**South Carolina General Assembly**

122nd Session, 2017-2018

**H. 4529**

**STATUS INFORMATION**

General Bill

Sponsors: Rep. G.M. Smith

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Introduced in the House on January 9, 2018

Introduced in the Senate on February 27, 2018

Currently residing in the Senate Committee on **Medical Affairs**

Summary: Nurse Practice Act

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

1/9/2018 House Introduced and read first time ([House Journal‑page 143](file:///h:\hj\20180109.docx))

1/9/2018 House Referred to Committee on **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 143](file:///h:\hj\20180109.docx))

2/21/2018 House Committee report: Favorable **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 3](file:///h:\hj\20180221.docx))

2/22/2018 House Read second time ([House Journal‑page 27](file:///h:\hj\20180222.docx))

2/22/2018 House Roll call Yeas‑104 Nays‑0 ([House Journal‑page 28](file:///h:\hj\20180222.docx))

2/22/2018 House Unanimous consent for third reading on next legislative day ([House Journal‑page 29](file:///h:\hj\20180222.docx))

2/22/2018 Scrivener's error corrected

2/23/2018 House Read third time and sent to Senate ([House Journal‑page 2](file:///h:\hj\20180223.docx))

2/27/2018 Senate Introduced and read first time ([Senate Journal‑page 8](file:///h:\sj\20180227.docx))

2/27/2018 Senate Referred to Committee on **Medical Affairs** ([Senate Journal‑page 8](file:///h:\sj\20180227.docx))

4/19/2018 Senate Committee report: Favorable **Medical Affairs** ([Senate Journal‑page 8](file:///h:\sj\20180419.docx))

4/20/2018 Scrivener's error corrected

5/8/2018 Senate Recommitted to Committee on **Medical Affairs** ([Senate Journal‑page 5](file:///h:\sj\20180508.docx))

View the latest [legislative information](http://www.scstatehouse.gov/billsearch.php?billnumbers=4529&session=122&summary=B) at the website

**VERSIONS OF THIS BILL**

[1/9/2018](file:///p:\pprever\2017-18\4529_20180109.docx)

[2/21/2018](file:///p:\pprever\2017-18\4529_20180221.docx)

[2/22/2018](file:///p:\pprever\2017-18\4529_20180222.docx)

[4/19/2018](file:///p:\pprever\2017-18\4529_20180419.docx)

[4/20/2018](file:///p:\pprever\2017-18\4529_20180420.docx)

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Indicates New Matter

COMMITTEE REPORT

April 19, 2018

**H. 4529**

Introduced by Rep. G.M. Smith

S. Printed 4/19/18--S. [SEC 4/20/18 12:40 PM]

Read the first time February 27, 2018.

**THE COMMITTEE ON MEDICAL AFFAIRS**

To whom was referred a Bill (H. 4529) to amend Section 40‑33‑20, Code of Laws of South Carolina, 1976, relating to definitions in the Nurse Practice Act, so as to provide certain board, etc., respectfully

**REPORT:**

That they have duly and carefully considered the same and recommend that the same do pass:

HARVEY S. PEELER, JR. for Committee.

**A** **BILL**

TO AMEND SECTION 40‑33‑20, CODE OF LAWS OF SOUTH CAROLINA, 1976, RELATING TO DEFINITIONS IN THE NURSE PRACTICE ACT, SO AS TO PROVIDE CERTAIN BOARD OF NURSING LICENSEES MAY PERFORM DELEGATED MEDICAL ACTS BY MEANS OF TELEMEDICINE AND TO DEFINE “TELEMEDICINE”; TO AMEND SECTION 40‑33‑34, RELATING TO THE PERFORMANCE OF DELEGATED MEDICAL ACTS BY CERTAIN BOARD OF NURSING LICENSEES, SO AS TO PROVIDE REQUIREMENTS CONCERNING THE PRACTICE OF TELEMEDICINE BY ADVANCED PRACTICE REGISTERED NURSES; TO AMEND SECTION 40‑47‑20, AS AMENDED, RELATING TO DEFINITIONS IN THE PRACTICE ACT FOR PHYSICIANS AND CERTAIN OTHER MEDICAL PROFESSIONALS, SO AS TO PROVIDE CERTAIN DELEGATED MEDICAL ACTS MAY BE PERFORMED BY MEANS OF TELEMEDICINE; TO AMEND SECTION 40‑47‑935, RELATING TO ACTS PHYSICIAN ASSISTANTS MAY PERFORM, SO AS TO INCLUDE TELEMEDICINE; AND TO AMEND SECTION 40‑47‑955, AS AMENDED, RELATING TO THE SCOPE OF PRACTICE GUIDELINES FOR PHYSICIAN ASSISTANTS, SO AS TO INCLUDE TELEMEDICINE.

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

SECTION 1. Section 40‑33‑20 of the 1976 Code is amended to read:

“Section 40‑33‑20. In addition to the definitions provided in Section 40‑1‑20, for purposes of this chapter:

(1) ‘Accreditation’ means official authorization or status granted by an agency other than a state board of nursing.

(2) ‘Active license’ means the status of a license that has been renewed for the current period and authorizes the licensee to practice nursing in this State.

(3) ‘Additional acts’ means activities performed by a nurse that expand the scope of practice, as established in law. The following must be submitted in writing to the board for approval before a nurse implements additional acts:

(a) additional activity being requested;

(b) statement with rationale as to how the activity will improve client outcomes;

(c) documentation based on the literature review to support the nurse’s performing the additional activity;

(d) qualification requirements, including educational background and experience needed;

(e) special training required, including theory and clinical practice. A nurse must successfully complete a course of ‘special education and training’ acceptable to the board to perform additional acts;

(f) evaluation and follow‑up procedures.

Additional acts that constitute delegated medical acts must be agreed to jointly by both the Board of Nursing and the Board of Medical Examiners and must be promulgated by the Board of Nursing in regulation.

(4) ‘Administration of medications’ means the acts of preparing and giving drugs in accordance with the orders of a licensed, authorized nurse practitioner, certified nurse‑midwife, clinical nurse specialist, or a physician, dentist, or other authorized licensed provider as to drug, dosage, route, and frequency; observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy; intervening when emergency care is required as a result of drug therapy; appropriately instructing the patient regarding the medication; recognizing accepted prescribing limits and reporting deviations to the prescribing nurse practitioner, certified nurse‑midwife, or clinical nurse specialist, physician, dentist, or other authorized licensed provider.

(5) ‘Advanced Practice Registered Nurse’ or ‘ APRN’ means a registered nurse who is prepared for an advanced practice registered nursing role by virtue of additional knowledge and skills gained through an advanced formal education program of nursing in a specialty area that is approved by the board. The categories of APRN are nurse practitioner, certified nurse‑midwife, clinical nurse specialist, and certified registered nurse anesthetist. An advanced practice registered nurse shall hold a doctorate, a post‑nursing master’s certificate, or a minimum of a master’s degree that includes advanced education composed of didactic and supervised clinical practice in a specific area of advanced practice registered nursing. In addition to those activities considered the practice of registered nursing, an APRN may perform delegated medical acts.

(6) ‘Agreed to jointly’ means the agreement by the Board of Nursing and Board of Medical Examiners on delegated medical acts which nurses perform and which are promulgated by the Board of Nursing in regulation.

(7) ‘Ancillary services’ means services associated with the basic services provided to an individual in need of in‑home care who needs one or more of the basic services and includes:

(a) homemaker‑type services, including shopping, laundry, cleaning, and seasonal chores;

(b) companion‑type services, including transportation, letter writing, reading mail, and escorting; and

(c) assistance with cognitive tasks, including managing finances, planning activities, and making decisions.

(8) ‘Approval’ means the process by which the board evaluates nursing education programs, which must meet established uniform and reasonable standards.

(9) ‘Approved written guidelines’ means specific statements developed by a certified registered nurse anesthetist and a supervising licensed physician or dentist or by the medical staff within the facility where practice privileges have been granted.

(10) ‘Approved written protocols’ means specific statements developed collaboratively by a physician or the medical staff and a NP, CNM, or CNS that establishes physician delegation for medical aspects of care, including the prescription of medications.

(11) ‘Attendant care services’ means those basic and ancillary services that enable an individual in need of in‑home care to live in the individual’s home and community rather than in an institution and to carry out functions of daily living, self‑care, and mobility.

(12) ‘Authorized licensed provider’ means a provider of health care services who is authorized to practice by a licensing board in this State where the scope of practice includes authority to order and prescribe drugs in treating patients.

(13) ‘Basic services’ includes:

(a) getting in and out of a bed, wheelchair, motor vehicle, or other device;

(b) assistance with routine bodily functions including health maintenance activities, bathing and personal hygiene, dressing and grooming, and feeding, including preparation and cleanup.

(14) ‘Board’ means the State Board of Nursing for South Carolina.

(15) ‘Board‑approved credentialing organization’ means an organization that offers a certification examination in a specialty area of nursing practice, establishes scope and standards of practice statements, and provides a mechanism for evaluating continuing competency in a specialized area of nursing practice which has been approved by the board.

(16) ‘Business days’ means every day except Saturdays, Sundays, and legal holidays.

(17) ‘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.

(18) ‘Certification’ of a registered nurse 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 nursing 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 nursing practice by the certifying agency.

(19) ‘Certified Nurse‑Midwife’ or ‘CNM’ means an advanced practice registered nurse who holds 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.

(20) ‘Certified Registered Nurse Anesthetist’ or ‘ CRNA’ means an advanced practice registered nurse who:

(a) has successfully completed an advanced, organized formal CRNA education program at the master’s level accredited by the national accrediting organization of this specialty area and that is recognized by the board;

(b) is certified by a board‑approved national certifying organization; and

(c) demonstrates advanced knowledge and skill in the delivery of anesthesia services.

A CRNA must practice in accordance with approved written guidelines developed under supervision of a licensed physician or dentist or approved by the medical staff within the facility where practice privileges have been granted.

(21) ‘Clinical Nurse Specialist’ or ‘CNS’ means an advanced practice registered nurse who is a clinician with a high degree of knowledge, skill, and competence in a practice discipline of nursing. This nurse shall hold a master’s degree in nursing, with an emphasis in clinical nursing. These nurses are directly available to the public through the provision of nursing care to clients and indirectly available through guidance and planning of care with other nursing personnel. A CNS who performs delegated medical acts is required to have physician support and to practice within approved written protocols. A CNS who does not perform delegated medical acts is not required to have physician support or to practice within approved written protocols as provided in Section 40‑33‑34.

(22) ‘Competence’ means the ability of a licensed nurse to perform safely, skillfully, and proficiently the functions within the role of the licensee. The role encompasses the possession and interrelation of essential knowledge, judgment, attitudes, values, skills, and abilities, which are varied and range in complexity. Competence is a dynamic concept, changing as the licensed nurse achieves a higher stage of development, responsibility, and accountability within the role.

(23) ‘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. Delegated medical acts may be performed by telemedicine.

(24) ‘Delivering’ means the act of handing over to a patient medications as ordered by an authorized licensed provider and prepared by an authorized licensed provider.

(25) ‘Dentist’ means a dentist licensed by the South Carolina Board of Dentistry.

(26) ‘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.

(27) ‘Expanded role’ of a registered nurse means a process of diffusion and implies multi‑directional change. Expansion, as a process of role change, is undertaken to fill perceived needs in the health care system, and also to project new components or systems of health care. The authority base for practice from which the expanded role emanates is the body of knowledge that constitutes a nurse’s preparation for practice. The expanded role of a registered nurse requires specialized knowledge, judgment, and skill, but does not require or permit medical diagnosis or medical prescription of therapeutic or corrective measures. The expanded role of a licensed practical nurse with special education and training includes performing delegated professional nursing activities, as authorized by the board under the direction and supervision of a registered nurse, but does not authorize violation of state law pertaining to medical or pharmacy practice.

(28) ‘Graduate Registered Nurse Anesthetist’ or ‘ GRNA’ means a new graduate of an advanced organized formal education program for nurse anesthetists accredited by the national accrediting organization who must achieve certification within one year of graduation of program completion.

(29) ‘Graduate Registered Nurse‑Midwife’ or ‘ GRNM’ means a new graduate of an advanced organized formal education program for nurse‑midwives accredited by the national accrediting organization. A GRNA is required to become certified within one year of graduation or program completion.

(30) ‘Health maintenance activities’ include, but are not limited to, catheter irrigation, administration of medications, enemas and suppositories, and wound care, if these activities could be performed by an individual if the individual were physically and mentally capable.

(31) ‘Inactive license’ means the official temporary retirement of a person’s authorization to practice nursing upon the person’s notice to the board that the person does not plan to practice nursing or the status of a license that does not currently authorize a licensee to practice nursing in this State.

(32) ‘Incompetence’ means the failure of a nurse to demonstrate and apply the knowledge, skill, and care that is ordinarily possessed and exercised by other nurses 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.

(33) ‘Individual in need of in‑home care’ means a functionally disabled individual in need of attendant care services because of impairment who requires assistance to complete functions of daily living, self‑care, and mobility, including attendant care services.

(34) ‘Lapsed license’ means the termination of a person’s authorization to practice nursing due to the person’s failure to renew his or her nursing license within the renewal period.

(35) ‘Letter of caution’ means a written caution or warning about past or future conduct issued when it is determined that no misconduct has been committed or that only minor misconduct not warranting the imposition of a sanction has been committed. The issuance of a letter of caution is not a form of discipline and does not constitute a finding of misconduct unless the letter of caution specifically states that misconduct has been committed. The fact that a letter of caution 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 is relevant to the misconduct alleged in the proceedings.

(36) ‘License’ means a current document issued by the board authorizing a person to practice as an advanced practice registered nurse, a registered nurse, or a licensed practical nurse.

(37) ‘Licensed Practical Nurse’ or ‘LPN’ means a person to whom the board has issued an authorization to practice as a licensed practical nurse.

(38) ‘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 nursing ethics as adopted by the board or incompetence or unprofessional conduct.

(39) ‘NCLEX’ means the National Council Licensure Examination for Registered Nurses or Licensed Practical Nurses.

(40) ‘Nurse’ means a person licensed as an advanced practice registered nurse, registered nurse, or licensed practical nurse pursuant to this chapter.

(41) ‘Nurse Practitioner’ or ‘NP’ means a registered nurse who has completed an advanced formal education program at the master’s level 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.

(42) ‘Nursing diagnosis’ means a clinical judgment about a person, family, or community that is derived through a nursing assessment and the standard nursing taxonomy.

(43) ‘Orientation’ means any introductory instruction into a new practice environment or employment situation where being a nurse is a requirement of employment or where the individual uses any title or abbreviation indicating that the individual is a nurse. Orientation is considered the practice of nursing in this State.

(44) ‘Person’ means a natural person, male or female.

(45) ‘Physician’ means a physician licensed by the South Carolina Board of Medical Examiners.

(46) ‘Practice of nursing’ means the provision of services for compensation, except as provided in this chapter, that assists persons and groups to obtain or promote optimal health. Nursing practice requires the use of nursing judgment. Nursing judgment is the logical and systematic cognitive process of identifying pertinent information and evaluating data in the clinical context in order to produce informed decisions, which guide nursing actions. Nursing practice is provided by advanced practice registered nurses, registered nurses, and licensed practical nurses. The scope of nursing practice varies and is commensurate with the educational preparation and demonstrated competencies of the person who is accountable to the public for the quality of nursing care. Nursing practice occurs in the state in which the recipient of nursing services is located at the time nursing services are provided.

(47) ‘Practice of practical nursing’ means the performance of health care acts that require knowledge, judgment, and skill and must be performed under the supervision of an advanced practice registered nurse, registered nurse, licensed physician, licensed dentist, or other practitioner authorized by law to supervise LPN practice. The practice of practical nursing includes, but is not limited to:

(a) collecting health care data to assist in planning care of persons;

(b) administering and delivering medications and treatments as prescribed by an authorized licensed provider;

(c) implementing nursing interventions and tasks;

(d) providing basic teaching for health promotion and maintenance;

(e) assisting in the evaluation of responses to interventions;

(f) providing for the maintenance of safe and effective nursing care rendered directly or indirectly;

(g) participating with other health care providers in the planning and delivering of health care;

(h) delegating nursing tasks to qualified others;

(i) performing additional acts that require special education and training and that are approved by the board including, but not limited to, intravenous therapy and other specific nursing acts and functioning as a charge nurse.

(48) ‘Practice of registered nursing’ means the performance of health care acts in the nursing process that involve assessment, analysis, intervention, and evaluation. This practice requires specialized independent judgment and skill and is based on knowledge and application of the principles of biophysical and social sciences. The practice of registered nursing includes, but is not limited to:

(a) assessing the health status of persons and groups;

(b) analyzing the health status of persons and groups;

(c) establishing outcomes to meet identified health care needs of persons and groups;

(d) prescribing nursing interventions to achieve outcomes;

(e) implementing nursing interventions to achieve outcomes;

(f) administering and delivering medications and treatments prescribed by an authorized licensed provider;

(g) delegating nursing interventions to qualified others;

(h) providing for the maintenance of safe and effective nursing care rendered directly or indirectly;

(i) providing counseling and teaching for the promotion and maintenance of health;

(j) evaluating and revising responses to interventions, as appropriate;

(k) teaching and evaluating the practice of nursing;

(l) managing and supervising the practice of nursing;

(m) collaborating with other health care professionals in the management of health care;

(n) participating in or conducting research, or both, to enhance the body of nursing knowledge;

(o) consulting to improve the practice of nursing; and

(p) performing additional acts that require special education and training and that are approved by the board.

(49) ‘Private reprimand’ means a statement by the board that a violation was committed by a person authorized to practice which has been declared confidential and which is not subject to disclosure as a public document.

(50) ‘Probation’ means the issuance of an authorization to practice with terms and conditions imposed by the board. 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.

(51) ‘Public reprimand’ means a publicly available statement of the board that a violation was committed by a person authorized to practice.

(52) ‘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 nurse practitioner, certified nurse‑midwife, or clinical nurse specialist performing delegated medical acts. 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 physician, the Board of Nursing and Board of Medical Examiners shall each review the application to determine if adequate supervision exists.

(53) ‘Registered Nurse’ means a person to whom the board has issued an authorization to practice as a registered nurse.

(54) ‘Restriction’ means a limitation on the activities in which a licensee may engage under an authorization to practice, including revocation, suspension, or probation.

(55) ‘Revocation’ means the cancellation or withdrawal of a license or other authorization issued by the board either permanently or for a period specified by the board before the person is eligible to reapply. A person whose license or other authorization has been permanently revoked by the board is permanently ineligible for a license or other authorization of any kind from the board.

(56) ‘Special education and training’ means an organized advanced course of study acceptable to the board, required to expand a nurse’s scope of practice. This educational training must be completed after graduation from one’s basic nursing education program and includes both theory and clinical practice.

(57) ‘Supervision’ means the process of critically observing, directing, and evaluating another’s performance.

(58) ‘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.

(59) ‘State or jurisdiction in this country’ means a state of the United States or the District of Columbia and does not include a territory or dependency of the United States.

(60) ‘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.

(61) ‘Temporary permit’ means a current time‑limited document that authorizes the practice of nursing at the level for which one is seeking licensure.

(~~61~~62) ‘Unlicensed assistive personnel’ or ‘UAP’ are persons not currently licensed by the board as nurses who perform routine nursing tasks that do not require a specialized knowledge base or the judgment and skill of a licensed nurse. Nursing tasks performed by a UAP must be performed under the supervision of an advanced practice registered nurse, registered nurse, or selected licensed practical nurse.

(~~62~~63) ‘Unprofessional conduct’ means acts or behavior that fail 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 nursing, or conduct that may violate any provision of the code of ethics adopted by the board or a specialty.

(~~63~~64) ‘Voluntary surrender’ means the invalidation of a nursing license at the time of its surrender and thereafter. A person whose license is voluntarily surrendered may not practice nursing or represent oneself to be a nurse until the board takes action.

(~~64~~65) ‘Volunteer license’ means authorization of a retired nurse to provide nursing services to others through an identified charitable organization without remuneration.”

SECTION 2. Section 40‑33‑34 of the 1976 Code is amended to read:

“Section 40‑33‑34. (A) An advanced practice registered nurse applicant shall furnish evidence satisfactory to the board that the applicant:

(1) has met all qualifications for licensure as a registered nurse; and

(2) holds current specialty certification by a board‑approved credentialing organization. New graduates shall provide evidence of certification within one year of program completion; however, psychiatric clinical nurse specialists shall provide evidence of certification within two years of program completion; and

(3) has earned a master’s degree from an accredited college or university, except for those applicants who:

(a) provide documentation as requested by the board that the applicant was graduated from an advanced, organized formal education program appropriate to the practice and acceptable to the board before December 31, 1994; or

(b) graduated before December 31, 2003, from an advanced, organized formal education program for nurse anesthetists accredited by the national accrediting organization of that specialty. CRNA’s who graduate after December 31, 2003, must graduate with a master’s degree from a formal CRNA education program for nurse anesthetists accredited by the national accreditation organization of the CRNA specialty. An advanced practice registered nurse must achieve and maintain national certification, as recognized by the board, in an advanced practice registered nursing specialty;

(4) has paid the board all applicable fees; and

(5) has declared specialty area of nursing practice and the specialty title to be used must be the title which is granted by the board‑approved credentialing organization or the title of the specialty area of nursing practice in which the nurse has received advanced educational preparation.

(B) An APRN is subject, at all times, to the scope and standards of practice established by the board‑approved credentialing organization representing the specialty area of practice and shall function within the scope of practice of this chapter and must not be in violation of Chapter 47.

(C)(1) 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.

(2) 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.

(D)(1) Delegated medical acts performed by a nurse practitioner, certified nurse‑midwife, or clinical nurse specialist must be performed pursuant to an approved written protocol between the nurse and the physician and must include, but is not limited to:

(a) this general information:

(i) name, address, and South Carolina license number of the nurse;

(ii) name, address, and South Carolina license number of the physician;

(iii) nature of practice and practice locations of the nurse and physician;

(iv) date the protocol was developed and dates the protocol was reviewed and amended;

(v) description of how consultation with the physician is provided and provision for backup consultation in the physician’s absence;

(b) this information for delegated medical acts:

(i) the medical conditions for which therapies may be initiated, continued, or modified;

(ii) the treatments that may be initiated, continued, or modified;

(iii) the drug therapies that may be prescribed;

(iv) situations that require direct evaluation by or referral to the physician.

(2) The original protocol and any amendments to the protocol must be reviewed at least annually, dated and signed by the nurse and physician, and made available to the board for review within seventy‑two hours of request. Failure to produce protocols upon request of the board is considered misconduct and subjects the licensee to disciplinary action. A random audit of approved written protocols must be conducted by the board at least biennially.

(3) Licensees who change practice settings or physicians shall notify the board of the change within fifteen business days and provide verification of approved written protocols. NP’s, CNM’s, and CNS’s who discontinue their practice shall notify the board within fifteen business days.

(E)(1) A NP, CNM, or CNS who applies for prescriptive authority:

(a) must be licensed by the board as a nurse practitioner, certified nurse‑midwife, or clinical nurse specialist;

(b) shall submit a completed application on a form provided by the board;

(c) shall submit the required fee;

(d) shall provide evidence of completion of forty‑five contact hours of education in pharmacotherapeutics acceptable to the board, within two years before application or shall provide evidence of prescriptive authority in another state meeting twenty hours in pharmacotherapeutics acceptable to the board, within two years before application;

(e) shall provide at least fifteen hours of education in controlled substances acceptable to the board as part of the twenty hours required for prescriptive authority if the NP, CNM, or CNS has equivalent controlled substance prescribing authority in another state;

(f) shall provide at least fifteen hours of education in controlled substances acceptable to the board as part of the forty‑five contact hours required for prescriptive authority if the NP, CNM, or CNS initially is applying to prescribe in Schedules III through V controlled substances.

(2) The board shall issue an identification number to the NP, CNM, or CNS authorized to prescribe medications. Authorization for prescriptive authority is valid for two years unless terminated by the board for cause. Initial authorization expires concurrent with the expiration of the Advanced Practice Registered Nurse license.

(3) Authorization for prescriptive authority must be renewed after the applicant meets requirements for renewal and provides documentation of twenty hours acceptable to the board of continuing education contact hours every two years in pharmacotherapeutics. For a NP, CNM, or CNS with controlled substance prescriptive authority, two of the twenty hours must be related to prescribing controlled substances.

(F)(1) Authorized prescriptions by a nurse practitioner, certified nurse‑midwife, or clinical nurse specialist with prescriptive authority:

(a) must comply with all applicable state and federal laws;

(b) is limited to drugs and devices utilized to treat common well‑defined medical problems within the specialty field of the nurse practitioner or clinical nurse specialist, as authorized by the physician and listed in the approved written protocols. The Board of Nursing, Board of Medical Examiners, and Board of Pharmacy jointly shall establish a listing of classifications of drugs that may be authorized by physicians and listed in approved written protocols;

(c) 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;

(d) must be signed by the NP, CNM, or CNS with the prescriber’s identification number assigned by the board and all prescribing numbers required by law. The prescription form must include the name, address, and phone number of the NP, CNM, or CNS and physician and must comply with the provisions of Section 39‑24‑40. A prescription must designate a specific number of refills and may not include a nonspecific refill indication;

(e) must be documented in the patient record of the practice and must be available for review and audit purposes.

(2) A NP, CNM, or CNS who holds prescriptive authority may request, receive, and sign for professional samples, except for controlled substances in Schedule II, and may distribute professional samples to patients as listed in the approved written protocol, subject to federal and state regulations.

(G)(1) For purposes of this subsection:

(a) ‘Telemedicine’ has the same meaning as provided in Section 40‑33‑20(60).

(b) ‘Unprofessional conduct’ has the same meaning as provide in Section 40‑33‑20(62).

(2) An APRN may perform delegated medical acts via telemedicine that are agreed to jointly by both the Board of Nursing and the Board of Medical Examiners and performed pursuant to an approved written protocol between the nurse and the physician.

(3) An APRN who establishes a nurse‑patient relationship solely by means of telemedicine shall adhere to the same standard of care as a licensee employing more traditional in‑person medical care. Failure to conform to the appropriate standard of care is considered unprofessional conduct and may be subject to enforcement by the board.

(4) An APRN may not establish a nurse‑patient relationship by means of telemedicine for the purpose of prescribing medication when an in‑person physical examination is necessary for diagnosis.

(5) An APRN who establishes a nurse‑patient relationship solely by means of telemedicine only may prescribe within a practice setting fully in compliance with this chapter and during an encounter in which threshold information necessary to make an accurate diagnosis is obtained in a medical history interview conducted by the prescribing licensee; provided, however, that Schedule III prescriptions are not permitted except for those Schedule III medications specifically jointly authorized by both the Board of Nursing and the Board of Medical Examiners, which may include, but is not limited to, Schedule III nonnarcotic medications.

(6) An APRN who establishes a nurse‑patient relationship solely by means of telemedicine shall generate and maintain medical records for each patient using those telemedicine services in compliance with any applicable state and federal laws, rules, and regulations, including the provisions of this chapter, the Health Insurance Portability and Accountability Act (HIPAA), and the Health Information Technology for Economic and Clinical Health Act (HITECH). These records must be accessible to other practitioners and to the patient in a timely fashion when lawfully requested by the patient or his lawfully designated representative.

(7) The provisions of this subsection may not be construed to allow an APRN to perform services beyond the scope of what is authorized by Title 40, Chapter 33 and Title 40, Chapter 47.

(H) Prescriptive authorization may be terminated by the board if a NP, CNM, or CNS with prescriptive authority has:

(1) not maintained certification in the specialty field;

(2) failed to meet the education requirements for pharmacotherapeutics;

(3) prescribed outside the scope of the approved written protocols;

(4) violated a provision of Section 40‑33‑110; or

(5) violated any state or federal law or regulations applicable to prescriptions.

(~~H~~I)(1) Nothing in this section may be construed to require a CRNA to obtain prescriptive authority to deliver anesthesia care.

(2) A CRNA shall practice pursuant to approved written guidelines developed with the supervising licensed physician or dentist or by the medical staff within the facility where practice privileges have been granted and must include, but are not limited to:

(a) the following general information:

(i) name, address, and South Carolina license number of the registered nurse;

(ii) name, address, and South Carolina license number of the supervising physician, dentist, or the physician director of anesthesia services, or the medical director of the facility;

(iii) dates the guidelines were developed, and dates the guidelines were reviewed and amended;

(iv) physical address of the primary practice and any additional practice sites;

(b) these requirements for providing anesthesia services:

(i) documentation of clinical privileges in the institutions where anesthesia services are provided, if applicable;

(ii) copy of job description;

(iii) policies and procedures that outline the pre‑anesthesia evaluation, induction, intra‑operative maintenance, and emergence from anesthesia.

(iv) evidence of outcome evaluation for anesthesia services.

(3) The original and any amendments to the approved written guidelines must be reviewed at least annually, dated and signed by the CRNA and physician or dentist, and must be made available to the board for review within seventy‑two hours of request. Failure to produce the guidelines is considered misconduct and subjects the licensee to disciplinary action. A random audit of approved written guidelines must be conducted by the board at least biennially.

(4) A person who changes primary practice settings or physician or dentist shall notify the board of this change within fifteen business days and provide verification of approved written guidelines. A CRNA who discontinues his or her practice shall notify the board within fifteen business days.

(5) The physician or dentist responsible for the supervision of a CRNA must be identified on the anesthesia record before administration of anesthesia.”

SECTION 3. Section 40‑47‑20(13) and (14) of the 1976 Code is amended to read:

“(13) ‘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. Delegated medical acts may be performed by telemedicine.

(14) ‘Delegated medical acts to the APRN’ means additional acts delegated by a physician or dentist to the Advanced Practice Registered Nurse (NP, CNM, or CNS) which 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 and Section 40‑47‑195. Delegated medical acts to the APRN (NP, CNM, or CNS) must be agreed to jointly by both the Board of Nursing and the Board of Medical Examiners. Delegated medical acts to the APRN (NP, CNM, or CNS) must be performed under the general supervision of a physician or dentist who must be readily available for consultation. Delegated medical acts to the APRN may be performed by telemedicine.”

SECTION 4. Section 40‑47‑935 of the 1976 Code is amended to read:

“Section 40‑47‑935. (A) Physician assistants may perform:

(1) medical acts, tasks, or functions with written scope of practice guidelines under physician supervision;

(2) those duties and responsibilities, including the prescribing and dispensing of drugs and medical devices, that are lawfully delegated by their supervising physicians~~.~~; provided, however, only physician assistants holding a permanent license may prescribe drug therapy as provided in this article; and

(3) telemedicine in accordance with the requirements of Section 40‑47‑37 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.

(B) A physician assistant is an agent of his or her supervising physician in the performance of all practice related activities including, but not limited to, the ordering of diagnostic, therapeutic, and other medical services.”

SECTION 5. Section 40‑47‑955(B) of the 1976 Code, as last amended by Act 28 of 2013, is further amended to read:

“(B) Pursuant to scope of practice guidelines, a physician assistant may:

(1) practice in a public place, a private place, or a facility where the supervising physician regularly sees patients~~,~~; and

(2) may make house calls, perform hospital duties, perform telemedicine, and perform any functions performed by the supervising physician if the physician assistant is also qualified to perform those functions.”

SECTION 6. This act takes effect upon approval by the Governor.

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