**South Carolina General Assembly**

125th Session, 2023-2024

**S. 1074**

**STATUS INFORMATION**

General Bill

Sponsors: Senators Davis and Fanning

Companion/Similar bill(s): 5183

Document Path: SR-0131JG24.docx

Introduced in the Senate on February 21, 2024

Introduced in the House on March 28, 2024

Last Amended on March 21, 2024

Currently residing in the Senate

Summary: CMA

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

2/21/2024 Senate Introduced and read first time ([Senate Journal‑page 5](h:\sj\20240221.docx))

2/21/2024 Senate Referred to Committee on **Medical Affairs** ([Senate Journal‑page 5](h:\sj\20240221.docx))

3/7/2024 Senate Committee report: Favorable with amendment **Medical Affairs** ([Senate Journal‑page 84113](h:\sj\20240307.docx))

3/12/2024 Scrivener's error corrected

3/21/2024 Senate Committee Amendment Adopted ([Senate Journal‑page 24](h:\sj\20240321.docx))

3/21/2024 Senate Read second time ([Senate Journal‑page 24](h:\sj\20240321.docx))

3/25/2024 Scrivener's error corrected

3/26/2024 Senate Read third time and sent to House ([Senate Journal‑page 24](h:\sj\20240326.docx))

3/26/2024 Senate Roll call Ayes-42 Nays-0 ([Senate Journal‑page 24](h:\sj\20240326.docx))

3/28/2024 House Introduced and read first time ([House Journal‑page 14](h:\hj\20240328.docx))

3/28/2024 House Referred to Committee on **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 14](h:\hj\20240328.docx))

4/25/2024 House Committee report: Favorable **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 24](h:\hj\20240425.docx))

5/2/2024 House Debate adjourned until Tues., 5-7-24 ([House Journal‑page 34](h:\hj\20240502.docx))

5/7/2024 House Requests for debate-Rep(s). MM Smith, Hiott, Davis, Carter, BL Cox, West, Hewitt, Jefferson, Sandifer, Whitmire ([House Journal‑page 114](h:\hj\20240507.docx))

5/8/2024 House Debate adjourned ([House Journal‑page 247](h:\hj\20240508.docx))

View the latest  [legislative information](https://www.scstatehouse.gov/billsearch.php?billnumbers=1074&session=125&summary=B)  at the website

**VERSIONS OF THIS BILL**

[02/21/2024](https://www.scstatehouse.gov/sess125_2023-2024/prever/1074_20240221.docx)

[03/07/2024](https://www.scstatehouse.gov/sess125_2023-2024/prever/1074_20240307.docx)

[03/12/2024](https://www.scstatehouse.gov/sess125_2023-2024/prever/1074_20240312.docx)

[03/21/2024](https://www.scstatehouse.gov/sess125_2023-2024/prever/1074_20240321.docx)

[03/25/2024](https://www.scstatehouse.gov/sess125_2023-2024/prever/1074_20240325.docx)

[04/25/2024](https://www.scstatehouse.gov/sess125_2023-2024/prever/1074_20240425.docx)

Indicates Matter Stricken

Indicates New Matter

Committee Report

April 25, 2024

S. 1074

Introduced by Senators Davis and Fanning

S. Printed 04/25/24--H.

Read the first time March 28, 2024

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The committee on House Medical, Military, Public and Municipal Affairs

To whom was referred a Bill (S. 1074) to amend the South Carolina Code of Laws by amending Section 40‑47‑20, relating to definitions of a CMA, so as to change the requirements for a qualified CMA; and, etc., respectfully

Report:

That they have duly and carefully considered the same, and recommend that the same do pass:

S.H. DAVIS for Committee.

statement of estimated fiscal impact

Explanation of Fiscal Impact

State Expenditure

This bill makes changes to the requirements to become a CMA by expanding the number of approved programs. The bill provides that CMA’s include medical assistants who have maintained certification from one of the specified certifying entities since January 1, 2020. CMA’s also include individuals who are currently employed as certified medical assistants as of the effective date of this bill who do not meet the education or training requirements, but who meet such requirements no later than July 15, 2026. The bill further expands the list of tasks that a physician or physician assistant may delegate to an UAP.

LLR does not anticipate that this bill will have an expenditure impact on the agency or the Board of Medical Examiners since the primary function of the bill does not alter the responsibilities of the agency or the board.

Frank A. Rainwater, Executive Director

Revenue and Fiscal Affairs Office

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A bill

TO AMEND THE SOUTH CAROLINA CODE OF LAWS BY AMENDING SECTION 40‑47‑20, RELATING TO DEFINITIONS OF A CMA, SO AS TO CHANGE THE REQUIREMENTS FOR A QUALIFIED CMA; AND BY AMENDING SECTION 40‑47‑196, RELATING TO DELEGATION OF TASKS, SO AS TO PROVIDE THAT 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.

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

SECTION 1. Section 40‑47‑20(57) of the S.C. Code is amended to read:

(57) “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.

(1) has completed:

(a) a medical assisting education program accredited by the Commission on Accreditation of Allied Health Education Programs 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, and which must include courses or components in anatomy and physiology, medical terminology, pharmacology, medical laboratory techniques, and clinical experience, provided the clinical experience component may be satisfied through an individual's work experience with a health care employer;

(b) a Career and Technical Education Health Sciences Program approved by the South Carolina Department of Education;

(c) a medical assisting program provided by a branch of the United States military;

(d) a medical assisting United States Department of Labor‑approved Registered Apprenticeship program; or

(e) a training program that is delivered, in whole or in part, by a health care employer that aligns to a nationally accredited certification exam; and

(2) maintains current certification from a certifying body offering a certification program that is:

(a) approved by the Board of Medical Examiners and the Board of Nursing; and

(b) is accredited by the National Commission for Certifying Agencies or other accreditation body recognized by the Board of Medical Examiners and the Board of Nursing.

The term “certified medical assistant” or “CMA” also includes medical assistants who have maintained certification from one of the certifying entities in item (2) of this section since January 1, 2020, and individuals employed as certified medical assistants as of the effective date of this act who do not meet the education or training requirements required in this item, but who meet those requirements no later than July 15, 2026.

SECTION 2. Section 40‑47‑196(C) of the S.C. Code is amended to read:

(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) collecting specimens (urine, stool, sputum);

(h) point of care testing and screening tests;

(i) recording information;

(j) performing non‑clinical tasks via telemedicine; and

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

(2) Pursuant to the APRN’s practice agreement, APRNs he may delegate any of the above nursing tasks to UAP pursuant to Section 40‑33‑42.

SECTION 3. This act takes effect upon approval by the Governor.

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