**South Carolina General Assembly**

124th Session, 2021-2022

**A171, R172, S613**

**STATUS INFORMATION**

General Bill

Sponsors: Senator Davis

Document Path: l:\s-res\td\008cert.sp.td.docx

Companion/Similar bill(s): 4296

Introduced in the Senate on February 25, 2021

Introduced in the House on April 7, 2022

Last Amended on May 3, 2022

Passed by the General Assembly on May 5, 2022

Governor's Action: May 16, 2022, Signed

Summary: Medical assistants

**HISTORY OF LEGISLATIVE ACTIONS**

 Date Body Action Description with journal page number

 2/25/2021 Senate Introduced and read first time ([Senate Journal‑page 4](file:///h%3A%5Csj%5C20210225.docx))

 2/25/2021 Senate Referred to Committee on **Medical Affairs** ([Senate Journal‑page 4](file:///h%3A%5Csj%5C20210225.docx))

 3/30/2022 Senate Committee report: Favorable with amendment **Medical Affairs** ([Senate Journal‑page 9](file:///h%3A%5Csj%5C20220330.docx))

 3/31/2022 Scrivener's error corrected

 4/5/2022 Senate Committee Amendment Adopted ([Senate Journal‑page 24](file:///h%3A%5Csj%5C20220405.docx))

 4/5/2022 Senate Amended ([Senate Journal‑page 24](file:///h%3A%5Csj%5C20220405.docx))

 4/5/2022 Senate Read second time ([Senate Journal‑page 24](file:///h%3A%5Csj%5C20220405.docx))

 4/5/2022 Senate Roll call Ayes‑41 Nays‑0 ([Senate Journal‑page 24](file:///h%3A%5Csj%5C20220405.docx))

 4/6/2022 Senate Read third time and sent to House ([Senate Journal‑page 29](file:///h%3A%5Csj%5C20220406.docx))

 4/7/2022 House Introduced and read first time

 4/7/2022 House Referred to Committee on **Medical, Military, Public and Municipal Affairs**

 4/27/2022 House Committee report: Favorable with amendment **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 8](file:///h%3A%5Chj%5C20220427.docx))

 5/3/2022 House Amended ([House Journal‑page 65](file:///h%3A%5Chj%5C20220503.docx))

 5/3/2022 House Read second time ([House Journal‑page 65](file:///h%3A%5Chj%5C20220503.docx))

 5/3/2022 House Roll call Yeas‑112 Nays‑0 ([House Journal‑page 70](file:///h%3A%5Chj%5C20220503.docx))

 5/4/2022 House Read third time and returned to Senate with amendments ([House Journal‑page 22](file:///h%3A%5Chj%5C20220504.docx))

 5/4/2022 Scrivener's error corrected

 5/5/2022 Senate Concurred in House amendment and enrolled ([Senate Journal‑page 35](file:///h%3A%5Csj%5C20220505.docx))

 5/5/2022 Senate Roll call Ayes‑39 Nays‑0 ([Senate Journal‑page 35](file:///h%3A%5Csj%5C20220505.docx))

 5/12/2022 Ratified R 172 ([Senate Journal‑page 206](file:///h%3A%5Csj%5C20220512.docx))

 5/16/2022 Signed By Governor

 5/31/2022 Effective date 07/15/22

 5/31/2022 Act No.  171

View the latest [legislative information](http://www.scstatehouse.gov/billsearch.php?billnumbers=613&session=124&summary=B) at the website

**VERSIONS OF THIS BILL**

[2/25/2021](file:///p%3A%5Cpprever%5C2021-22%5C613_20210225.docx)

[3/30/2022](file:///p%3A%5Cpprever%5C2021-22%5C613_20220330.docx)

[3/31/2022](file:///p%3A%5Cpprever%5C2021-22%5C613_20220331.docx)

[4/5/2022](file:///p%3A%5Cpprever%5C2021-22%5C613_20220405.docx)

[4/27/2022](file:///p%3A%5Cpprever%5C2021-22%5C613_20220427.docx)

[5/3/2022](file:///p%3A%5Cpprever%5C2021-22%5C613_20220503.docx)

[5/4/2022](file:///p%3A%5Cpprever%5C2021-22%5C613_20220504.docx)

(A171, R172, S613)

**AN ACT** **TO AMEND SECTION 40‑33‑20, AS AMENDED, CODE OF LAWS OF SOUTH CAROLINA, 1976, RELATING TO DEFINITIONS IN THE NURSE PRACTICE ACT, SO AS TO ADD AND REVISE DEFINITIONS; TO AMEND SECTION 40‑33‑42, RELATING TO THE DELEGATION BY CERTAIN BOARD OF NURSING LICENSEES OF NURSING TASKS TO UNLICENSED ASSISTIVE PERSONNEL, SO AS TO INCLUDE PROVISIONS REGARDING THE ADMINISTRATION OF MEDICATIONS BY CERTIFIED MEDICAL ASSISTANTS; TO AMEND SECTION 40‑47‑20, AS AMENDED, RELATING TO DEFINITIONS CONCERNING THE REGULATION OF PHYSICIANS AND MISCELLANEOUS HEALTH CARE PROFESSIONALS, SO AS TO ADD DEFINITIONS; BY ADDING SECTION 40‑47‑196 SO AS TO PROVIDE FOR THE DELEGATION OF CERTAIN TASKS TO CERTIFIED MEDICAL ASSISTANTS BY PHYSICIANS AND PHYSICIAN ASSISTANTS; TO AMEND SECTION 40‑47‑30, AS AMENDED, RELATING TO EXCEPTIONS FROM THE REQUIREMENT OF LICENSURE TO PRACTICE MEDICINE, SO AS TO REMOVE PROVISIONS CONCERNING THE DELEGATION BY PHYSICIANS OF CERTAIN TASKS TO UNLICENSED ASSISTIVE PERSONNEL; AND TO AMEND SECTION 40‑47‑935, AS AMENDED, RELATING TO ACTS AND DUTIES THAT PHYSICIANS ASSISTANTS MAY PERFORM, SO AS TO REMOVE PROVISIONS CONCERNING THE DELEGATION BY PHYSICIANS ASSISTANTS OF CERTAIN TASKS TO UNLICENSED ASSISTIVE PERSONNEL.**

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

**Nurse Practice Act, definitions**

SECTION 1. A. Section 40‑33‑20 of the 1976 Code, as last amended by Act 139 of 2020, is further amended by adding an appropriately numbered new item to read:

 “( ) ‘Certified medical assistant’ or ‘CMA’ means a person who is a graduate of a post‑secondary medical assisting education program accredited by the National Healthcareer Association, or its successor; by the Commission on Accreditation of Allied Health Education Programs, or its successor; by the Accrediting Bureau of Health Education Schools, or its successor; or by any accrediting agency recognized by the United States Department of Education. The accredited post‑secondary medical assisting education program must include courses in anatomy and physiology, medical terminology, pharmacology, medical laboratory techniques, and clinical experience. A certified medical assistant must maintain current certification from the certifying board of the American Association of Medical Assistants, the National Center for Competency Testing, the National Certification Medical Association, American Medical Technologists, or any other recognized certifying body approved by the Board of Medical Examiners.”

B. CMAs include medical assistants who are currently employed in that capacity as of the effective date of this act who do not have the certification required by this SECTION but who achieve such certification no later than two years after the effective date of this act.

**Nurse Practice Act, definitions**

SECTION 2. Section 40‑33‑20(63) of the 1976 Code, as last amended by Act 234 of 2018, is further amended to read:

 “(63) ‘Unlicensed assistive personnel’ or ‘UAP’ are persons not currently licensed by the board as nurses, or persons who are not certified medical assistants as defined in Section 40‑33‑20( ), 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 a physician, physician assistant, advanced practice registered nurse, registered nurse, or selected licensed practical nurse. Unlicensed assistive personnel must not administer medications except as otherwise provided by law.”

**Nurse Practice Act, delegation of tasks**

SECTION 3. Section 40‑33‑42(C) of the 1976 Code is amended to read:

 “(C) Subject to the rights of licensed physicians and dentists under state law, and except as provided in Section 40‑47‑196 regarding the delegation of tasks to certified medical assistants, the administration of medications is the responsibility of a licensed nurse as prescribed by the licensed physician, dentist, other authorized licensed provider or as authorized in an approved written protocol or guidelines. Unlicensed assistive personnel must not administer medications, except as otherwise provided by law.”

**Physicians and miscellaneous health care professionals, definitions**

SECTION 4. A. Section 40‑47‑20 of the 1976 Code, as last amended by Act 234 of 2018, is further amended by adding appropriately numbered new items to read:

 “( ) ‘Certified medical assistant’ or ‘CMA’ means a person who is a graduate of a post‑secondary medical assisting education program accredited by the National Healthcare Association, or its successor; by the Committee on Allied Health Education and Accreditation of the American Medical Association, or its successor; by the Accrediting Bureau of Health Education Schools, or its successor; or by any accrediting agency recognized by the United States Department of Education. The accredited post‑secondary medical assisting education program must include courses in anatomy and physiology, medical terminology, pharmacology, medical laboratory techniques, and clinical experience. A certified medical assistant must maintain current certification from the certifying board of the American Association of Medical Assistants, the National Center for Competency Testing, the National Certification Medical Association, American Medical Technologists, or any other recognized certifying body approved by the Board of Medical Examiners.

 ( ) ‘Unlicensed assistive personnel’ or ‘UAP’ means persons not currently licensed by the Board of Nursing as nurses, or persons who are not certified medical assistants as defined in Section 40‑47‑20( ), who perform routine nursing tasks that do not require a specialized knowledge base or the judgment or skill of a licensed nurse. Nursing tasks performed by unlicensed assistive personnel must be performed under the supervision of a physician, physician assistant, APRN, registered nurse, or licensed practical nurse. Unlicensed assistive personnel must not administer medications except as otherwise provided by law.”

B. CMAs include medical assistants who are currently employed in that capacity as of the effective date of this act who do not have the certification required by this SECTION but who achieve such certification no later than two years after the effective date of this act.

**Physicians and miscellaneous health care professionals, delegation of tasks**

SECTION 5. Article 1, Chapter 47, Title 40 of the 1976 Code is amended by adding:

 “Section 40‑47‑196. (A) Specific tasks may be delegated to a CMA by a physician, physician assistant if authorized to do so in his scope of practice guidelines, or advanced practice registered nurse if authorized to do so in his practice agreement. The scope of practice guidelines for a physician assistant and the practice agreement for an advanced practice registered nurse must address what tasks may be appropriately delegated to a CMA, provided, however, that the following tasks must not be delegated to a CMA by a physician assistant or advanced practice registered nurse:

 (1) administering controlled medications, intravenous medications, contrast agents, or chemotherapy agents;

 (2) injecting neurotoxin products, neuro modulatory agents, or tissue fillers;

 (3) using lasers or instruments that results in tissue destruction;

 (4) placing sutures;

 (5) taking radiographs or using any ionizing radiation unless the CMA is also a certified limited practice radiographer;

 (6) analyzing, interpreting, or diagnosing symptoms or tests;

 (7) triaging patients; and

 (8) performing a clinical decision‑making task by means of telemedicine.

 (B) A physician, physician assistant, or advanced practice registered nurse may delegate specified tasks to a CMA pursuant to the following requirements:

 (1) the task must be delegated directly to the CMA by the physician, physician assistant, or advanced practice registered nurse, and not through another licensed practitioner;

 (2) the task must be performed when the physician, physician assistant, or advanced practice registered nurse delegating the task is in such close proximity as to be immediately available to the CMA if needed;

 (3) the physician, physician assistant, or advanced practice registered nurse delegating the task must determine that the task is within the training and competency of the CMA and will not pose a significant risk to the patient if improperly performed;

 (4) the task must not involve the verbal transmission of an order or prescription to a licensed person if the licensed person requires the order or prescription to be in writing; and

 (5) the CMA must wear an appropriate badge identifying the CMA’s status, which must be clearly visible to the patient at all times.

 (C)(1) A physician or physician assistant, pursuant to the physician assistant’s scope of practice guidelines, may delegate nursing tasks to UAP under the supervision of the physician or physician assistant. Such nursing tasks include, but are not limited to, the following:

 (a) meeting patients’ needs for personal hygiene;

 (b) meeting patients’ needs relating to nutrition;

 (c) meeting patients’ needs relating to ambulation;

 (d) meeting patients’ needs relating to elimination;

 (e) taking vital signs;

 (f) maintaining asepsis; and

 (g) observing, recording, or reporting any of the nursing tasks enumerated in this subsection.

 (2) APRNs may delegate nursing tasks to UAP pursuant to Section 40‑33‑42.”

**Physicians and physician assistants, exceptions from licensure**

SECTION 6. Section 40‑47‑30(A)(5) and Section 40‑47‑935(C) of the 1976 Code are deleted.

**Time effective**

SECTION 7. This act takes effect sixty days after approval by the Governor.

Ratified the 12th day of May, 2022.

Approved the 16th day of May, 2022.

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