**A** **BILL**

TO AMEND SECTION 40‑33‑20, AS AMENDED, CODE OF LAWS OF SOUTH CAROLINA, 1976, RELATING TO DEFINITIONS UNDER THE NURSE PRACTICE ACT, SO AS TO PROVIDE THAT ADVANCED PRACTICE REGISTERED NURSES MAY PERFORM SPECIFIC MEDICAL ACTS PURSUANT TO APPROVED WRITTEN GUIDELINES, TO REMOVE THE SUPERVISION REQUIREMENT FROM THE DEFINITION OF “APPROVED WRITTEN GUIDELINES” AND CRNA PRACTICE, AND TO PROVIDE THAT A CRNA MUST HAVE COMPLETED AT LEAST A MASTER’S LEVEL ACCREDITED PROGRAM; TO AMEND SECTION 40‑33‑34, AS AMENDED, RELATING TO QUALIFICATIONS FOR THE PERFORMANCE OF MEDICAL ACTS, SO AS TO SET MINIMAL QUALIFICATIONS, TO PROVIDE GUIDELINES FOR ANESTHESIA CARE, AND TO PROVIDE NOTICE REQUIREMENTS; AND TO REPEAL SECTION 40‑47‑197 RELATING TO THE SUPERVISION OF CRNAS.

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

SECTION 1. Section 40‑33‑20(5) of the 1976 Code, as last amended by Act 234 of 2018, is further amended to read:

“(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) and approved written guidelines as defined in item (9).”

SECTION 2. Section 40‑33‑20(9) of the 1976 Code is amended to read:

“(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.”

SECTION 3. Section 40‑33‑20(19) of the 1976 Code, as last amended by Act 234 of 2018, is further amended to read:

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

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

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

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

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

SECTION 4. Section 40‑33‑34(A)(3)(b) of the 1976 Code, as last amended by Act 234 of 2018, is further amended to read:

“(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 minimum of 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;”

SECTION 5. Section 40‑33‑34(H) of the 1976 Code, as last amended by Act 234 of 2018, is further amended to read:

“(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 licensed physician or dentist, or by the medical staff within the facility where practice privileges occur, 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~~ whose ~~changes~~ primary practice settings change ~~or physician or dentist~~ shall notify the board of this change within fifteen business days and provide verification of approved written guidelines. A CRNA who discontinues his or her practice shall notify the board within fifteen business days.

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

SECTION 6. Section 40‑47‑197 of the 1976 Code is repealed.

SECTION 7. This act takes effect upon approval by the Governor.

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