Chumley (R)
3303 Greenpond Rd., Woodruff 29388

District 3



Representative Gary E. Clary (R)
P.O. Box 1645, Clemson 29633

District 107



Representative Alan D. Clemmons (R)
1800 North Oak St., Myrtle Beach 29577

District 82



Representative William "Bill" Clyburn (D)
664 Edrie St., Aiken 29801

District 66



Representative Gilda Cobb-Hunter (D)
4188 Five Chop Road, Orangeburg 29115

District 110



Representative William Scott Cogswell, Jr. (R)
701 East Bay St., Suite 310, Charleston 29403

District 32



Representative J. Derham Cole, Jr. (R)
P.O. Box 1467, Spartanburg 29304

District 5



Representative Neal A. Collins (R)
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District 68



Representative Heather Ammons Crawford (R)
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District 117



Representative William E. "Bill" Crosby (R)
2680 Hanford Mills Lane, North Charleston 29406

District 92



Representative Joseph S. Daning (R)
118 Queensbury Cir., Goose Creek 29445

District 100



Representative Sylleste H. Davis (R)
P.O. Box 1617, Moncks Corner 29461

District 43



Representative F. Gregory "Greg" Delleney, Jr. (R)
P.O. Drawer 808, Chester 29706

District 23



Representative Chandra E. Dillard (D)
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District 41



Representative MaryGail K. Douglas (D)
56 Kabbad Rd., Winnsboro 29180

District 104



Representative Gregory D. "Greg" Duckworth (R)
2412 Watson Drive, North Myrtle Beach 29582

District 22



Representative Jason Elliott (R)
116 E. Montclair Ave., Greenville 29609

District 124



Representative Shannon S. Erickson (R)
P.O. Box 1228, Beaufort, 29901-1228

District 26



Representative Raye Felder (R)
116 Mary Mack Lane, Fort Mill 29715

District 75



Representative Kirkman Finlay, III (R)
P.O. Box 11684, Columbia 29211

District 39



Representative Cally R. "Cal" Forrest (R)
137 N. Railroad Ave., Monetta 29105

District 34



Representative P. Michael "Mike" Forrester (R)
287 Creekridge Dr., Spartanburg 29301

District 106



Representative Russell W. Fry (R)
P.O. Box 14444, Surfside Beach, 29587

District 52



Representative Laurie Slade Funderburk (D)
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District 11



Representative Craig A. Gagnon (R)
504 Church St., Abbeville 29620

District 111



Representative Wendell G. Gilliard (D)
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District 95



Representative Jerry N. Govan, Jr. (D)
P.O. Box 77, Orangeburg 29116

District 20



Representative Daniel P. "Dan" Hamilton (R)
P.O. Box 6088, Greenville 29606

District 105



Representative Kevin Hardee (R)
2082 Cane Branch Rd., Loris 29569

District 73



Representative Christopher R. "Chris" Hart (D)
5219 Burke Ave., Columbia 29203

District 55



Representative Jackie E. "Coach" Hayes (D)
240 Bermuda Rd., Dillon 29536

District 21



Representative Phyllis J. Henderson (R)
PO Box 27054, Greenville, 29616

District 31



Representative Rosalyn D. Henderson-Myers (D)
299 S. Converse St., Spartanburg 29306

District 54



Representative Patricia Moore "Pat" Henegan (D)
P.O. Box 41, Bennettsville 29512

District 118



Representative William G. "Bill" Herbkersman (R)
896 May River Rd., Bluffton 29910-5833

District 108



Representative Lee Hewitt (R)
P.O. Box 928, Murrells Inlet 29576

District 8



Representative Jonathon D. Hill (R)
1031 Double Springs Rd., Townville 29689

District 4



Representative David R. Hiott (R)
P.O. Box 997, Pickens 29671

District 83



Representative William M. "Bill" Hixon (R)
P.O. Box 7927, North Augusta 29861

District 91



Representative Lonnie Hosey (D)
P.O. Box 423, Barnwell 29812

District 76



Representative Leon Howard (D)
2425 Barhamville Rd., Columbia 29204

District 85



Representative Chip Huggins (R)
308 Wayworth Court, Columbia 29212

District 102



Representative Joseph H. Jefferson, Jr. (D)
1375 Colonel Maham Dr., Pineville 29468

District 58



Representative Jeffrey E. "Jeff" Johnson (R)
7223 Pee Dee Hwy., Conway 29527

District 63



Representative Wallace H. "Jay" Jordan, Jr. (R)
626 W. Evans St., Florence 29501

District 49



Representative John Richard C. King (D)
P.O. Box 11555, Rock Hill 29731

District 61



Representative Roger K. Kirby (D)
1690 Johnsonville Hwy., Lake City 29560

District 97



Representative Patsy G. Knight (D)
P.O. Box 663, St. George 29477

District 19



Representative Dwight A. Loftis (R)
P.O. Box 14784, Greenville 29610

District 37



Representative Steven Wayne Long (R)
P.O. Box 161944, Boiling Springs 29316

District 60



Representative Phillip D. Lowe (R)
507 West Cheves St., Florence 29501

District 65



Representative James H. "Jay" Lucas (R)
1744 Garland Dr., Hartsville 29550

District 109



Representative David J. Mack, III (D)
4340 Evanston Blvd., North Charleston 29418

District 38



Representative Josiah Magnuson (R)
P.O. Box 206, Campobello 29322

District 40



Representative Richard "Rick" Martin (R)
9307 SC Highway 34, Newberry 29108

District 115



Representative Peter M. McCoy, Jr. (R)
135 King St., Charleston 29401

District 13



Representative John R. McCravy, III (R)
P.O. Box 50658, Greenwood 29649

District 77



Representative Joseph A. "Joe" McEachern (D)
P.O. Box 3751, Columbia 29230

District 56



Representative Timothy "Tim" A. McGinnis (R)
8476 Juxa Dr., Myrtle Beach 29579

District 101



Representative Cezar E. McKnight (D)
P.O. Box 688, Lake City 29560

District 29



Representative Dennis C. Moss (R)
306 Silver Cir., Gaffney 29340

District 30



Representative V. Stephen "Steve" Moss (R)
210 Big Rock Road, Blacksburg 29702

District 98



Representative Chris Murphy (R)
4238 Persimmon Woods Drive, N. Charleston 29420

District 45



Representative Brandon Michael Newton (R)
P.O. Box 2501, Lancaster 29721

District 120



Representative Wm. Weston J. Newton (R)
83 Myrtle Island Rd., Bluffton 29910

District 44



Representative Mandy Powers Norrell (D)
P.O. Box 994, Lancaster 29721

District 93



Representative Russell L. Ott (D)
135 Ott Farm Trail, St. Matthews 29135

District 12



Representative J. Anne Parks (D)
P.O. Box 181, Greenwood 29648

District 113



Representative Marvin R. Pendarvis (D)
PO Box 60715, North Charleston 29419

District 14



Representative Michael A. Pitts (R)
372 Bucks Point Rd., Laurens 29360

District 47



Representative Thomas E. "Tommy" Pope (R)
P.O. Box 471, York 29745

District 10



Representative Joshua A. Putnam (R)
P.O. Box 51314, Piedmont 29673

District 64



Representative Robert L. Ridgeway, III (D)
117 N. Brooks St., Manning 29102

District 121



Representative Michael F. Rivers, Sr. (D)
734 Seaside Rd., St. Helena Island 29920

District 15



Representative Samuel Rivers, Jr. (R)
P.O. Box 760, Goose Creek 29445

District 25



Representative Leola C. Robinson-Simpson (D)
19 Prince Ave., Greenville 29605

District 74



Representative J. Todd Rutherford (D)
P.O. Box 1452, Columbia 29202

District 2



Representative William E. "Bill" Sandifer, III (R)
112 Cardinal Dr., Seneca 29672

District 46



Representative J. Gary Simrill (R)
1515 Alexander Rd., Rock Hill 29732

District 67



Representative G. Murrell Smith, Jr. (R)
P.O. Box 580, Sumter 29151

District 27



Representative Garry R. Smith (R)
210 Foxhound Rd., Simpsonville 29680

District 72



Representative James E. Smith, Jr. (D)
P.O. Box 50333, Columbia 29250

District 112



Representative F. Michael "Mike" Sottile (R)
132 Sparrow Dr., Isle of Palms 29451

District 96



Representative L. Kit Spires (R)
P.O. Box 396, Pelion 29123

District 119



Representative Leonidas E. "Leon" Stavrinakis (D)
P.O. Box 30099, Charleston 29417

District 18



Representative Tommy M. Stringer (R)
P.O. Box 2078, Greer 29652

District 33



Representative Edward R. "Eddie" Tallon, Sr. (R)
140 Bagwell Farm Rd., Spartanburg 29302

District 86



Representative Bill Taylor (R)
P.O. Box 2646, Aiken 29802

District 9



Representative Anne J. Thayer (R)
225 Ansonborough Plantation, Belton 29627

District 79



Representative Ivory Torrey Thigpen (D)
P.O. Box 291416, Columbia 29229

District 88



Representative McLain R. "Mac" Toole (R)
180 Dogwood Cir., West Columbia 29170

District 51



Representative J. David Weeks (D)
2 Marlborough Court, Sumter 29154

District 7



Representative John Taliaferro "Jay" West, IV (R)
402 Brown Ave., Belton 29627

District 50



Representative William W. "Will" Wheeler, III (D)
1930 Camden Highway, Bishopville 29010

District 6



Representative W. Brian White (R)
P.O. Box 970, Anderson 29622

District 1



Representative William R. "Bill" Whitmire (R)
P.O. Box 157, Walhalla 29691

District 62



Representative Robert Q. Williams (D)
2512 Holly Cir., Darlington 29532

District 16



Representative Mark N. Willis (R)
201 Quillen Ave., Fountain Inn 29644

District 84



Representative Ronald "Ronnie" Young (R)
220 Deerwood Dr., North Augusta 29841

District 53



Representative Richard L. "Richie" Yow (R)
178 Mill St., Chesterfield 29709

Name

Senate District 1: Thomas Alexander (R, incumbent)
Senate District 2: Rex Rice (R)
Senate District 3: Kevin L. Bryant (R, incumbent)
Senate District 4: Mike Gambrell (R, incumbent)
Senate District 5: Tom Corbin (R, incumbent)
Senate District 6: William Timmons (R)
Senate District 7: Karl Allen (D, incumbent)
Senate District 8: Ross Turner (R, incumbent)
Senate District 9: Danny Verdin, III (R, incumbent)
Senate District 11: Glenn Reese (D, incumbent)
Senate District 12: Scott Talley (R)
Senate District 13: Shane Martin (R, incumbent)
Senate District 14: Harvey Peeler, Jr. (R, incumbent)
Senate District 15: Wes Climer (R)
Senate District 16: Greg Gregory (R, incumbent)
Senate District 17: Mike Fanning (D)
Senate District 18: Ronnie Cromer (R, incumbent)
Senate District 19: John Scott, Jr. (D, incumbent)
Senate District 20: John Courson (R, incumbent)
Senate District 21: Darrell Jackson (D, incumbent)
Senate District 22: Mia McLeod (D)
Senate District 23: Katrina Shealy (R, incumbent)
Senate District 24: Tom Young (R, incumbent)
Senate District 25: Shane Massey (R, incumbent)
Senate District 26: Nikki Setzler (D, incumbent)
Senate District 27: Vincent Sheheen (D, incumbent)
Senate District 28: Greg Hembree (R, incumbent)
Senate District 29: Gerald Malloy (D, incumbent)
Senate District 30: Kent Williams (D, incumbent)
Senate District 31: Hugh Leatherman, Jr. (R, incumbent)
Senate District 32: Ronnie Sabb (D, incumbent)
Senate District 33: Luke Rankin (R, incumbent)
Senate District 34: Stephen Goldfinch (R, incumbent)
Senate District 35: Thomas McElveen, III (D, incumbent)
Senate District 36: Kevin Johnson (D, incumbent)
Senate District 37: Larry Grooms (R, incumbent)
Senate District 38: Sean Bennett (R, incumbent)
Senate District 39: John Matthews, Jr. (D, incumbent)
Senate District 40: Brad Hutto (D, incumbent)
Senate District 41: Sandy Senn (R)
Senate District 42: Marlon Kimpson (D, incumbent)
Senate District 43: Chip Campsen, III (R, incumbent)
Senate District 44: Paul Campbell, Jr. (R, incumbent)

Senate District 45: Margie Bright Matthews (D, incumbent)

Senate District 46: Tom Davis (R, incumbent)

House District 1: Bill Whitmire (R, incumbent)

House District 2: Bill Sandifer (R, incumbent)

House District 3: Gary Clary (R, incumbent)

House District 4: David Hiott (R, incumbent)

House District 5: Neal Collins (R, incumbent)

House District 6: Brian White (R, incumbent)

House District 7: Jay West (R)

House District 8: Jonathan Hill (R, incumbent)

House District 9: Anne Thayer (R, incumbent)

House District 10: Joshua Putnam (R, incumbent)

House District 11: Craig Gagnon (R, incumbent)

House District 12: Anne Parks (D, incumbent)

House District 13: John McCravy (R, incumbent)

House District 14: Michael Pitts (R, incumbent)

House District 15: Samuel Rivers, Jr. (R, incumbent)

House District 16: Mark Willis (R, incumbent)

House District 17: Michael Burns (R, incumbent)

House District 18: Tommy Stringer (R, incumbent)

House District 19: Dwight Loftis (R, incumbent)

House District 20: Dan Hamilton (R, incumbent)

House District 21: Phyllis Henderson (R, incumbent)

House District 22: Jason Elliott (R)

House District 23: Chandra Dillard (D, incumbent)

House District 24: Bruce Bannister (R, incumbent)

House District 25: Leola Robinson-Simpson (D, incumbent)

House District 26: Raye Felder (R, incumbent)

House District 27: Garry Smith (R, incumbent)

House District 28: Eric Bedingfield (R, incumbent)

House District 29: Dennis Moss (R, incumbent)

House District 30: Stephen Moss (R, incumbent)

House District 31: Harold Mitchell (D, incumbent)

House District 32: Derham Cole Jr. (R, incumbent)

House District 33: Eddie Tallon (R, incumbent)

House District 34: Mike Forrester (R, incumbent)

House District 35: Bill Chumley (R, incumbent)

House District 36: Rita Allison (R, incumbent)

House District 37: Steve Long (R)

House District 38: Josiah Magnuson (R)

House District 39: Cal Forrest (R)

House District 40: Rick Martin (R)

House District 41: MaryGail Douglas (D, incumbent)
House District 42: Mike Anthony (D, incumbent)
House District 43: Gregory Delleney, Jr. (R, incumbent)
House District 44: Mandy Powers Norrell (D, incumbent)
House District 45: Brandon Newton (R)
House District 46: Gary Simrill (R, incumbent)
House District 47: Tommy Pope (R, incumbent)
House District 48: Ralph Norman, Jr. (R, incumbent)
House District 49: John King (D, incumbent)
House District 50: Will Wheeler (D)
House District 51: David Weeks (D, incumbent)
House District 52: Laurie Slade Funderburk (D, incumbent)
House District 53: Richie Yow (R, incumbent)
House District 54: Patricia Henegan (D, incumbent)
House District 55: Jackie Hayes (D, incumbent)
House District 56: Mike Ryhal (R, incumbent)
House District 57: Lucas Atkinson (D)
House District 58: Jeffrey Johnson (R, incumbent)
House District 59: Terry Alexander (D, incumbent)
House District 60: Phil Lowe (R, incumbent)
House District 61: Roger Kirby (D, incumbent)
House District 62: Robert Williams (D, incumbent)
House District 63: Jay Jordan (R, incumbent)
House District 64: Robert Ridgeway, III (D, incumbent)
House District 65: Jay Lucas (R, incumbent)
House District 66: Gilda Cobb-Hunter (D, incumbent)
House District 67: Murrell Smith (R, incumbent)
House District 68: Heather Ammons Crawford (R, incumbent)
House District 69: Richard Quinn, Jr. (R, incumbent)
House District 70: Joseph Neal (D, incumbent)
House District 71: Nathan Ballentine (R, incumbent)
House District 72: James Smith, Jr. (D, incumbent)
House District 73: Chris Hart (D, incumbent)
House District 74: J. Todd Rutherford (D, incumbent)
House District 75: Kirkman Finlay, III (R, incumbent)
House District 76: Leon Howard (D, incumbent)
House District 77: Joe McEachern (D, incumbent)
House District 78: Beth Bernstein (D, incumbent)
House District 79: Ivory Thigpen (D)
House District 80: Jimmy Bales (D, incumbent)
House District 81: Bart Blackwell (R)
House District 82: Bill Clyburn (D, incumbent)
House District 83: Bill Hixon (R, incumbent)
House District 84: Christopher Corley (R, incumbent)

House District 85: Chip Huggins (R, incumbent)
House District 86: Bill Taylor (R, incumbent)
House District 87: Todd Atwater (R, incumbent)
House District 88: Mac Toole (R, incumbent)
House District 89: Micah Caskey (R)
House District 90: Justin Bamberg (D, incumbent)
House District 91: Lonnie Hosey (D, incumbent)
House District 92: Joe Daning (R, incumbent)
House District 93: Russell Ott (D, incumbent)
House District 94: Katie Arrington (R)
House District 95: Jerry Govan, Jr. (D, incumbent)
House District 96: Kit Spires (R, incumbent)
House District 97: Patsy Knight (D, incumbent)
House District 98: Chris Murphy (R, incumbent)
House District 99: Jim Merrill, IV (R, incumbent)
House District 100: Sylleste Davis (R, incumbent)
House District 101: Cezar McKnight (D, incumbent)
House District 102: Joe Jefferson, Jr. (D, incumbent)
House District 103: Carl Anderson (D, incumbent)
House District 104: Greg Duckworth (R, incumbent)
House District 105: Kevin Hardee (R, incumbent)
House District 106: Russell Fry (R, incumbent)
House District 107: Alan Clemmons (R, incumbent)
House District 108: Lee Hewitt (R)
House District 109: David Mack, III (D, incumbent)
House District 110: William Cogswell, Jr. (R)
House District 111: Wendell G. Gilliard (D, incumbent)
House District 112: Michael Sottile (R, incumbent)
House District 113: Seth Whipper (D, incumbent)
House District 114: Lin Bennett (R)
House District 115: Peter McCoy, Jr. (R, incumbent)
House District 116: Robert Brown (D, incumbent)
House District 117: Bill Crosby (R, incumbent)
House District 118: Bill Herbkersman (R, incumbent)
House District 119: Leon Stavrinakis (D, incumbent)
House District 120: Weston Newton (R, incumbent)
House District 121: Michael Rivers, Sr. (D)
House District 122: Bill Bowers (D, incumbent)
House District 123: Jeffrey Bradley (R, incumbent)
House District 124: Shannon Erickson (R, incumbent)

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