**South Carolina General Assembly**

121st Session, 2015-2016

**H. 3508**

**STATUS INFORMATION**

General Bill

Sponsors: Reps. G.M. Smith, Henderson, Loftis, J.E. Smith, Bedingfield, Bingham, Anthony, Anderson, McKnight, Bannister, Finlay, Forrester, Funderburk, Gambrell, Hamilton, Huggins, Simrill, Spires, Pope, Riley, Hicks, Rivers and Clemmons

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Introduced in the House on February 4, 2015

Currently residing in the House Committee on **Medical, Military, Public and Municipal Affairs**

Summary: Medical Aspects of Advanced Practice of Registered Nursing Act

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

2/4/2015 House Introduced and read first time ([House Journal‑page 10](file:///h:\HJ%20Archive\2015\02-04-15.docx))

2/4/2015 House Referred to Committee on **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 10](file:///h:\HJ%20Archive\2015\02-04-15.docx))

2/4/2015 House Member(s) request name added as sponsor: Spires

2/5/2015 House Member(s) request name removed as sponsor: Hiott

2/10/2015 House Member(s) request name removed as sponsor: Limehouse

2/11/2015 House Member(s) request name removed as sponsor: Cole, Tallon, Rivers, Quinn

2/12/2015 House Member(s) request name added as sponsor: Rivers

2/12/2015 House Member(s) request name removed as sponsor: Bernstein

2/17/2015 House Member(s) request name removed as sponsor: M.S.McLeod

2/18/2015 House Member(s) request name removed as sponsor: Gagnon

2/19/2015 House Member(s) request name added as sponsor: Riley

3/5/2015 House Member(s) request name added as sponsor: Hicks

3/18/2015 House Member(s) request name added as sponsor: Clemmons

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**VERSIONS OF THIS BILL**

[2/4/2015](file:///p:\pprever\2015-16\3508_20150204.docx)

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, SO AS TO ENACT THE “MEDICAL ASPECTS OF ADVANCED PRACTICE REGISTERED NURSING ACT”; BY ADDING ARTICLE 3 TO CHAPTER 47, TITLE 40 SO AS TO PROVIDE THAT ADVANCED PRACTICE REGISTERED NURSES MUST PRACTICE PURSUANT TO WRITTEN PRACTICE AGREEMENTS, TO PROVIDE REQUIREMENTS FOR THESE WRITTEN PRACTICE AGREEMENTS, TO DEFINE NECESSARY TERMS, TO REQUIRE THE BOARD OF NURSING AND THE BOARD OF MEDICAL EXAMINERS TO JOINTLY PROMULGATE SPECIFIC REGULATIONS CONCERNING ADVANCED PRACTICE REGISTERED NURSES, TO CREATE A JOINT COMMITTEE TO ASSIST THE BOARD OF NURSING AND THE BOARD OF MEDICAL EXAMINERS ON MATTERS RELATED TO MEDICAL ASPECTS OF ADVANCED PRACTICE REGISTERED NURSING, TO PROVIDE FOR THE COMPOSITION OF THE COMMITTEE AND ITS POWERS AND DUTIES, TO PROVIDE RECUSAL AND CONFLICT OF INTEREST REQUIREMENTS FOR EX OFFICIO COMMITTEE MEMBERS AND TO REQUIRE OTHER COMMITTEE MEMBERS TO FOLLOW CONFLICT OF INTEREST RULES AND RECUSAL RULES ADOPTED BY THE COMMITTEE, TO PROVIDE AN EXEMPTION FOR ADVANCED PRACTICE REGISTERED NURSES EMPLOYED BY THE UNITED STATES GOVERNMENT WHEN THEIR SERVICES ARE PROVIDED SOLELY UNDER THE DIRECTION AND CONTROL OF THE UNITED STATES GOVERNMENT, AND TO PROVIDE THE DIRECTOR OF THE DEPARTMENT OF LABOR, LICENSING AND REGULATION MAY EMPLOY ADDITIONAL STAFF AS NECESSARY FOR THE PERFORMANCE OF THE DEPARTMENT’S DUTIES RELATED TO THIS ACT; TO AMEND SECTION 40‑33‑20, RELATING TO DEFINITIONS IN THE NURSE PRACTICE ACT, SO AS TO MAKE CONFORMING CHANGES AND DEFINE NECESSARY TERMS; TO AMEND SECTION 40‑33‑34, RELATING TO THE PERFORMANCE OF DELEGATED MEDICAL ACTS BY ADVANCED PRACTICE REGISTERED NURSES, SO AS TO MODIFY SUPERVISION REQUIREMENTS WITH RESPECT TO PRACTICE SITE PROXIMITY TO THE SUPERVISING PHYSICIAN AND THE NUMBER OF ADVANCED PRACTICE REGISTERED NURSES THAT MAY PRACTICE WITH ONE PHYSICIAN, AND TO PROVIDE CIRCUMSTANCES IN WHICH ADVANCED PRACTICE REGISTERED NURSES MAY PRESCRIBE SCHEDULE II DRUGS; TO AMEND SECTION 40‑33‑110, RELATING TO GROUNDS OF DISCIPLINE BY THE BOARD OF NURSING, SO AS TO INCLUDE ENGAGING IN PRACTICE AS CERTAIN LICENSEES OF THE BOARD OF NURSING WITHOUT A COMPLIANT WRITTEN PRACTICE AGREEMENT IN PLACE, FAILING TO FOLLOW OR COMPLY WITH A WRITTEN PRACTICE AGREEMENT AUTHORIZING PRACTICE AS CERTAIN LICENSEES OF THE BOARD OF NURSING, AND KNOWINGLY ALLOWING ONESELF TO BE MISREPRESENTED AS A PHYSICIAN; TO AMEND SECTION 40‑47‑20, RELATING TO DEFINITIONS CONCERNING PHYSICIANS AND MISCELLANEOUS HEALTH CARE PROFESSIONALS, SO AS TO MAKE CONFORMING CHANGES AND DEFINE NECESSARY TERMS; TO AMEND SECTION 40‑47‑110, RELATING TO GROUNDS FOR DISCIPLINE BY THE BOARD OF MEDICAL EXAMINERS, SO AS TO INCLUDE ENGAGING IN PRACTICE AS CERTAIN LICENSEES OF THE BOARD OF NURSING WITHOUT A COMPLIANT WRITTEN PRACTICE AGREEMENT IN PLACE, AND FAILING TO FOLLOW OR COMPLY WITH A WRITTEN PRACTICE AGREEMENT AUTHORIZING PRACTICE AS CERTAIN LICENSEES OF THE BOARD OF NURSING; AND TO AMEND SECTION 40‑47‑195, RELATING TO SUPERVISING PHYSICIANS AND SCOPE OF PRACTICE GUIDELINES FOR PRACTITIONERS SUPERVISED BY PHYSICIANS, SO AS TO MAKE CONFORMING CHANGES AND TO MODIFY SUPERVISION REQUIREMENTS WITH RESPECT TO PRACTICE SITE PROXIMITY TO THE SUPERVISING PHYSICIAN.

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

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

“Article 3

Medical Aspects of Advanced Practice Registered Nursing Act

Section 40‑47‑300. This article must be known and may be cited as the ‘Medical Aspects of Advanced Practice Registered Nursing Act’.

Section 40‑47‑310. As used in this article:

(1) ‘Advanced Practice Registered Nurse’ or ‘APRN’ means a:

(a) nurse practitioner or ‘NP’ as defined in Section 40‑33‑20(42);

(b) clinical nurse specialist or ‘CNS’ as defined in Section 40‑33‑20(21); or

(c) certified nurse midwife or ‘CNM’ as defined in Section 40‑33‑20(19).

(2) ‘Committee’ means the Joint APRN Committee created by Section 40‑47‑430.

(3) ‘Physician’ means a physician licensed by the Board of Medical Examiners who possesses an active, unrestricted permanent license to practice medicine and who is approved by the committee to serve as a supervising physician.

(4) ‘Supervision’ is defined as in Section 40‑33‑20(58).

(5) ‘Written practice agreement’ means a written document, which may be maintained in an electronic form, that is developed collaboratively by the physician or medical staff and the APRN to set out the medical aspects of care, including the prescribing of medications, that may be performed by the APRN.

Section 40‑47‑320. (A) An APRN must practice pursuant to a written practice agreement that complies with the requirements of this article and the applicable requirements of this chapter, and of joint regulations promulgated by the Board of Nursing and Board of Medical Examiners.

(B) Written practice agreements must be approved by the committee prior to initiating practice pursuant to the practice agreement. The physician and the APRN must notify the committee, in writing, of the proposed practice relationship and include the proposed written practice agreement for the relationship. Upon receipt of committee approval, the APRN may begin clinical practice with the named physician.

(C) The committee shall review and determine whether to approve the proposed written practice agreement within ten business days after receipt of notice from the physician and the APRN as required by subsection (B). If the committee needs additional information or clarification, a physician member of the committee must contact the physician within ten business days of receipt of the notice. If the committee requests additional information or clarification to consider approval of the written practice agreement, the supervising physician and the APRN shall provide it in a timely manner; and, upon receipt, a determination regarding approval must be made within ten business days.

(D) An APRN who desires to change practice settings or to change supervising physicians must notify the Board of Nursing and the committee, in writing, prior to initiating practice in the new setting or with a new supervising physician. The APRN may resume practice upon approval of a new written practice agreement by the committee.

(E) An APRN who discontinues his practice must notify the Board of Nursing and the committee, in writing, within fifteen business days.

(F) If a written practice agreement is terminated for any reason, the APRN and the physician immediately shall notify, in writing, the committee and their respective licensing boards of the termination, including the reasons for the termination. Termination of the written practice agreement terminates the relationship of the APRN and physician, and practice must cease.

(G) A written practice agreement may not authorize an APRN to perform a medical act, task, or function that is outside the usual practice of the physician.

(H) An APRN practicing pursuant to a written protocol existing as of the date of enactment of this article may continue to practice pursuant to that written protocol unless there is a change in practice setting or supervising physician. Upon the annual renewal date of the protocol, the APRN and supervising physician must submit a compliant written practice agreement to the committee for approval. Practice may continue pursuant to the original protocol while the approval is pending.

(I) A physician may not supervise more than six APRNs or physician assistants, or a combination thereof, providing clinical service at one time.

Section 40‑47‑330. No later than twelve months after the date of enactment of this article, the Board of Nursing and Board of Medical Examiners jointly must submit to the General Assembly regulations addressing, without limitation, the following:

(1) minimum requirements for written practice agreements, including what constitutes or does not constitute appropriate delegated medical acts;

(2) requirements for periodic review of written practice agreements by the APRN and the physician;

(3) a process for revising and approving changes to written practice agreements, including a process for considering additional delegated medical acts;

(4) minimum requirements for periodic review of charts and site visits by the physician;

(5) minimum requirements for prescriptive authority of APRNs;

(6) minimum requirements for the use of technology to extend the relationship of the APRN and the physician to expand access and improve quality of care;

(7) a process for random auditing of practice relationships by the committee to determine whether compliant written practice agreements are in place and whether they are being followed;

(8) criteria for the committee to use in reviewing and determining whether to approve written practice agreements;

(9) criteria for the committee to use in determining whether to approve an increase in the physician/APRN ratio or an increase in the mileage requirement set out in Sections 40‑33‑20(53), 40‑33‑34(C)(2), and 40‑47‑20(44); and

(10) procedures for jointly reviewing decisions of the committee at the request of either the Board of Nursing or the Board of Medical Examiners or at the request of an affected party.

Section 40‑47‑340. (A)(1) There is created the Joint APRN Committee as a committee to assist the Board of Nursing and the Board of Medical Examiners on matters related to medical aspects of advanced practice registered nursing. The committee is composed of nine members, of whom:

(a) three must be licensed APRNs, appointed by the Board of Nursing, and must have a minimum of three years of patient care experience in this State;

(b) three members must be physicians, appointed by the Board of Medical Examiners, and who are licensed to practice in this State, at least of one of whom must regularly employ an APRN;

(c) one physician member of the Board of Medical Examiners, serving ex officio;

(d) one member of the Board of Nursing, serving ex officio; and

(e) one member of the Board of Dentistry, serving as ex officio.

(2) The ex officio members are voting members.

(3) All organizations, groups, or interested individuals may submit recommendations to the boards of at least two individuals for each position to be filled on the committee.

(B) The members shall serve for terms of four years and until their successors are appointed and qualify, except the initial terms of one APRN member and one physician member are for two years. Vacancies must be filled in the manner of the original appointment for the unexpired portion of the term. The appointing board, after notice and opportunity for hearing, may remove a member of the committee for negligence, neglect of duty, incompetence, revocation or suspension of license, or other dishonorable conduct. Members of the committee must receive mileage, subsistence, and per diem as provided by law for members of state boards, commissions, and committees for each meeting attended. No member may serve more than two full four‑year terms consecutively, but may be eligible for reappointment four years from the date the last full four‑year term expired.

(C) The committee shall meet at least two times annually and at other times as may be necessary. A quorum for all meetings consists of five members. At its initial meeting, and at the beginning of each year thereafter, the committee shall elect from its membership a chairman, vice chairman, and secretary to serve for a term of one year from the date of election.

(D) The committee has the following powers and duties to:

(1) recommend regulations to the Board of Nursing and the Board of Medical Examiners to carry out the provisions of this article, provided the committee must submit recommendations regarding the joint regulations required by Section 40‑47‑330 no later than four months after the effective date of this article;

(2) review and approve or disapprove written practice agreements;

(3) review and approve or disapprove request to increase the APRN/physician ratio or an increase in mileage requirement set out in Sections 40‑33‑20(53), 40‑33‑34(C)(2), and 40‑47‑20(44);

(4) conduct random audits of practice relationships to determine whether compliant written practice agreements are in place and whether they are being followed to ensure safe practice and to report deficiencies to the Board of Nursing and Board of Medical Examiners;

(5) make recommendations to the Board of Pharmacy, the Board of Nursing, and the Board of Medical Examiners regarding the listing of classifications of drugs that may be included in written practice agreements, as required by Section 40‑33‑34(F)(1)(b);

(6) conduct hearings and keep records and minutes of its proceedings;

(7) provide notice of all hearings authorized under this article pursuant to the Administrative Procedures Act and Freedom of Information Act;

(8) make recommendations for continuing professional education and training of APRNs;

(9) maintain a registry of all APRNs and their supervising physicians, including names and last known places of employment;

(10) annually shall compile and make available a list of APRNs authorized to practice in this State and their supervising physicians, a copy of which an interested person may obtain upon application to the committee and payment of an amount sufficient to cover the cost of printing and mailing;

(11) report annually to the Board of Nursing and the Board of Medical Examiners on duties performed, actions taken, and recommendations; and

(12) perform such duties and tasks as may be delegated to the committee by the Board of Nursing and the Board of Medical Examiners.

(E) The Board of Nursing and the Board of Medical Examiners jointly may review any decision of the committee pursuant to subsection (D)(2) and (3) at the request of the Board of Nursing, the Board of Medical Examiners, or an affected party.

Section 40‑47‑350. (A) A board member serving ex officio on the committee must recuse himself or herself from participating in any disciplinary proceeding:

(1) that concerns or relates to the licensee’s actions or activities pursuant to a written practice agreement for which the board member participated in the approval process or as a result of an audit in which the board member participated; or

(2) in which he otherwise has a conflict of interest.

(B) Other committee members must follow conflict of interest rules and recusal rules adopted by the committee.

Section 40‑47‑360. Notwithstanding any provisions of state law other than this chapter and Chapter 33, and to the extent permitted by federal law, APRNs may perform the following medical acts as provided in their written practice agreements:

(1) provide noncontrolled prescription drugs at an entity that provides free medical care for indigent patients;

(2) certify that a student is unable to attend school but may benefit from receiving instruction given in his home or hospital;

(3) refer a patient to physical therapy for treatment;

(4) issue an order for a patient to receive appropriate hospice services; and

(5) 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 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.

Section 40‑47‑380. The Director of the Department of Labor, Licensing and Regulation may employ additional staff as necessary for the performance of the department’s duties under this article.”

SECTION 2. 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 and the Board of Medical Examiners in joint 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 and the Board of Medical Examiners in joint 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~~ practice agreement’ 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~~ a written document, which may be maintained in electronic form, that is developed collaboratively by the supervising physician or medical staff and the APRN to set out the medical aspects of the case, including prescribing medications, that the APRN may perform.

(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.

(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~~ multidirectional 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~~ GRNM 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) ‘Joint APRN Committee’ means the committee created pursuant to Section 40‑47‑340.

(~~34~~35) ‘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~~36) ‘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~~37) ‘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~~38) ‘Licensed Practical Nurse’ or ‘LPN’ means a person to whom the board has issued an authorization to practice as a licensed practical nurse.

(~~38~~39) ‘Misconduct’ means:

(a) a violation of any of the provisions of this chapter or regulations promulgated by the board pursuant to this chapter or regulations promulgated jointly by the board and the Board of Medical Examiners pursuant to Article 3, Chapter 47; or

(b) a violation of any of the principles of nursing ethics as adopted by the board or incompetence or unprofessional conduct.

(~~39~~40) ‘NCLEX’ means the National Council Licensure Examination for Registered Nurses or Licensed Practical Nurses.

(~~40~~41) ‘Nurse’ means a person licensed as an advanced practice registered nurse, registered nurse, or licensed practical nurse pursuant to this chapter.

(~~41~~42) ‘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~~ practice agreements.

(~~42~~43) ‘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~~44) ‘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~~45) ‘Person’ means a natural person, male or female.

(~~45~~46) ‘Physician’ means a physician licensed by the South Carolina Board of Medical Examiners.

(~~46~~47) ‘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~~48) ‘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~~49) ‘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~~50) ‘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~~51) ‘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~~52) ‘Public reprimand’ means a publicly available statement of the board that a violation was committed by a person authorized to practice.

(~~52~~53) ‘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~~ full‑time equivalent NPs, CNMs or CNSs to practice with one physician, or when ~~a~~ an NP, CNM, or CNS is performing delegated medical acts in a practice site greater than ~~forty‑five~~ sixty miles from the physician, the ~~Board of Nursing and Board of Medical Examiners~~ Joint APRN Committee shall each review the application to determine if adequate supervision exists.

(~~53~~54) ‘Registered Nurse’ means a person to whom the board has issued an authorization to practice as a registered nurse.

(~~54~~55) ‘Restriction’ means a limitation on the activities in which a licensee may engage under an authorization to practice, including revocation, suspension, or probation.

(~~55~~56) ‘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~~57) ‘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~~58) ‘Supervision’ means the process of critically observing, directing, and evaluating another’s performance.

(~~58~~59) ‘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~~60) ‘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~~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 3. 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~~ CRNAs 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, a certified nurse‑midwife, or a 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~~ practice pursuant to a written practice agreement as provided in Article 3, Chapter 7.

(2) When application is made for more than three ~~NP’s, CNM’s, or CNS’s~~ full‑time equivalent NPs, CNMs, or CNSs to practice with one physician or when ~~a~~ an NP, CNM, or CNS is performing delegated medical acts in a practice site greater than ~~forty‑five~~ sixty miles from the supervising physician, the ~~Board of Nursing and Board of Medical Examiners~~ Joint APRN Committee 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~~ practice agreement between the nurse and the physician and must include, but is not limited to:

(~~a~~1) this general information:

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

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

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

(~~iv~~d) date the ~~protocol~~ practice agreement was developed and dates the protocol was reviewed and amended;

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

(~~b~~2) this information for delegated medical acts:

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

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

(~~iii~~c) the drug therapies that may be prescribed;

(~~iv~~d) 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~~ An 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~~ an 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 except as provided in subsection (I); 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~~ An 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~~ in compliance with the approved written ~~protocol, subject to~~ practice agreement, and in compliance with other federal and state regulations.

(G) Prescriptive authorization may be terminated by the board if ~~a~~ an 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~~ practice agreements;

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

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

(H)(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.

(I)(1) An APRN may authorize prescriptions for an orally administered Schedule II controlled substance, as defined in the federal Controlled Substances Act, pursuant to the following requirements:

(a) the authorization to prescribe is expressly approved by the supervising physician as set forth in the APRNs written practice agreement;

(b) the APRN has directly evaluated the patient;

(c) the authority to prescribe is limited to an initial prescription and must not exceed a seventy‑two hour supply;

(d) any subsequent prescription authorization must be in consultation with and upon patient examination and evaluation by the supervising physician, and must be documented in the patient’s chart; and

(e) any prescription for continuing drug therapy must include consultation with the supervising physician and must be documented in the patient’s chart;

(2) An APRN may authorize a medical order for parenteral administration of a Schedule II controlled substance, as defined in the federal Controlled Substances Act, pursuant to the following requirements:

(a) the authorization to write a medical order is expressly approved by the supervising physician as set forth in the APRNs written practice agreement;

(b) the APRN is providing patient care in a hospital setting, including emergency and outpatient departments affiliated with the hospital;

(c) an initial patient examination and evaluation has been performed by the supervising physician, or his delegate physician, and has been documented in the patient’s chart; however, in a hospital emergency department, an APRN may authorize such a medical order if the supervising or delegate physician is unavailable due to clinical demands, but remains on the premises and is immediately available, and the supervising or delegate physician conducts the patient evaluation as soon as practicable and is documented in the patient’s chart;

(d) the APRN has directly evaluated the patient; and

(e) the written medial order may not exceed a one‑time administration within a twenty‑four hour period.”

SECTION 4. Section 40‑33‑110(A) of the 1976 Code is amended by adding items at the end to read:

“(27) engaged in practice as an NP, CNS, or CNM without a compliant written practice agreement in place;

(28) failed to follow or comply with a written practice agreement authorizing practice as an NP, CNS, or CNM; and

(29) knowingly allowed himself or herself to be misrepresented as a physician.”

SECTION 5. Section 40‑47‑20 of the 1976 Code is amended to read:

“Section 40‑47‑20. In addition to the definitions provided in Section 40‑1‑20, as used in this chapter unless the context indicates otherwise:

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

(2) ‘Administrative hearing officer’ means a physician designated by the board or director.

(3) ‘Adverse disciplinary action’ means a final decision by a United States or foreign licensing jurisdiction, a peer review group, a health care institution, a professional or medical society or association, or a court, which action was not resolved completely in the licensee’s favor.

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

(5) ‘Approved written ~~protocols~~ practice agreement’ means ~~specific statements developed collaboratively by the physician or the medical staff and the advanced practice registered nurse (NP, CNM, or CNS) that establish physician delegation for medical aspects of care, including the prescription of medications~~ a written document, which may be maintained in electronic form, that is developed collaboratively by the supervising physician or medical staff and the APRN to set out the medical aspects of care, including prescribing medications, that may be performed by the APRN.

(6) ‘Approved written scope of practice guidelines’ means specific statements developed by a physician or the medical staff and a physician assistant that establish physician delegation for medical aspects of care, including the prescription of medications.

(7) ‘Board’ means the State Board of Medical Examiners for South Carolina.

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

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

(10) ‘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.

(11) ‘Certification’ 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 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 practice by the certifying agency.

(12) ‘Criminal history’ means a federal, state, or local criminal history of conviction or a pending charge or indictment of a crime, whether a misdemeanor or a felony, that bears upon a person’s fitness or suitability for an authorization to practice with responsibility for the safety and well‑being of others.

(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.

(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.

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

(16) ‘Disciplinary action’ means a final decision and sanction imposed at the conclusion of a disciplinary proceeding.

(17) ‘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.

(18) ‘Final decision’ means an order of the board that concludes a license application proceeding or formal disciplinary proceeding.

(19) ‘Formal complaint’ means a formal written complaint charging misconduct by a respondent in violation of this chapter, Chapter 1 ~~of Title 40~~, or any other provision of law.

(20) ‘Immediately available’ for the purpose of supervising unlicensed personnel means being located within the office and ready for immediate utilization when needed.

(21) ‘Inactive license’ means the official temporary retirement of a person’s authorization to practice upon the person’s notice to the board that the person does not wish to practice.

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

(23) ‘Independent credentials verification organization’ means an entity approved by the board to provide primary source verification of an applicant’s identity, medical education, postgraduate training, examination history, disciplinary history, and other core information required for licensure in this State.

(24) ‘Initial complaint’ means a brief statement that alleges misconduct on the part of a licensee.

(25) ‘Initial licensure’ means the first authorization to practice issued to a person by a licensing authority in this State or any other state.

(26) ‘Joint APRN Committee’ means the committee established pursuant to Section 40‑47‑340.

(~~26~~27) ‘Lapsed license’ means an authorization to practice that no longer authorizes practice in this State due to the person’s failure to renew the authorization within the renewal period.

(~~27~~28) ‘Letter of caution or concern’ means a written caution or warning about past or future conduct issued when it is determined that no misconduct has been committed. The issuance of a letter of caution or concern is not a form of discipline and does not constitute a finding of misconduct. The fact that a letter of caution or concern 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 or concern is relevant to the misconduct alleged in the proceedings.

(~~28~~29) ‘License’ means a current document authorizing a person to practice.

(~~29~~30) ‘Licensed in good standing’ means that one’s authorization to practice has not been revoked and there are no restrictions or limitations currently in effect. Public reprimands issued less than five years from the date an application is received by the board are considered restrictions upon practice.

(~~30~~31) ‘Limited license’ means a current time‑limited and practice‑limited document that authorizes practice at the level for which one is seeking licensure.

(~~31~~32) ‘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 ethics as adopted by the board or incompetence or unprofessional conduct.

(~~32~~33) ‘Osteopathic medicine’ means a complete school of medicine and surgery utilizing all methods of diagnosis and treatment in health and disease and placing special emphasis on the interrelationship of the musculo‑skeletal system to all other body systems.

(~~33~~34) ‘Pending disciplinary action’ means an action or proceeding initiated by a formal complaint.

(~~34~~35) ‘Person’ means a natural person, male or female.

(~~35~~36) ‘Physician’ means a doctor of medicine or doctor of osteopathic medicine licensed by the South Carolina Board of Medical Examiners.

(~~36~~37) ‘Practice of Medicine’ means:

(a) advertising, holding out to the public or representing in any manner that one is authorized to practice medicine in this State;

(b) offering or undertaking to prescribe, order, give, or administer any drug or medicine for the use of any other person;

(c) offering or undertaking to prevent or to diagnose, correct or treat in any manner, or by any means, methods, or devices, disease, illness, pain, wound, fracture, infirmity, defect, or abnormal physical or mental condition of a person, including the management or pregnancy and parturition;

(d) offering or undertaking to perform any surgical operation upon a person;

(e) rendering a written or otherwise documented medical opinion concerning the diagnosis or treatment of a patient or the actual rendering of treatment to a patient within this State by a physician located outside the State as a result of transmission of individual patient data by electronic or other means from within a state to such physician or his or her agent;

(f) rendering a determination of medical necessity or a decision affecting the diagnosis and/or treatment of a patient is the practice of medicine subject to all of the powers provided to the Board of Medical Examiners, except as provided in Section 38‑59‑25;

(g) using the designation Doctor, Doctor of Medicine, Doctor of Osteopathic Medicine, Physician, Surgeon, Physician and Surgeon, Dr., M.D., D.O., or any combination of these in the conduct of any occupation or profession pertaining to the prevention, diagnosis, or treatment of human disease or condition unless such a designation additionally contains the description of another branch of the healing arts for which one holds a valid license in this State that is applicable to the clinical setting; and

(h) testifying as a physician in an administrative, civil, or criminal proceeding in this State by expressing an expert medical opinion.

(~~37~~38) ‘Practitioner’ means a person who has been issued an authorization to practice in this State. The term does not include persons who have not been issued a license, registration, certification, or other authorization to practice in this State, except as provided by law for persons licensed in another state or jurisdiction.

(~~38~~39) ‘Presiding officer’ means the chairman of the hearing panel or a designee. When no chair of the hearing panel has been designated, the term includes the chairman or vice chairman of the board or a designee. A person designated to act on behalf of the chairman of the board or a hearing panel may not have been involved with the investigation or prosecution of the particular matter.

(~~39~~40) ‘Private reprimand’ means a statement by the board that misconduct was committed by a person authorized to practice which has been declared confidential and which is not subject to disclosure as a public document.

(~~40~~41) ‘Probation’ means the issuance of an authorization to practice conditioned upon compliance with terms and conditions imposed by a licensing board in this State or another state. 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.

(~~41~~42) ‘Public reprimand’ means a publicly available statement of the board that misconduct was committed by a person authorized to practice.

(~~42~~43) ‘Reactivation’ means the restoration to active status of an authorization from inactive status.

(~~43~~44) ‘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~~ an NP, CNM, or CNS is performing delegated medical acts in a practice site greater than ~~forty‑five~~ sixty miles from the physician, the ~~Board of Nursing and the Board of Medical Examiners~~ Joint APRN Committee shall review the application to determine if adequate supervision exists.

(~~44~~45) ‘Reinstatement’ means an action of the board in a disciplinary matter that authorizes the resumption of practice upon any terms or conditions ordered or agreed to by the board.

(~~45~~46) ‘Relinquish’ means to permanently cancel or invalidate an authorization instead of disciplinary proceedings or final decision by the board. A person whose authorization to practice has been relinquished to the board is permanently ineligible for a license or other authorization of any kind from the board. Relinquishment is irrevocable, an admission of any or all of the allegations of misconduct, and reported and treated as a permanent revocation.

(~~46~~47) ‘Respondent’ means a person charged with responding in a disciplinary or other administrative action.

(~~47~~48) ‘Revocation’ means the permanent cancellation or withdrawal of an authorization issued by the board. A person whose authorization has been permanently revoked by the board is permanently ineligible for an authorization of any kind from the board.

(~~48~~49) ‘Significant disciplinary action’ means a public decision in a disciplinary matter that involves substantial issues of professional or ethical competence or qualification to practice. The board may consider any actions taken by the original board or conduct considered relevant to the applicant’s fitness for licensure to practice in this State.

(~~49~~50) ‘State identification bureau’ means an authorized governmental agency responsible for receiving and screening the results of criminal history records checks in this State or another state.

(~~50~~51) ‘Supervision’ means the process of critically observing, directing, and evaluating another person’s performance, unless otherwise provided by law.

(~~51~~52) ‘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.

(~~52~~53) ‘Temporary license’ means a current, time‑limited document that authorizes practice at the level for which one is seeking licensure.

(~~53~~54) ‘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, or conduct that may violate any provision of the code of ethics adopted by the board or a specialty.

(~~54~~55) ‘Voluntary surrender’ means forgoing the authorization to practice by the subject of an initial or formal complaint pending further order of the board. It anticipates other formal action by the board and allows any suspension subsequently imposed to include this time.

(~~55~~56) ‘Volunteer license’ means authorization of a retired practitioner to provide medical services to others through an identified charitable organization without remuneration.”

SECTION 6. Section 40‑47‑110(B) of the 1976 Code is amended by adding items at the end to read:

“(26) engaged in supervising an Advanced Practice Registered Nurse as defined in Section 40‑47‑310(1) without a compliant written practice agreement in place at the time practice was initiated and during its continuation; and

(27) failed to follow or comply with the written practice agreement while supervising an Advanced Practice Registered Nurse as defined in Section 40‑47‑310(5).”

SECTION 7. Section 40‑47‑195 of the 1976 Code is amended to read:

“Section 40‑47‑195. (A) A licensee who supervises another practitioner shall hold a permanent, active, unrestricted authorization to practice in this State and be currently engaged in the active practice of their respective profession or shall hold an active unrestricted academic license to practice medicine in this State.

(B) Pursuant to this chapter, only licensed physicians may supervise another practitioner who performs delegated medical acts in accordance with the practitioner’s applicable scope of professional practice authorized by state law. It is the supervising physician’s responsibility to ensure that delegated medical acts to the APRN (NP, CNM, or CNS) or other practitioners are performed under approved written scope of practice guidelines or approved written ~~protocol~~ practice agreements in accordance with the applicable scope of professional practice authorized by state law. A copy of approved written scope of practice guidelines or approved written ~~protocol~~ practice agreements, dated and signed by the supervising physician and the practitioner, must be provided to the board by the supervising physician within seventy‑two hours of request by a representative of the department or board.

(C) In evaluating a written guideline or ~~protocol~~ practice agreement, the board and supervising physician shall consider the:

(1) training and experience of the supervising physician;

(2) nature and complexity of the delegated medical acts being performed;

(3) geographic proximity of the supervising physician to the supervised practitioner; when the supervising physician is to be more than ~~forty‑five~~ sixty miles from the supervised practitioner, special consideration must be given to the manner in which the physician intends to monitor the practitioner, and prior ~~board~~ approval must be received for this practice; and

(4) number of other practitioners the physician supervises. Reference must be given to the number of supervised practitioners, as prescribed by law. When the supervising physician assumes responsibility for more than the number of practitioners prescribed by law, special consideration must be given to the manner in which the physician intends to monitor, and prior ~~board~~ approval must be received for this practice.”

SECTION 8. The provisions of Section 1 requiring the submission of joint regulations to the General Assembly by the Board of Nursing and the Board of Medical Examiners and the provisions establishing the Joint APRN Committee take effect upon approval by the Governor. The remaining provisions of this act take effect three months after the effective date of the joint regulations.

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