**South Carolina General Assembly**

122nd Session, 2017-2018

**A234, R203, S345**

**STATUS INFORMATION**

General Bill

Sponsors: Senators Davis, McElveen, Scott and Fanning

Document Path: l:\council\bills\agm\19090wab17.docx

Companion/Similar bill(s): 3772

Introduced in the Senate on February 1, 2017

Introduced in the House on March 21, 2018

Last Amended on May 8, 2018

Passed by the General Assembly on May 8, 2018

Governor's Action: May 18, 2018, Signed

Summary: Advanced practice registered nurses, scope and standards of practice

**HISTORY OF LEGISLATIVE ACTIONS**

 Date Body Action Description with journal page number

 2/1/2017 Senate Introduced and read first time ([Senate Journal‑page 19](file:///h%3A%5Csj%5C20170201.docx))

 2/1/2017 Senate Referred to Committee on **Medical Affairs** ([Senate Journal‑page 19](file:///h%3A%5Csj%5C20170201.docx))

 3/6/2018 Senate Committee report: Favorable with amendment **Medical Affairs** ([Senate Journal‑page 17](file:///h%3A%5Csj%5C20180306.docx))

 3/14/2018 Senate Committee Amendment Withdrawn ([Senate Journal‑page 22](file:///h%3A%5Csj%5C20180314.docx))

 3/14/2018 Senate Amended ([Senate Journal‑page 22](file:///h%3A%5Csj%5C20180314.docx))

 3/15/2018 Senate Read second time ([Senate Journal‑page 19](file:///h%3A%5Csj%5C20180315.docx))

 3/20/2018 Senate Amended ([Senate Journal‑page 13](file:///h%3A%5Csj%5C20180320.docx))

 3/20/2018 Senate Read third time and sent to House ([Senate Journal‑page 13](file:///h%3A%5Csj%5C20180320.docx))

 3/20/2018 Senate Roll call Ayes‑41 Nays‑1 ([Senate Journal‑page 13](file:///h%3A%5Csj%5C20180320.docx))

 3/21/2018 Scrivener's error corrected

 3/21/2018 House Introduced and read first time ([House Journal‑page 65](file:///h%3A%5Chj%5C20180321.docx))

 3/21/2018 House Referred to Committee on **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 65](file:///h%3A%5Chj%5C20180321.docx))

 4/25/2018 House Committee report: Favorable **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 84](file:///h%3A%5Chj%5C20180425.docx))

 5/2/2018 House Amended ([House Journal‑page 89](file:///h%3A%5Chj%5C20180502.docx))

 5/2/2018 House Read second time ([House Journal‑page 89](file:///h%3A%5Chj%5C20180502.docx))

 5/2/2018 House Roll call Yeas‑100 Nays‑0 ([House Journal‑page 92](file:///h%3A%5Chj%5C20180502.docx))

 5/3/2018 Scrivener's error corrected

 5/3/2018 House Read third time and returned to Senate with amendments ([House Journal‑page 7](file:///h%3A%5Chj%5C20180503.docx))

 5/8/2018 Senate House amendment amended

 5/8/2018 Senate Returned to House with amendments ([Senate Journal‑page 20](file:///h%3A%5Csj%5C20180508.docx))

 5/8/2018 House Concurred in Senate amendment and enrolled ([House Journal‑page 17](file:///h%3A%5Chj%5C20180508.docx))

 5/8/2018 House Roll call Yeas‑98 Nays‑0 ([House Journal‑page 19](file:///h%3A%5Chj%5C20180508.docx))

 5/14/2018 Ratified R 203

 5/18/2018 Signed By Governor

 5/30/2018 Effective date 07/01/18

 5/31/2018 Act No. 234

View the latest [legislative information](http://www.scstatehouse.gov/billsearch.php?billnumbers=345&session=122&summary=B) at the website

**VERSIONS OF THIS BILL**

[2/1/2017](file:///p%3A%5Cpprever%5C2017-18%5C345_20170201.docx)

[3/6/2018](file:///p%3A%5Cpprever%5C2017-18%5C345_20180306.docx)

[3/14/2018](file:///p%3A%5Cpprever%5C2017-18%5C345_20180314.docx)

[3/20/2018](file:///p%3A%5Cpprever%5C2017-18%5C345_20180320.docx)

[3/21/2018](file:///p%3A%5Cpprever%5C2017-18%5C345_20180321.docx)

[4/25/2018](file:///p%3A%5Cpprever%5C2017-18%5C345_20180425.docx)

[5/2/2018](file:///p%3A%5Cpprever%5C2017-18%5C345_20180502.docx)

[5/3/2018](file:///p%3A%5Cpprever%5C2017-18%5C345_20180503.docx)

[5/8/2018](file:///p%3A%5Cpprever%5C2017-18%5C345_20180508.docx)

(A234, R203, S345)

**AN ACT TO AMEND SECTION 40‑33‑20, CODE OF LAWS OF SOUTH CAROLINA, 1976, RELATING TO DEFINITIONS IN THE NURSE PRACTICE ACT, SO AS TO REVISE THESE DEFINITIONS; TO AMEND SECTION 40‑33‑34, RELATING TO REQUIREMENTS FOR THE PERFORMANCE OF MEDICAL ACTS, QUALIFICATIONS FOR LICENSURE, AND SCOPE AND STANDARDS OF PRACTICE CONCERNING ADVANCED PRACTICE REGISTERED NURSES, SO AS TO REVISE THESE REQUIREMENTS, TO ALLOW THE PERFORMANCE OF CERTAIN ADDITIONAL MEDICAL ACTS, TO REVISE THE PRESCRIPTIVE AUTHORITY OF CERTAIN ADVANCED PRACTICE REGISTERED NURSES WITH RESPECT TO CONTROLLED SUBSTANCES AND NARCOTICS, AND TO DEFINE NECESSARY TERMS, AMONG OTHER THINGS; TO AMEND SECTION 40‑33‑110, RELATING TO GROUNDS FOR DISCIPLINE UNDER THE NURSE PRACTICE ACT, SO AS TO INCLUDE ENGAGING IN PRACTICE AS A NURSE PRACTITIONER, CLINICAL NURSE SPECIALIST, OR CERTIFIED NURSE‑MIDWIFE WITHOUT A COMPLIANT PRACTICE AGREEMENT, FAILING TO COMPLY WITH SUCH A PRACTICE AGREEMENT, AND KNOWINGLY HOLDING ONESELF TO BE MISREPRESENTED AS A PHYSICIAN; TO AMEND SECTION 40‑47‑20, RELATING TO DEFINITIONS CONCERNING THE BOARD OF MEDICAL EXAMINERS, SO AS TO REVISE SEVERAL DEFINITIONS AFFECTING THE SCOPE OF PRACTICE OF CERTAIN LICENSEES OF THE NURSING BOARD; TO AMEND SECTION 40‑47‑110, RELATING TO GROUNDS FOR DISCIPLINE CONCERNING LICENSEES OF THE BOARD OF MEDICAL EXAMINERS, SO AS TO INCLUDE ENGAGING IN PRACTICE WITH A NURSE PRACTITIONER, CLINICAL NURSE SPECIALIST, OR CERTIFIED NURSE‑MIDWIFE WITHOUT A COMPLIANT PRACTICE AGREEMENT OR FAILING TO COMPLY WITH SUCH A PRACTICE AGREEMENT; TO AMEND SECTION 40‑47‑195, RELATING TO PHYSICIANS SUPERVISING MEDICAL ACTS, SO AS TO PROVIDE LICENSURE QUALIFICATIONS AND PRACTICE AGREEMENT REQUIREMENTS FOR PHYSICIANS AND MEDICAL STAFF WHO ENGAGE IN PRACTICE WITH NURSE PRACTITIONERS, CERTIFIED NURSE‑MIDWIVES, OR CLINICAL NURSE SPECIALISTS, AND TO PROVIDE THE BOARD OF MEDICAL EXAMINERS IS AUTHORIZED TO CONDUCT RANDOM AUDITS OF PRACTICE AGREEMENTS; TO AMEND SECTION 40‑47‑935, RELATING TO ACTS AND DUTIES THAT PHYSICIAN ASSISTANTS ARE AUTHORIZED TO PERFORM, SO AS TO INCLUDE TELEMEDICINE SUBJECT TO CERTAIN REQUIREMENTS; AND TO AMEND SECTION 40‑47‑955, RELATING TO THE SCOPE OF PRACTICE OF PHYSICIAN ASSISTANTS, SO AS TO INCLUDE THE PERFORMANCE OF TELEMEDICINE; AND TO PROVIDE THE PROVISIONS OF THIS ACT TAKE EFFECT JULY 1, 2018.**

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

**Nurse Practice Act, definitions**

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; and

 (f) evaluation and follow‑up procedures.

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

 (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. APRNs must achieve national certification within two years post‑graduation. An APRN may perform those activities considered to be the practice of registered nursing or advanced practice consisting of nonmedical acts, such as population health management; quality improvement or research projects within a health care system; and analysis of data and corresponding system recommendations, revisions, developments, or informatics. An APRN also may perform specified medical acts pursuant to a practice agreement as defined in item (45).

 (6) ‘Agreed to jointly’ means the agreement by the Board of Nursing and Board of Medical Examiners on medical acts that nurses perform and that must be defined in a practice agreement pursuant to item (45).

 (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) ‘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.

 (11) ‘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.

 (12) ‘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.

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

 (14) ‘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.

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

 (16) ‘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.

 (17) ‘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.

 (18) ‘Certified Nurse‑Midwife’ or ‘CNM’ means an advanced practice registered nurse who holds a master’s degree in the specialty area, maintains an American Midwifery Certification Board certificate, and is trained to provide management of women’s health care from adolescence beyond menopause, focusing on gynecologic and family planning services, preconception care, pregnancy, childbirth, postpartum, care of the normal newborn during the first twenty‑eight days of life, and the notification and treatment of partners for sexually transmitted infections.

 (19) ‘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.

 (20) ‘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 medical acts is required to have physician support and to practice pursuant to a practice agreement as defined in item (45). A CNS who does not perform medical acts is not required to have physician support or to practice pursuant to a practice agreement as provided in Section 40‑33‑34.

 (21) ‘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.

 (22) ‘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.

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

 (24) ‘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.

 (25) ‘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.

 (26) ‘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.

 (27) ‘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 GRNM is required to become certified within one year of graduation or program completion.

 (28) ‘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.

 (29) ‘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.

 (30) ‘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.

 (31) ‘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.

 (32) ‘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.

 (33) ‘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.

 (34) ‘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.

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

 (36) ‘Medical staff’ means licensed physicians who are approved and credentialed to provide health care to patients in a hospital system or a facility that provides health care.

 (37) ‘Misconduct’ means:

 (a) a violation of any of the provisions of this chapter or regulations promulgated by the board pursuant to this chapter; or

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

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

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

 (40) ‘Nurse Practitioner’ or ‘NP’ means a registered nurse who has completed an advanced formal education program at the master’s level or doctoral 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 medical acts must do so pursuant to a practice agreement as defined in item (45).

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

 (42) ‘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.

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

 (44) ‘Physician’ means a physician licensed by the South Carolina Board of Medical Examiners who possesses an active, unrestricted, permanent license to practice medicine in this State and who actively is practicing within the geographic boundaries of this State.

 (45) ‘Practice agreement’ means a written agreement developed by an NP, CNM, or CNS and a physician or medical staff who agrees to work with and to support the NP, CNM, or CNS. The practice agreement must establish the medical aspects of care to be provided by the NP, CNM, or CNS, including the prescribing of medications. The practice agreement must contain mechanisms that allow the physician to ensure that quality of clinical care and patient safety is maintained in accordance with state and federal laws, as well as all applicable Board of Nursing and Board of Medical Examiners rules and regulations. The practice agreement must comply with Section 40‑33‑34. A CNM also may practice pursuant to written policies and procedures for practice developed and agreed to with a physician who is board certified or board eligible by the American College of Obstetricians and Gynecologists. Written policies and procedures constitute a practice agreement for purposes of compliance with Section 40‑33‑34 and must address medical aspects of care including prescriptive authority and must contain transfer policies and details of the on‑call agreement with the physician with whom the policies and procedures were developed and agreed. The on‑call physician has the authority to designate another qualified physician to be the on‑call physician if necessary. The on‑call physician must be available to the CNM to provide medical assistance in person, by telecommunications, or by other electronic means.

 (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 or medical staff who enters into a practice agreement with an NP, CNM, or CNS must be able to be contacted either in person or by telecommunications or other electronic means to provide consultation and advice to the NP, CNM, or CNS performing medical acts.

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

 (61) ‘Underserved or rural area’ means an area determined by a federal or state agency authorized to determine such a designation.

 (62) ‘Underserved population’ means a population residing in a rural or urban area, which includes, but is not limited to:

 (a) persons receiving Medicaid, Medicare, Department of Health and Environmental Health care, or free clinic care;

 (b) those residing in long‑term care settings or receiving care from a licensed hospice;

 (c) those in institutions including, but not limited to, incarceration institutions and mental health institutions; and

 (d) persons including, but not limited to, the homeless, HIV patients, children, women, the economically disadvantaged, the uninsured, the underinsured, the developmentally disabled, the medically fragile, the mentally ill, migrants, military persons and their dependents, and veterans and their dependents.

 (63) ‘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.

 (64) ‘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.

 (65) ‘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.

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

**Nurse Practice Act, APRN qualifications, authorized and prohibited acts, definitions**

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 minimum of 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. 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) A licensed nurse practitioner, certified nurse‑midwife, or clinical nurse specialist must provide evidence of a practice agreement, as provided in this section. A licensed NP, CNM, or CNS must spend a portion of his time practicing in an underserved or rural area or serving an underserved population as defined in Section 40‑33‑20. A licensed NP, CNM, or CNS performing medical acts must do so pursuant to a practice agreement with a physician who must be readily available for consultation.

 (D)(1) Medical acts performed by a nurse practitioner or clinical nurse specialist must be performed pursuant to a practice agreement between the nurse and the physician or medical staff. The practice agreement must include, but is not limited to:

 (a) the following 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 practice agreement was entered into and dates the practice agreement was reviewed and amended; and

 (v) description of how consultation with the physician is provided and provision for backup consultation if the physician is unavailable; and

 (b) the following information for medical acts:

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

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

 (iii) drug therapies that may be prescribed; and

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

 (2) Notwithstanding any provisions of state law other than this chapter and Chapter 47, and to the extent permitted by federal law, an APRN may perform the following medical acts unless otherwise provided in the practice agreement:

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

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

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

 (d) pronounce death and sign death certificates;

 (e) issue an order for a patient to receive appropriate services from a licensed hospice as defined in Chapter 71, Title 44; and

 (f) certify that an individual is handicapped and declare that the handicap is temporary or permanent for purposes of the individual’s application for a placard.

 (3) The original practice agreement and any amendments to it 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 a practice agreement upon request of the board is considered misconduct and subjects the licensee to disciplinary action. A random audit of a practice agreement must be conducted by the board at least biennially.

 (4) Licensees who change practice settings or physicians shall notify the board of the change within fifteen business days and provide verification of a practice agreement. NPs, CNMs, and CNSs who discontinue their practice shall notify the board within fifteen business days.

 (E)(1) 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 during the time of the organized educational program 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 II 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 and executive orders;

 (b) is limited to drugs and devices utilized to treat medical problems within the specialty field of the nurse practitioner or clinical nurse specialist as prescribed in the practice agreement;

 (c) may include Schedules III through V controlled substances if listed in the practice agreement and as authorized by Section 44‑53‑300;

 (d) may include Schedule II nonnarcotic substances if listed in the practice agreement and as authorized by Section 44‑53‑300, provided, however, that each such prescription must not exceed a thirty‑day supply;

 (e) may include Schedule II narcotic substances if listed in the practice agreement and as authorized by Section 44‑53‑300, provided, however, that the prescription must not exceed a five‑day supply and another prescription must not be written without the written agreement of the physician with whom the nurse practitioner, certified nurse‑midwife, or clinical nurse specialist has entered into a practice agreement, unless the prescription is written for patients in hospice or palliative care;

 (f) may include Schedule II narcotic substances for patients in hospice or palliative care if listed in the practice agreement as authorized by Section 44‑53‑300, provided, however, that each such prescription must not exceed a thirty‑day supply;

 (g) must be signed or electronically submitted by the NP, CNM, or CNS with the prescriber’s identification number assigned by the board and all prescribing numbers required by law. Written prescription forms must include the name, address, and phone number of the NP, CNM, or CNS and physician. Electronic prescription forms must include the name, address, and phone number of the NP, CNM, or CNS and, if possible, the physician through the electronic system. All prescriptions 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;

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

 (2) An NP, CNM, or CNS who holds prescriptive authority may request, receive, and sign for professional samples and may distribute professional samples to patients as listed in the practice agreement, subject to federal and state regulations.

 (G) Prescriptive authorization may be terminated by the board if 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 practice agreement;

 (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) For purposes of this subsection:

 (a) ‘Telemedicine’ has the same meaning as provided in Section 40‑47‑20(52).

 (b) ‘Unprofessional conduct’ has the same meaning as provided in Section 40‑33‑20(64).

 (2) An APRN may perform medical acts via telemedicine pursuant to a practice agreement as defined in Section 40‑33‑20(45).

 (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 II through V prescriptions are only permitted pursuant to a practice agreement as defined in Section 40‑33‑20(45) and nothing in this item may be construed to authorize the prescribing of medications via telemedicine that otherwise are restricted by the limitations in Section 40‑47‑37(C)(6) unless approved by a joint committee of the Board of Medical Examiners and the Board of Nursing.

 (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 Chapter 33, Title 40 and Chapter 47, Title 40.”

**Nurse Practice Act, grounds for discipline**

SECTION 3. Section 40‑33‑110(A) of the 1976 Code is amended by adding appropriately numbered new items to read:

 “(27) engaged in practice as an NP, CNS, or CNM without a compliant practice agreement as defined in Section 40‑33‑20(45);

 (28) failed to follow or comply with the practice agreement as defined by Section 40‑33‑20(45); or

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

**Board of Medical Examiners, definitions**

SECTION 4. 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 medical acts that nurses perform and that must be defined in a practice agreement pursuant to item (35).

 (5) ‘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.

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

 (7) ‘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.

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

 (9) ‘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.

 (10) ‘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.

 (11) ‘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.

 (12) ‘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. APRNs performing medical acts must practice pursuant to a practice agreement as defined in item (35).

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

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

 (15) ‘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.

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

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

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

 (19) ‘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.

 (20) ‘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.

 (21) ‘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.

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

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

 (24) ‘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.

 (25) ‘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.

 (26) ‘License’ means a current document authorizing a person to practice.

 (27) ‘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.

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

 (29) ‘Medical staff’ means licensed physicians who are approved and credentialed to provide health care to patients in a hospital system or a facility that provides health care.

 (30) ‘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.

 (31) ‘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.

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

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

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

 (35) ‘Practice agreement’ means a written agreement developed by an NP, CNM, or CNS and a physician or medical staff who agrees to work with and to support the NP, CNM, or CNS. The practice agreement must establish the medical aspects of care to be provided by the NP, CNM, or CNS, including the prescribing of medications. The practice agreement must contain mechanisms that allow the physician to ensure that quality of clinical care and patient safety is maintained in accordance with state and federal laws, as well as all applicable Board of Nursing and Board of Medical Examiners rules and regulations. The practice agreement must comply with Section 40‑33‑34. A CNM also may practice pursuant to written policies and procedures for practice developed and agreed to with a physician who is board certified or board eligible by the American College of Obstetricians and Gynecologists. Written policies and procedures constitute a practice agreement for purposes of compliance with Section 40‑33‑34 and must address medical aspects of care including prescriptive authority and must contain transfer policies and details of the on‑call agreement with the physician with whom the policies and procedures were developed and agreed. The on‑call physician has the authority to designate another qualified physician to be the on‑call physician if necessary. The on‑call physician must be available to the CNM to provide medical assistance in person, by telecommunications, or by other electronic means.

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

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

 (43) ‘Readily available’ means the physician or medical staff who enters into a practice agreement with an NP, CNM, or CNS must be able to be contacted either in person or by telecommunications or other electronic means to provide consultation and advice to the NP, CNM, or CNS performing medical acts.

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

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

 (51) ‘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) ‘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.

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

 (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.

 (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.

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

**Board of Medical Examiners, grounds for discipline**

SECTION 5. Section 40‑47‑110(B) of the 1976 Code is amended by adding appropriately numbered new items to read:

 “(26) engaged in a practice with an NP, CNM, or CNS without a practice agreement as defined in Section 40‑47‑20(35) in place at the time that practice was initiated and during its continuation; or

 (27) failed to follow or comply with the practice agreement as defined in Section 40‑47‑20(35) while engaged in a practice with an NP, CNM, or CNS.”

**Physician and medical staff practice agreements with certain APRNs**

SECTION 6. 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 other practitioners are performed under approved written scope of practice guidelines or approved written protocol 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, 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, the board and supervising physician or medical staff 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 not located at the same site as 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 or medical staff 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.

 (D)(1) A physician or medical staff who is engaged in practice with an NP, CNM, or CNS must:

 (a)(i) hold permanent, active, and unrestricted authorization to practice medicine in this State and be actively practicing medicine within the geographic boundaries of this State; or

 (ii) hold an active, unrestricted academic license to practice medicine in this State and be actively practicing medicine within the geographic boundaries of this State;

 (b) have in place prior to beginning practice and during its continuation a practice agreement as defined in Section 40‑47‑20(35), a copy of which the physician must make available to the board within seventy‑two hours of a request;

 (c) not enter into practice agreements with more than the equivalent of six full‑time NPs, CNMs, or CNSs and must not practice in a situation in which the number of NPs, CNMs, or CNSs providing clinical services with whom the physician is working, combined with the number of physician assistants providing clinical services whom the physician is supervising, is greater than six individuals at any one time, provided, however, that the board may approve an exception to these requirements upon application by the physician, if the board determines that an exception is warranted and that quality of care and patient safety will be maintained;

 (d) not enter into a practice agreement with an NP, CNM, or CNS performing a medical act, task, or function that is outside the usual practice of that physician or outside of the physician’s training or experience, provided, however, that the board may approve an exception to this requirement upon application by the physician, if the board determines that an exception is warranted and that quality of care and patient safety will be maintained; and

 (e) maintain responsibility in the practice agreement for the health care delivery team pursuant to rules and regulations of the Board of Medical Examiners.

 (2) The board is authorized to conduct random audits of practice agreements.”

**Physician assistants, telemedicine authorized**

SECTION 7. 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.”

**Physician assistants, scope of practice to include telemedicine**

SECTION 8. Section 40‑47‑955(B) of the 1976 Code is 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.”

**Time effective**

SECTION 9. This act takes effect July 1, 2018.

Ratified the 14th day of May, 2018.

Approved the 18th day of May, 2018.

\_\_\_\_\_\_\_\_\_\_