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COMMITTEE ADOPTED AND AMENDED

April 5, 2022

**S. 613**

Introduced by Senator Davis

S. Printed 4/5/22--S.

Read the first time February 25, 2021.

**A** **BILL**

TO AMEND SECTION 40-33-42(C) OF THE 1976 CODE, RELATING TO RESTRICTIONS ON THE DELEGATION OF TASKS TO UNLICENSED ASSISTIVE PERSONNEL UNDER THE NURSE PRACTICE ACT, TO PROVIDE AN EXCEPTION FOR CERTIFIED MEDICAL ASSISTANTS; TO AMEND ARTICLE 1, CHAPTER 47, TITLE 40 OF THE 1976 CODE, RELATING TO PHYSICIANS AND MISCELLANEOUS HEALTH CARE PROFESSIONALS, BY ADDING SECTION 40-47-196, TO SPECIFY TASKS THAT CAN BE DELEGATED TO A CERTIFIED MEDICAL ASSISTANT; TO DELETE SECTION 40-47-30(A)(5) AND SECTION 40-47-935(C) OF THE 1976 CODE, RELATING TO THE RELEVANCE OF THE SOUTH CAROLINA PHYSICIAN ASSISTANTS PRACTICE ACT TO PROHIBITING A LICENSED PHYSICIAN FROM DELEGATING TASKS TO UNLICENSED PERSONNEL AND TO A PA DELEGATING CERTAIN TASKS TO UNLICENSED ASSISTIVE PERSONNEL; AND TO DEFINE NECESSARY TERMS.

Amend Title To Conform

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

SECTION 1. A. Section 40-33-20 of the 1976 Code is amended by adding an appropriately numbered new item to read:

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

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

SECTION 2. Section 40-33-20(63) of the 1976 Code is amended to read:

“(63) ‘Unlicensed assistive personnel’ or ‘UAP’ are persons not currently licensed by the board as nurses, or persons who are not certified medical assistants as defined in Section 40-33-20( ), who perform routine nursing tasks that do not require a specialized knowledge base or the judgment and skill of a licensed nurse. Nursing tasks performed by a UAP must be performed under the supervision of a physician, physician assistant, ~~an~~ advanced practice registered nurse, registered nurse, or selected licensed practical nurse. Unlicensed assistive personnel must not administer medications except as otherwise provided by law.

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

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

SECTION 4. A. Section 40-47-20 of the 1976 Code is amended by adding appropriately numbered new items to read:

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

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

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

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

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

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

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

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

(4) placing sutures;

(5) taking radiographs or using any ionizing radiation;

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

(7) triaging patients;

(8) testing for allergies; and

(9) performing a task by means of telemedicine.

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

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

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

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

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

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

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

(a) meeting patients’ needs for personal hygiene;

(b) meeting patients’ needs relating to nutrition;

(c) meeting patients’ needs relating to ambulation;

(d) meeting patients’ needs relating to elimination;

(e) taking vital signs;

(f) maintaining asepsis; and

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

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

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

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

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