**South Carolina General Assembly**

123rd Session, 2019-2020

**H. 3399**

**STATUS INFORMATION**

General Bill

Sponsors: Reps. Clary, Cobb‑Hunter, Herbkersman, Davis, Hosey, Matthews, Mace, Cogswell and Atkinson

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Companion/Similar bill(s): 132

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

Summary: PA Act of 2019

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

12/18/2018 House Prefiled

12/18/2018 House Referred to Committee on **Medical, Military, Public and Municipal Affairs**

1/8/2019 House Introduced and read first time ([House Journal‑page 222](file:///h:\hj\20190108.docx))

1/8/2019 House Referred to Committee on **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 222](file:///h:\hj\20190108.docx))

1/17/2019 House Member(s) request name added as sponsor: Simmons

1/22/2019 House Member(s) request name added as sponsor: Mace

1/24/2019 House Member(s) request name added as sponsor: Cogswell

2/12/2019 House Member(s) request name added as sponsor: Atkinson

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**VERSIONS OF THIS BILL**

[12/18/2018](file:///p:\pprever\2019-20\3399_20181218.docx)

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, TO ENACT THE “PA ACT OF 2019” BY ADDING SECTION 40‑47‑936 SO AS TO PROVIDE CERTAIN ORDERS PHYSICIAN ASSISTANTS MAY PLACE TO BE PERFORMED BY LICENSED PERSONNEL PURSUANT TO THE SCOPE OF PRACTICE OF THE PHYSICIAN ASSISTANT; BY ADDING SECTION 40‑47‑1025 SO AS TO PROVIDE CERTAIN PROVISIONS MAY NOT BE CONSTRUED TO LIMIT THE EMPLOYMENT ARRANGEMENT OF PHYSICIAN ASSISTANTS; BY ADDING SECTION 40‑47‑1030 SO AS TO PROVIDE THE BOARD OF MEDICAL EXAMINERS MAY APPROVE PHYSICIAN ASSISTANTS TO ENTER INTO NONDISCIPLINARY ALTERNATIVE PROGRAMS AND TO PROVIDE CONFIDENTIALITY OF RELATED RECORDS; BY ADDING SECTION 40‑47‑1035 SO AS TO PROVIDE PHYSICIAN ASSISTANTS MAY BE CONSIDERED PRIMARY CARE PROVIDERS OR MENTAL HEALTH PROVIDERS WHEN PRACTICING IN THE MEDICAL SPECIALTIES REQUIRED FOR PHYSICIANS TO BE PRIMARY CARE PROVIDERS OR MENTAL HEALTH PROVIDERS, AND TO CLARIFY THE AFFECT ON RELATED WORKING RELATIONSHIPS AND SCOPES OF PRACTICE; BY ADDING SECTION 40‑47‑1040 SO AS TO PROVIDE THE BOARD MAY MAKE SPECIAL PROVISIONS FOR LICENSURES OF APPLICANTS WHO HAVE BEEN CLINICALLY INACTIVE FOR MORE THAN TWENTY‑FOUR MONTHS, TO PROVIDE REQUIREMENTS FOR THESE SPECIAL PROVISIONS, AND TO PROVIDE PHYSICIAN ASSISTANTS WHO HAVE BEEN FULL‑TIME EMPLOYEES OF CERTAIN ACCREDITED EDUCATIONAL PROGRAMS MAY NOT BE CONSIDERED TO HAVE BEEN CLINICALLY INACTIVE FOR LICENSURE OR LICENSE RENEWAL PURPOSES; TO AMEND SECTION 40‑47‑195, AS AMENDED, RELATING TO SUPERVISING PHYSICIANS IN SCOPE OF PRACTICES, SO AS TO REVISE RELATED REQUIREMENTS; TO AMEND SECTION 40‑47‑20, AS AMENDED, RELATING TO DEFINITIONS CONCERNING PHYSICIANS AND MISCELLANEOUS HEALTH CARE PROFESSIONALS, SO AS TO REVISE NECESSARY TERMS; TO AMEND SECTION 40‑47‑113, RELATING TO THE ESTABLISHMENT OF PHYSICIAN‑PATIENT RELATIONSHIPS, SO AS TO MAKE A CONFORMING CHANGE; TO AMEND SECTION 40‑47‑910, RELATING TO DEFINITIONS IN THE PHYSICIAN ASSISTANTS PRACTICE ACT, SO AS TO REVISE AND PROVIDE NECESSARY DEFINITIONS; TO AMEND SECTION 40‑47‑915, RELATING TO THE APPLICABILITY OF THE PHYSICIAN ASSISTANTS PRACTICE ACT, SO AS TO REVISE THE CRITERIA FOR PERSONS SUBJECT TO THE ACT; TO AMEND SECTION 40‑47‑925, RELATING TO THE PHYSICIAN ASSISTANT ADVISORY COMMITTEE TO THE BOARD, SO AS TO MAKE CONFORMING CHANGES; TO AMEND SECTION 40‑47‑930, RELATING TO THE POWERS AND DUTIES OF THE COMMITTEE AND BOARD, SO AS TO REVISE THE REQUIREMENTS AND MAKE CONFORMING CHANGES; TO AMEND SECTION 40‑47‑935, AS AMENDED, RELATING TO ACTS AND DUTIES THAT PHYSICIAN ASSISTANTS ARE AUTHORIZED TO PERFORM, SO AS TO EXPAND THE RANGE OF THESE ACTS AND DUTIES; TO AMEND SECTION 40‑47‑938, RELATING TO SUPERVISORY RELATIONSHIPS, SO AS TO REVISE THE REQUIREMENTS FOR THESE RELATIONSHIPS; TO AMEND SECTION 40‑47‑940, RELATING TO THE LICENSURE APPLICATION PROCESS AND TEMPORARY LICENSES, SO AS TO REVISE THE PROCESS AND PROVIDE REQUIREMENTS FOR EMERGENCY LICENSES; TO AMEND SECTION 40‑47‑945, RELATING TO CONDITIONS FOR GRANTING PERMANENT LICENSES FOR PHYSICIAN ASSISTANTS, SO AS TO REVISE THE REQUIREMENTS; TO AMEND SECTION 40‑47‑950, RELATING TO LIMITED PHYSICIAN ASSISTANT LICENSES, SO AS TO ELIMINATE CERTAIN REQUIREMENTS FOR THESE LICENSES, MODIFY THE ROLE OF SUPERVISING PHYSICIANS, AND MAKE CONFORMING CHANGES; TO AMEND SECTION 40‑47‑955, AS AMENDED, RELATING TO SCOPE OF PRACTICE, SO AS TO REVISE THE REQUIREMENTS AND INCLUDE REQUIREMENTS CONCERNING TELEMEDICINE, AMONG OTHER THINGS; TO AMEND SECTION 40‑47‑960, RELATING TO REQUIRED CONTENT IN SCOPE OF PRACTICES, SO AS TO REVISE THE REQUIRED CONTENT AND PROVIDE SCOPE OF PRACTICES MAY BE IN WRITTEN OR ELECTRONIC FORMAT; TO AMEND SECTION 40‑47‑965, RELATING TO REQUIREMENTS OF PHYSICIAN ASSISTANTS WHEN PRESCRIBING CERTAIN TREATMENTS, SO AS TO EXPAND THE AUTHORITY OF PHYSICIAN ASSISTANTS TO PRESCRIBE SUCH TREATMENTS; TO AMEND SECTION 40‑47‑970, RELATING TO MEDICAL TASKS, ACTS, AND FUNCTIONS THAT PHYSICIAN ASSISTANTS MAY PERFORM, SO AS TO ELIMINATE RESTRICTIONS ON PRESCRIBING CERTAIN CONTROLLED SUBSTANCES AND RESTRICTIONS ON PERFORMING ACTS OUTSIDE THE USUAL PRACTICE OF THEIR SUPERVISING PHYSICIANS; TO AMEND SECTION 40‑47‑985, RELATING TO UNSCHEDULED INSPECTIONS THAT THE BOARD MAY MAKE OF FACILITIES EMPLOYING PHYSICIAN ASSISTANTS, SO AS TO MAKE CONFORMING CHANGES; TO AMEND SECTION 40‑47‑990, RELATING TO THE IDENTIFICATION OF PHYSICIAN ASSISTANTS, SO AS TO REVISE THE REQUIREMENTS AND PROVIDE FOR EXCEPTIONS DURING UNPLANNED EMERGENCIES; TO AMEND SECTION 40‑47‑1000, RELATING TO UNLAWFUL REPRESENTATION OF ONESELF AS A PHYSICIAN ASSISTANT, SO AS TO ALLOW THAT PERSONS WHO MEET THE QUALIFICATIONS OF CHAPTER 47, TITLE 40 MAY REPRESENT THEMSELVES AS BEING PHYSICIAN ASSISTANTS, BUT MAY NOT PERFORM PHYSICIAN ASSISTANT ACTS; TO AMEND SECTION 40‑47‑1005, RELATING TO GROUNDS FOR MISCONDUCT MANDATING DISCIPLINE, SO AS TO REVISE THESE GROUNDS; TO AMEND SECTION 40‑47‑1015, RELATING TO LICENSURE FEES, SO AS TO REVISE THE FEES; TO AMEND SECTION 40‑47‑1020, RELATING TO THIRD PARTY REIMBURSEMENTS OF PHYSICIAN ASSISTANTS, SO AS TO MAKE CONFORMING CHANGES; AND TO REPEAL SECTION 40‑47‑995 RELATING TO THE TERMINATION OF SUPERVISORY RELATIONSHIPS BETWEEN PHYSICIANS AND PHYSICIAN ASSISTANTS.

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

SECTION 1. This act must be known and may be cited as the “PA Act”.

SECTION 2. Article 7, Chapter 47, Title 40 of the 1976 Code is amended by adding:

“Section 40‑47‑936. Pursuant to a written scope of practice, PAs may place orders to be performed by licensed personnel including, but not limited to:

(1) performing venipuncture;

(2) administering intramuscular, intradermal, and subcutaneous injections including immunizations vaccinations;

(3) measuring vital signs; and

(4) verbatim transmitting of the orders to knowledgeable and competent professionals.”

SECTION 3. Article 7, Chapter 47, Title 40 of the 1976 Code is amended by adding:

“Section 40‑47‑1025. The provisions of this article may not be construed to limit the employment arrangement of a PA licensed under this article.”

SECTION 4. Article 7, Chapter 47, Title 40 of the 1976 Code is amended by adding:

“Section 40‑47‑1030. The board may permit a licensee to enter into a nondisciplinary alternative program. All records pertaining to the PA’s participation in the nondisciplinary program shall be confidential and shall not be subject to discovery, subpoena, or public disclosure.”

SECTION 5. Article 7, Chapter 47, Title 40 of the 1976 Code is amended by adding:

“Section 40‑47‑1035. Notwithstanding another provision of law, a PA may be considered a primary care provider or a mental health provider when the PA is practicing in the medical specialties required for a physician to be a primary care provider or mental health provider. The definition of a PA considered to be a primary care provider or mental health provider does not affect the working relationship or scope of practice between the physician and the PA.”

SECTION 6. Article 7, Chapter 47, Title 40 of the 1976 Code is amended by adding:

“Section 40‑47‑1040. The board may make special provisions for licensure of an applicant who has been clinically inactive for greater than twenty‑four months. These provisions must be contained in an individual reentry plan that is agreed upon by the board or its representative and the applicant for licensure. Similar provisions may be required of applicants for license renewal who have been clinically inactive for greater than twenty‑four months. A PA who has been a full‑time employee of an accredited PA educational program may not be considered to have been clinically inactive for the purpose of licensure or license renewal.”

SECTION 7. Section 40‑47‑195 of the 1976 Code, as last amended by Act 234 of 2018, is further 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 the 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~~B) In evaluating a written ~~guideline~~ scope of practice 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~~C)(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 scope of practice or practice agreements with more than the equivalent of six full‑time PAs, 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~~ the 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) A physician or medical staff engaged in practice with a PA must:

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

(b) have in place prior to beginning practice and during its continuation a written scope of practice, as defined in Section 40‑47‑20(5), a copy of which the physician must make available to the board within seventy‑two hours of a request;

(c) not enter into scope of practice or practice agreement with more than the equivalent of six full‑time PAs, NPs, CNMs, or CNSs, provided, however, the board may approve an exception to these requirements upon application by the physician, if the board determines that an exception is warranted and the quality of care and patient safety will be maintained;

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

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

(3) The board is authorized to conduct random audits of practice agreements and scope of practice agreements.”

SECTION 8. Section 40‑47‑20(5) and (12) of the 1976 Code, as last amended by Act 234 of 2018, is further amended to read:

“(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~~ a written or electronic agreement developed by a PA and a physician or medical staff who agrees to work with and support the PA. The scope of practice must establish the medical aspects of care to be provided by the PA, including the prescribing of medications and must contain mechanisms that allow the physician to ensure that quality of care and patient safety is maintained in accordance with state and federal laws, as well as all applicable rules and regulations of the Board of Medical Examiners.

(12) ‘Delegated medical acts’ means additional acts delegated by a physician or dentist to a ~~physician assistant~~ PA, 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).”

SECTION 9. Section 40‑47‑113(B) of the 1976 Code is amended to read:

“(B) Notwithstanding subsection (A), a licensee may prescribe for a patient whom the licensee has not personally examined under certain circumstances including, but not limited to, writing admission orders for a newly hospitalized patient, prescribing for a patient of another licensee for whom the prescriber is taking call, prescribing for a patient examined by a licensed advanced practice registered nurse, a ~~physician assistant~~ PA, or other physician extender authorized by law and supervised by the physician, continuing medication on a short‑term basis for a new patient before the patient’s first appointment, or prescribing for a patient for whom the licensee has established a physician‑patient relationship solely via telemedicine so long as the licensee complies with Section 40‑47‑37 ~~of this act~~.”

SECTION 10. Section 40‑47‑910 of the 1976 Code is amended to read:

“Section 40‑47‑910. As used in this article:

(1) ‘Alternate physician supervisor’ or ‘alternate supervising physician’ means a South Carolina licensed physician currently possessing an active, unrestricted, permanent license to practice medicine in South Carolina who accepts the responsibility to supervise a ~~physician assistant’s~~ PA’s activities in the absence of the supervising physician and this physician is approved by the physician supervisor in writing in the scope of practice ~~guidelines~~.

(2) ‘Board’ means the Board of Medical Examiners of South Carolina.

(3) ‘Committee’ means the Physician Assistant Committee as established by this article as an advisory committee responsible to the board.

(4) ~~‘Immediate consultation’ means a supervising physician must be available for direct communication by telephone or other means of telecommunication~~ ‘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.

(5) ‘NCCPA’ means the National Commission on Certification of Physician Assistants, Inc., the agency recognized to examine and evaluate the education of ~~physician assistants~~ PAs, or its successor organization as recognized by the board.

(6) ‘Physician assistant’ or ‘PA’ means a health care professional ~~licensed to assist in the practice of medicine with a physician supervisor~~ who meets the qualifications provided in this article and is licensed to practice medicine as provided in this article.

(7) ‘Physician supervisor’ or ‘supervising physician’ means a ~~South Carolina licensed physician currently possessing an active, unrestricted permanent license to practice medicine in South Carolina who is approved to serve as a supervising physician for no more than three full‑time equivalent physician assistants. The physician supervisor is the individual who is responsible for supervising a physician assistant’s activities~~ physician licensed by the South Carolina Board of Medical Examiners who possesses an active, unrestricted permanent license to practice medicine in South Carolina who is approved to serve as a supervising physician within the geographical boundaries of this State.

(8) ~~‘Supervising’ means overseeing the activities of, and accepting responsibility for, the medical services rendered by a physician assistant as part of a physician‑led team in a manner approved by the board~~ ‘Readily available” means a physician who enters into a scope of practice must be available for direct communication by telecommunications or other electronic means to provide consultation and advice to the PA.”

(9) ‘Scope of practice’ means a written or electronic agreement developed by a PA and a physician or medical staff who agrees to work with and to support the PA. The scope of practice must establish the medical aspects of care to be provided by the PA, including the prescribing of medications and must contain mechanisms that allow the physician to ensure that quality of care and patient safety is maintained in accordance with state and federal laws, as well as all applicable rules and regulations of the Board of Medical Examiners

(10) ‘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.”

SECTION 11. Section 40‑47‑915 of the 1976 Code is amended to read:

“Section 40‑47‑915. This article does not apply to a person who is:

(1) ~~who is~~ employed as a ~~physician assistant~~ PA by the United States Government, where such services are provided solely under the direction or control of the United States Government~~.~~; or

(2) ~~pursuing a course of study leading to a degree or certificate to practice as a physician assistant in a program approved by the Commission on Accreditation of Allied Health Education Programs or its successor agency, where such activities and services constitute a part of a supervised course of study~~ enrolled in a PA educational program accredited by the Accreditation Review Commission on Education for the Physician Assistant or its successor agency; provided, however, the person must be clearly identified by a badge or other adornment with that person’s name and the words ‘Physician Assistant‑Student’ or ‘PA‑S’ clearly legible. The badge or adornment must be at least one inch by three inches in size.”

SECTION 12. Section 40‑47‑925(A) and (B) of the 1976 Code is amended to read:

“(A) There is created the ~~Physician Assistant~~ PA Committee as an advisory committee to the board which consists of nine members to be appointed by the board ~~of Medical Examiners~~. Three of the members must be licensed ~~physician assistants~~ PAs with a minimum of three years of patient care experience in this State. Two members must be consumers, and three members must be physicians who are licensed to practice in this State. Of the three physician members, at least one must regularly employ a ~~physician assistant~~ PA. One member of the board ~~of Medical Examiners~~ shall serve on the committee ex officio. All organizations, groups, or interested individuals may submit recommendations to the board 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 term of two ~~physician assistants~~ PAs, the consumer member, and one physician are for two years. Vacancies must be filled in the manner of the original appointment for the unexpired portion of the term. The board, after notice and opportunity for hearing, may remove any member of the committee for negligence, neglect of duty, incompetence, revocation or suspension of license, or other dishonorable conduct. Members of the committee shall 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.”

SECTION 13. Section 40‑47‑930 of the 1976 Code is amended to read:

“Section 40‑47‑930. (A) The committee shall evaluate the qualifications and ~~supervise the examinations of applicants for licensure and~~ make recommendations to the board.

(B) The board ~~may~~:

(1) may issue subpoenas, examine witnesses, and administer oaths; and

(2) may investigate allegations of practices violating the provisions of this article;

(3) annually shall compile and make available a list of PAs authorized to practice in this State, and shall make a copy of this list available to the public upon application to the board and payment of an amount sufficient to cover the cost of printing and mailing; and

(4) conduct final hearings and make final decisions in disciplinary cases.

(C) The committee:

(1) may recommend regulations to the board relating to professional conduct to carry out the provisions of this article including, but not limited to, professional certification and the establishment of ethical standards of practice for persons holding a license to practice as ~~physician assistants~~ PAs in this State;

(2) shall conduct hearings and keep records and minutes necessary to carry out its functions;

(3) shall provide notice of all hearings authorized under this article pursuant to the Administrative Procedures Act;

(4) shall determine the qualifications and make recommendations regarding the issuance of licenses to qualified ~~physician assistants~~ PAs;

(5) shall recommend to the board whether to issue or renew licenses under those conditions prescribed in this article;

(6) may recommend requirements to the board for continuing professional education of ~~physician assistants to the board~~ PAs;

(7) shall keep a record of its proceedings and a register of all licensees, including their names and last known ~~places of employment and~~ residence~~. The board shall annually compile and make available a list of physician assistants authorized to practice in this State. An interested person may obtain a copy of this list upon application to the board and payment of an amount sufficient to cover the cost of printing and mailing~~;

(8) shall report annually to the board on duties performed, actions taken, and recommendations;

(9) shall hear disciplinary cases and recommend findings of fact, conclusions of law, and sanctions to the board~~. The board shall conduct a final hearing at which it shall make a final decision~~; and

(10) shall perform such duties and tasks as may be delegated to the committee by the board.”

SECTION 14. Section 40‑47‑935 of the 1976 Code, as last amended by Act 234 of 2018, is further amended to read:

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

(1) medical acts, tasks, or functions ~~with written~~ within their 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~~ PAs 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~~ a scope of practice ~~guidelines~~ approved pursuant to Section 40‑47‑113, and pursuant to all physician supervisory requirements imposed by this chapter.

(B) A ~~physician assistant~~ PA 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.

(C)(1) PAs may provide legal medical services for which they are qualified by their education, training, and experience and are competent to perform as determined by the physician‑PA team and stated within the scope of practice. Medical and surgical services provided by PAs include, but are not limited to:

(a) obtaining and performing comprehensive health histories and physical examinations;

(b) evaluating, diagnosing, managing, and providing medical treatment;

(c) ordering, performing, and interpreting diagnostic studies and therapeutic procedures;

(d) educating patients on health promotion and disease prevention;

(e) providing consultation upon request;

(f) issuing/writing medical orders to include orders for physical therapy/services, speech therapy/services, occupational therapy/services, rehabilitative therapy/services, medical equipment, durable medical equipment, and orders for a patient to receive appropriate services from a licensed hospice provider as defined in Chapter 71, Title 44; and

(g) PAs may obtain informed consent, pronounce death, certify cause of death, and execute and sign death certificates.

(2)(a) Consistent with a scope of practice, PAs may certify the health or disability of a patient as required by any local, state or federal program. Such certifications include but are not limited to certifying:

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

(ii) that an individual is handicapped and declaration of whether a handicap is temporary or permanent for purposes of obtaining parking placards; and

(iii) home health and home bound forms.

(b) A PA may authenticate any document with their signature, certification, stamp, verification, affidavit, or endorsement if it may be so authenticated by the signature, certification, stamp, verification, affidavit, or endorsement of a physician.”

SECTION 15. Section 40‑47‑938 of the 1976 Code is amended to read:

“Section 40‑47‑938. (A) A physician currently possessing an active, unrestricted permanent license to practice medicine under the provisions of this chapter, who ~~accepts the responsibility to supervise a physician assistant’s activities, must enter into a supervisory relationship with a physician assistant licensed pursuant to this article, subject to approval of scope of practice guidelines by the board. The physician must notify the board, in writing, of the proposed supervisory relationship and include the proposed scope of practice guidelines for the relationship. Upon receipt of board approval, the physician assistant may begin clinical practice with the named supervising physician and alternate physicians.~~

~~(B)~~ ~~A supervising physician may determine that there are additional medical acts, tasks, or functions for which a physician assistant under the physician’s supervision needs additional training or education to meet the needs of the physician’s practice and that the physician would like to incorporate into the physician assistant’s scope of practice guidelines. The physician must determine, in consultation with the physician assistant, the means of educating the physician assistant, which may include training under the direct supervision of the physician, education, or certification of proposed practices or other appropriate educational methods. The physician must notify the board in writing of the requested changes to the physician assistant’s scope of practice guidelines and must provide documentation to the board of the competence of the physician assistant to perform the additional medical acts, tasks, or functions. Upon receipt of board approval of the requested changes, the physician assistant may incorporate these additional medical acts, tasks, or functions into practice.~~

~~(C)~~ ~~The board shall review and determine whether to approve these proposed scope of practice guidelines or requested changes to the scope of practice guidelines within ten business days after receipt of notice from the supervising physician as required by subsections (A) and (B). If the board needs additional information or clarification, a physician member of the board must contact the supervisory physician within ten business days of receipt of the physician’s notice. If the board requests additional information or clarification to consider approval of scope of practice guidelines or changes to these guidelines, the supervising physician shall provide it in a timely manner; and upon receipt, a determination regarding approval must be made within ten business days~~ maintains responsibility in the scope of practice for the health care delivery team pursuant to rules and regulations of the board, must enter into a scope of practice with a licensed PA pursuant to this article. The scope of practice and any amendments to it must be reviewed at least annually, dated and signed by the physician and PA, and made available to the board for review within seventy‑two hours of request by a representative of the board. Failure to produce a scope of practice upon request of the board is considered misconduct and subjects the licensee to disciplinary action. A physician currently possessing an active, unrestricted permanent license to practice medicine under the provisions of this chapter, who accepts the responsibility to supervise a PA’s activities, shall enter into a supervisory relationship with a PA licensed pursuant to this article, subject to approval of scope of practice by the board.

(B) The PA may begin practice five business days after the scope of practice has been submitted to the committee. Within five business days, the committee shall notify the PA either of its approval or the remedy of the scope of practice.

(C) If a PA is employed by a hospital system or provider group with a credentialing committee, the scope of practice must be approved by the physician chief medical officer or a physician delegated by the physician chief medical officer. After review of the PA’s credentials, clinical competence, including education, training, requested privileges, certification, licensure, review of current privileges held at other facilities, references, malpractice claims, and health status, after which it shall approve or deny the scope of practice. If approved, the PA shall submit the scope of practice to the board within five days.”

SECTION 16. Section 40‑47‑940 of the 1976 Code is amended to read:

“Section 40‑47‑940. (A) An application must be submitted to the board on forms supplied by the board. The application must be complete in every detail before licensure may be granted and must be accompanied by a nonrefundable fee. ~~As part of the application process, the supervising physician and physician assistant must specify clearly in detail those medical acts, tasks, or functions for which approval is being sought. The specific medical acts, tasks, or functions must be included in the scope of practice guidelines, and the scope of practice guidelines must accompany the application.~~

(B) When a board member or board designee or the administrative staff of the board has reviewed the entire application for completeness and correctness and has determined the eligibility or appropriateness of the application a temporary authorization may be issued immediately. At the next board meeting the application may be recommended for approval for a permanent license or other authorization consistent with this article. If a temporary authorization is not considered appropriate, the application must be reviewed by the committee and may be recommended to the board for approval as presented to or modified by the committee.

(C) A PA who notifies the board in writing on forms prescribed by the board may elect to change the status of his license to inactive. A PA with an inactive license is excused from payment of renewal fees and may not practice as a PA. A licensee who engages in practice while his license is lapsed or on inactive status is considered to be practicing without a license, which is grounds for misconduct under Section 40‑47‑1005. A PA requesting restoration from inactive status shall pay the current renewal fee and meet the criteria for renewal as specified in Section 40‑47‑1010.

(D) Emergency and Disaster Care

(1) A PA licensed in this State or licensed or authorized to practice in any other jurisdiction in the United States or who is credentialed as a PA by a federal employer who is responding to a need for medical care created by an emergency or a state or local disaster, which does not include an emergency situation that occurs in the place of the PA’s employment, may render care that they are able to provide pursuant to their education, training, and experience;

(2) A physician and PA providing medical care in response to such an emergency or state or local disaster shall not be required to meet the requirements set forth in this article for scope of practice.

(3) A PA licensed in this State or licensed or authorized to practice in another state who voluntarily and gratuitously, and other than in the ordinary course of employment or practice, renders emergency medical assistance, may not be liable for civil damages for a personal injury that results from an act or omission by the person in rendering emergency care which may constitute ordinary negligence. The immunity granted by this section does not apply to acts or omissions constituting gross, wilful, or wrongful negligence, or when the medical assistance is rendered at a hospital, physician’s office, or other healthcare delivery entity where those services are normally rendered. A physician is not liable for civil damages for a personal injury that results from an act or omission by the PA rendering emergency or volunteer care.

(4) A PA licensed in this State, licensed or authorized to practice in any another jurisdiction in the United States, credentialed by a federal employer, or who otherwise meets the licensure requirements of their requisite federal agency as a PA may volunteer to render care that they are able to provide pursuant to their education, training, and experience at a camp or for a public or community event without a physician. The care must be rendered without compensation or remuneration.”

SECTION 17. Section 40‑47‑945 of the 1976 Code is amended to read:

“Section 40‑47‑945. (A) Except as otherwise provided in this article, an individual shall obtain a permanent license from the board before the individual may practice as a ~~physician assistant~~ PA. The board shall grant a permanent license as a ~~physician assistant~~ PA to an applicant who has:

(1) submitted a completed application on forms provided by the board;

(2) paid the nonrefundable application fees established in this article;

(3) successfully completed an educational program for ~~physician assistants approved~~ PAs accredited by the Accreditation Review Commission on Education for the Physician Assistant or its predecessor or successor organization;

(4) successfully ~~completed the NCCPA certifying examination and provide documentation that the applicant possesses a current, active, NCCPA certificate~~ passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants (NCCPA);

(5) certified that the applicant is mentally and physically able to engage safely in practice as a ~~physician assistant~~ PA;

(6) no licensure, certificate, or registration as a ~~physician assistant~~ PA under current discipline, revocation, suspension, probation, or investigation for cause resulting from the applicant’s practice as a ~~physician assistant~~ PA;

(7) good moral character; and

(8) submitted to the board other information the board considers necessary to evaluate the applicant’s qualifications~~;~~.

~~(9)~~ ~~appeared before a board member or board designee with all original diplomas and certificates and demonstrated knowledge of the contents of this article. A temporary authorization to practice may be issued as provided in Section 40‑47‑940 pending completion of this requirement and subject to satisfactory interview as provided below; and~~

~~(10)~~ ~~successfully completed an examination administered by the committee on the statutes and regulations regarding physician assistant practice and supervision.~~

(B) ~~Not later than ninety days from the date a temporary authorization is issued, each applicant shall appear before a board member or board designee and demonstrate knowledge of the contents of this article. Failure to appear within the prescribed time automatically results in the immediate invalidation of the authorization to practice pending compliance and further order of the board. If approved, a permanent license may be issued immediately. If not approved, the application must be reviewed by the committee and may be recommended to the board for approval as presented to or modified by the committee~~ The board also may grant a license to an applicant who does not meet the educational requirement specified in subsection (A)(3) but who passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants prior to 1986.

~~(C)~~ ~~The supervising physician of a limited licensee physically must be present on the premises at all times when the limited licensee is performing a task.~~”

SECTION 18. Section 40‑47‑950 of the 1976 Code is amended to read:

“Section 40‑47‑950. (A) The board may issue a limited ~~physician assistant~~ PA license to an applicant who has:

(1) submitted a completed application on forms provided by the board;

(2) paid the nonrefundable application fees established by this regulation;

(3) successfully completed an educational program for ~~physician assistants~~ PAs approved by the Accreditation Review Commission on Education for the Physician Assistant or its predecessor or successor organization;

(4) ~~never~~ not previously failed two consecutive NCCPA certifying examinations and has registered for, or intends to register to take the next offering of, the NCCPA examination;

(5) certified that the applicant mentally and physically is able to engage safely in practice as a ~~physician assistant~~ PA;

(6) no licensure, certificate, or registration as a ~~physician assistant~~ PA under current discipline, revocation, suspension, probation, or investigation for cause resulting from the applicant’s practice as a ~~physician assistant~~ PA;

(7) good moral character; and

(8) submitted to the board any other information the board considers necessary to evaluate the applicant’s qualifications~~;~~

~~(9)~~ ~~appeared before a board member or board designee with all original diplomas and certificates and demonstrated knowledge of the contents of this article; and~~

~~(10)~~ ~~successfully completed an examination administered by the committee on the statutes and regulations regarding physician assistant practice and supervision~~.

(B) A limited license is not renewable and is valid only until the results of a limited licensee’s two consecutive NCCPA certifying examinations are reported to the board. When a limited licensee has failed two consecutive NCCPA certifying examinations, or fails one exam and does not take the NCCPA certifying examination at the next opportunity or, after applying for a limited license, fails to register for the next offering of the examination, the limited license immediately is void and the applicant is no longer eligible to apply for further limited licensure.

(C) The supervising physician of a limited licensee ~~physically~~ must be present on the premises at all times when the limited licensee is performing a task.”

SECTION 19. Section 40‑47‑955 of the 1976 Code, as last amended by Act 234 of 2018, is further amended to read:

“Section 40‑47‑955. (A) ~~The supervising physician is responsible for all aspects of the physician assistant’s practice. Supervision must be continuous but must not be construed as necessarily requiring the physical presence of the supervising physician at the time and place where the services are rendered, except as otherwise required for limited licensees. The supervising physician shall identify the physician assistant’s scope of practice and determine the delegation of medical acts, tasks, or functions. Medical acts, tasks, or functions must be defined in written scope of practice guidelines which must be appropriate to the physician assistant’s ability and knowledge~~ The supervising physician must be readily available to the PA and be responsible for providing quality assurance for off‑site practice. However, nothing in this article may be construed as requiring the physical presence of the supervising physician at the time and place where PA services are rendered. Quality assurance mechanisms must be outlined within the scope of practice and may include chart reviews, regularly scheduled conferences, designated communication methods, and other support activities commensurate with the education, training and experience of the PA.

(B) Pursuant to scope of practice ~~guidelines~~, a ~~physician assistant~~ PA 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~~,~~;

(3) perform hospital duties~~, perform~~ and telemedicine~~,~~; and (4) perform ~~any functions performed by the supervising physician if the physician assistant is also qualified to perform those functions~~ medical acts and tasks not performed by the physician if the physician has adequate training and oversight skills and consultation arrangements are made to ensure competent provision of service by the PA.

(C) ~~A physician assistant must have six months of clinical experience with the current supervising physician before being permitted to practice at a location off site from the supervising physician, except that a physician assistant who has at least two years continuous practice in the same specialty may practice at a location off site from the supervising physician after three months clinical experience with the supervising physician and upon request of the supervising physician. This three‑month requirement may be waived for experienced physician assistants and supervisors upon recommendation of the committee and approval by the board. The off‑site location may not be more than sixty miles of travel from the supervising physician or alternate supervising physician without written approval of the board. Notice of off‑site practice must be filed with the administrative staff of the board before off‑site practice may be authorized. The supervising physician or alternate must review, initial, and date the off‑site physician assistant’s charts periodically as provided in the written scope of practice guidelines, provided the supervising physician must review and verify the adequacy of clinical practice of ten percent of these charts monthly.~~

~~(D)~~ ~~A supervising physician may simultaneously supervise no more than three physician assistants providing clinical service at one time.~~

~~(E)~~ Upon written request, and recommendation of the committee, the board may authorize exceptions to the requirements of this section.

(D)(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 40‑47‑910(10).

(2) A PA may perform medical acts via telemedicine pursuant to a scope of practice as defined in Section 40‑47‑910(9).

(3) A PA who establishes a 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) A PA may not establish a patient relationship by means of telemedicine for the purpose of prescribing medication when an in‑person physical examination is necessary for diagnosis.

(5) A PA who establishes a 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 scope of practice 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 the board.

(6) A PA who establishes a 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.”

SECTION 20. Section 40‑47‑960 of the 1976 Code is amended to read:

“Section 40‑47‑960. ~~A physician assistant practicing at all sites shall practice pursuant to written scope of practice guidelines signed by all supervisory physicians and the physician assistant. Copies of the guidelines must be on file at all practice sites.~~ A copy of the scope of practice must be kept at all practice sites. The ~~guidelines shall~~ scope of practice must include at a minimum ~~the:~~

(1) ~~name, license number, and practice addresses of all supervising physicians;~~

~~(2)~~ ~~name and practice address of the physician assistant;~~

~~(3)~~ ~~date the guidelines were developed and dates they were reviewed and amended;~~

~~(4)~~ ~~medical conditions for which therapies may be initiated, continued, or modified;~~

~~(5)~~ ~~treatments that may be initiated, continued, or modified;~~

~~(6)~~ ~~drug therapy, if any, that may be prescribed with drug‑specific classifications; and~~

~~(7)~~ ~~situations that require direct evaluation by or immediate referral to the physician, including Schedule II controlled substance prescription authorization as provided for in Section 40‑47‑965~~ the following general information:

(a) name, address, and South Carolina license number of the PA;

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

(c) nature of practice and practice locations of the physician and PA;

(d) date the scope of practice was entered into and dates the scope of practice was reviewed and amended; and

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

(2) the following information for medical acts:

(a) medical conditions for which therapies the PA may initiate, continue, or modify;

(b) treatments the PA may initiate, continue, or modify; and

(c) drug therapies the PA may prescribe.”

SECTION 21. Section 40‑47‑965 of the 1976 Code is amended to read:

“Section 40‑47‑965. (A) If the ~~written~~ scope of practice ~~guidelines~~ authorizes the ~~physician’s assistant~~ PA to prescribe drug therapy:

(1) prescriptions for authorized drugs and devices, including Schedule II through IV, shall comply with all applicable state, ~~and~~ federal laws, and regulatory orders;

(2) prescriptions must be limited to drugs and devices authorized by the supervising physician and set forth in the ~~written~~ scope of practice ~~guidelines~~;

(3) prescriptions must be signed by the ~~physician assistant~~ PA and must bear ~~the physician assistant’s~~ the PAs identification number as assigned by the board and all prescribing numbers required by law. The preprinted prescription form ~~shall~~ must include both the ~~physician assistant’s~~ PA’s and physician’s name, address, and phone number and ~~shall~~ must comply with the provisions of Section 39‑24‑40;

(4) drugs or devices prescribed must be specifically documented in the patient record;

(5) the ~~physician assistant~~ PA may request, receive, and sign for professional samples of drugs authorized in the ~~written~~ scope of practice ~~guidelines~~ and may distribute professional samples to patients in compliance with appropriate federal and state regulations and the written scope of practice ~~guidelines~~; and

(6) the ~~physician assistant~~ PA may ~~authorize prescriptions for an orally administered~~ prescribe or administer a Schedule II controlled substance, as defined ~~in the~~ by federal ~~Controlled Substances Act~~, state, and regulatory orders pursuant to the following requirements:

(a) the authorization to prescribe is expressly approved by the supervising physician as set forth in the ~~physician assistant’s written~~ PA’s scope of practice ~~guidelines~~; and

(b) ~~the physician assistant 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~~;~~

~~(7)~~ ~~the physician assistant 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 physician assistant’s written scope of practice guidelines;~~

~~(b)~~ ~~the physician assistant 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, a physician assistant 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 physician assistant has directly evaluated the patient; and~~

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

(B) When applying for controlled substance prescriptive authority, the applicant shall comply with the following requirements:

(1) the ~~physician assistant~~ PA shall provide evidence of completion of sixty contact hours of education in pharmacotherapeutics acceptable to the board before application;

(2) ~~the physician assistant shall provide at least fifteen contact hours of education in controlled substances acceptable to the board;~~

~~(3)~~ every two years, the ~~physician assistant~~ PA shall provide documentation of four continuing education hours ~~related to approved procedures of prescribing and monitoring controlled substances listed in Schedules II, III, and IV of the schedules provided for in Sections 44‑53‑210, 44‑53‑230, and 44‑53‑250~~ acceptable to the board; and

(~~4~~3) the ~~physician assistant~~ PA must have a valid Drug Enforcement Administration (DEA) registration and prescribe in accordance with DEA rules~~; and~~

~~(5)~~ ~~the physician assistant and supervising physician must read and sign a document approved by the board describing the management of expanded controlled substances prescriptive authority for physician assistants in South Carolina which must be kept on file for review. Within the two‑year period, the physician assistant and the supervising physician periodically shall review this document and the physician assistant’s prescribing practices to ensure proper prescribing procedures are followed. This review must be documented in writing with a copy kept at each practice site~~.

(C) A ~~physician assistant’s~~ PA’s prescriptive authorization may be terminated by the board if the ~~physician assistant~~ PA:

(1) practices outside the written scope of practice ~~guidelines~~;

(2) violates any state or federal law or regulation applicable to prescriptions; or

(3) violates a state or federal law applicable to ~~physician assistants~~ PAs.”

SECTION 22. Section 40‑47‑970 of the 1976 Code is amended to read:

“Section 40‑47‑970. A ~~physician assistant~~ PA may not:

(1) perform a medical act, task, or function which has not been listed ~~and~~, approved, and documented on the scope of practice ~~guidelines~~; or

(2) prescribe drugs, medications, or devices not specifically ~~authorized by the supervising physician and~~ listed, approved, and documented in the ~~written~~ scope of practice ~~guidelines;~~

~~(3)~~ ~~prescribe, under any circumstances, controlled substances in Schedule II except as authorized in Section 40‑47‑965;~~

~~(4)~~ ~~perform a medical act, task, or function that is outside the usual practice of the supervising physician~~.”

SECTION 23. Section 40‑47‑985 of the 1976 Code is amended to read:

“Section 40‑47‑985. The board or a person designated by the board may make unscheduled inspections of any office or facility employing a ~~physician assistant~~ PA.”

SECTION 24. Section 40‑47‑990 of the 1976 Code is amended to read:

“Section 40‑47‑990. A ~~physician assistant must~~ PA clearly shall identify himself ~~or herself~~ as a ~~physician assistant~~ PA to ensure that the ~~physician assistant~~ PA is not mistaken or misrepresented as a physician. A ~~physician assistant~~ PA shall wear a clearly legible identification badge or other adornment of at least one inch by three inches in size bearing the ~~physician assistant’s~~ PA’s name and the words ‘Physician Assistant’, ‘PA‑C’, or ‘PA’ when engaged in professional activities requiring PA licensure or pursuant to Section 40‑47‑940(D). This provision may not be construed to require a PA to wear such identification when rendering unplanned emergency services.”

SECTION 25. Section 40‑47‑1000 of the 1976 Code is amended to read:

“Section 40‑47‑1000. (A) It is unlawful for a person who is not licensed under this article to ~~hold~~ misrepresent himself ~~out~~ as a ~~physician assistant~~ PA. A person who ~~holds~~ misrepresents himself ~~out~~ as a ~~physician assistant~~ PA without being licensed under this article, during a period of suspension, or after his license has been revoked by the board is guilty of a misdemeanor and, upon conviction, must be fined not more than three hundred dollars ~~or~~, imprisoned for not more than ninety days, or both.

(B) For the purpose of any investigation or proceeding under the provisions of this article, the board or a person designated by the board may administer oaths and affirmations, subpoena witnesses, take testimony, and require the production of any documents or records which the board considers relevant to the inquiry.

(C) If the board has sufficient evidence that a person is violating a provision of this article, the board, in addition to all other remedies, may order the person to immediately desist and refrain from this conduct. The board may apply to an administrative law judge as provided under Article 5 of Chapter 23 ~~of~~, Title 1 for an injunction restraining the person from this conduct. An administrative law judge may issue a temporary injunction ex parte and, upon notice and full hearing, may issue any other order in the matter it considers proper. No bond may be required of the board by an administrative law judge as a condition to the issuance of any injunction or order contemplated by the provisions of this section.

(D) Investigations and disciplinary proceedings under this article must be conducted in accordance with the provisions of Article 1.

(E) No provision of this article may be construed as prohibiting the respondent or his legal counsel from exercising the respondent’s constitutional right of due process under the law or prohibiting the respondent from normal access to the charges and evidence filed against him as a part of due process under the law.

(F) A person who meets the qualifications for licensure under this chapter but does not possess a current license may use the title ‘PA’ or ‘physician assistant’ but may not act or practice as a PA unless licensed under this article.”

SECTION 26. Section 40‑47‑1005 of the 1976 Code is amended to read:

“Section 40‑47‑1005. Misconduct constituting grounds for revocation, suspension, probation, reprimand, restrictions, or denial of a license must be found when a ~~physician assistant~~ PA:

(1) has knowingly allowed himself ~~or herself~~ to be misrepresented as a physician;

(2) has filed or has had filed on his or her behalf with the board any false, fraudulent, or forged statement or documents;

(3) has performed any work assignment, task, or other activity ~~which is not on the physician assistant scope of practice guidelines~~ inconsistent with the scope of practice;

(4) misuses alcohol or drugs to such a degree to ~~render him or her~~ be rendered unfit to practice as a ~~physician assistant~~ PA;

(5) has been convicted of a felony or a crime involving moral turpitude or drugs;

(6) has sustained any physical or mental disability which renders further practice dangerous to the public;

(7) has engaged in any dishonorable or unethical conduct that is likely to deceive or harm patients;

(8) has used or made any false or fraudulent statement in any document connected with practice or licensure as a ~~physician assistant~~ PA;

(9) has obtained or assisted another person in obtaining fees under dishonorable, false, or fraudulent circumstances;

(10) has violated or conspired with another person to violate any provision of this article; or

(11) otherwise demonstrates a lack of the ethical or professional competence required to act as a ~~physician assistant~~ PA.”

SECTION 27. Section 40‑47‑1015 of the 1976 Code is amended to read:

“Section 40‑47‑1015. (A) Fees for ~~physician assistant~~ PA licensure are established as follows:

(1) initial licensing fee, not to exceed five hundred dollars;

(2) renewal of license fee, not to exceed one hundred and fifty dollars;

(3) late renewal fee, not to exceed the renewal fee doubled;

(4) reactivation application fee, not to exceed two hundred dollars; and

(5) ~~change in supervisor fee, not to exceed one hundred and fifty dollars;~~

~~(6)~~ ~~additional primary supervisor for dual employment fee, not to exceed one hundred and fifty dollars~~ reactivation of inactive license fee, not to exceed one hundred fifty dollars.

(B) Fees may be adjusted biennially pursuant to Section 40‑1‑50 to ensure that they are sufficient but not excessive to cover expenses including the total of the direct and indirect costs to the State for the operations of the committee.”

SECTION 28. Section 40‑47‑1020 of the 1976 Code is amended to read:

“Section 40‑47‑1020. Nothing in this article may be construed to require third party reimbursement directly to a ~~physician assistant~~ PA for services rendered.”

SECTION 29. Section 40‑47‑995 of the 1976 Code is repealed.

SECTION 30. This act takes effect upon approval of the Governor.

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