**South Carolina General Assembly**

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4/5/2023 House Referred to Committee on **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 92](h:\hj\20230405.docx))

4/20/2023 House Member(s) request name added as sponsor: Collins

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**VERSIONS OF THIS BILL**

[04/05/2023](https://www.scstatehouse.gov/sess125_2023-2024/prever/4272_20230405.docx)

A bill

TO AMEND THE SOUTH CAROLINA CODE OF LAWS BY AMENDING SECTION 40‑33‑20, RELATING TO DEFINITIONS, SO AS TO PROVIDE SCOPE OF PRACTICE OF MEDICAL ACTS FOR A LICENSED APRN, TO PROVIDE A MEANS FOR A CERTIFIED NURSE‑MIDWIFE TO OBTAIN AN APRN LICENSE, TO DEFINE FULL PRACTICE AUTHORITY, TO DEFINE GRADUATE REGISTERED NURSE‑MIDWIFE, and TO PROVIDE CONFORMING CHANGES; BY AMENDING SECTION 40‑33‑34, RELATING TO THE PERFORMANCE OF MEDICAL ACTS, QUALIFICATIONS, PRACTICE AGREEMENTS, PRESCRIPTIVE AUTHORIZATIONs, ANESTHESIA CARE, AND DEFINITIONS, SO AS TO PROVIDE FOR SCOPE OF PRACTICE TO INCLUDE PRESCRIBING MEDICATIONS AND CONTROLLED SUBSTANCES, and to provide conforming definitions; BY AMENDING SECTION 40‑33‑42, RELATING TO THE DELEGATION OF TASKS TO UNLICENSED ASSISTIVE PERSONNEL, SO AS TO PROVIDE FOR THE ADMINISTRATION OF MEDICATIONS AS THE RESPONSIBILITY OF A LICENSED NURSE AS PRESCRIBED BY THE ADVANCED PRACTICE REGISTERED NURSE; BY AMENDING SECTION 40‑33‑110, RELATING TO GROUNDS FOR DISCIPLINE OF LICENSEES, SO AS TO MAKE CONFORMING CHANGES; BY AMENDING SECTION 40‑47‑10, RELATING TO MEMBERSHIP OF THE STATE BOARD OF MEDICAL EXAMINERS, SO AS TO ADD TWO PHYSICIAN ASSISTANTS TO THE BOARD AND TO PROVIDE FOR THEIR APPOINTMENT; BY AMENDING SECTION 40‑47‑20, RELATING TO DEFINITIONS FOR PHYSICIANS AND RELATED HEALTH CARE PROFESSIONALS, SO AS TO PROVIDE FOR A DIFFERENT DEFINITION FOR APPROVED WRITTEN SCOPE OF PRACTICE GUIDELINES FOR PHYSICIAN ASSISTANTS, TO ADD PHYSICIAN ASSISTANTS TO THE DEFINITION OF “MEDICAL STAFF”, and TO INCLUDE PHYSICIAN ASSISTANTS IN THE DEFINITION OF “PRACTICE OF MEDICINE”; BY AMENDING SECTION 40‑47‑37, RELATING TO THE PRACTICE OF TELEMEDICINE AND REQUIREMENTS, SO AS TO PROVIDE FOR THE SCOPE OF PRACTICE OF AN APRN TO INCLUDE TELEMEDICINE; BY AMENDING SECTION 40‑47‑110, RELATING TO MISCONDUCT CONSTITUTING GROUNDS FOR DISCIPLINARY ACTION, TEMPORARY SUSPENSIONS, REVIEW OF FINAL ACTIONS, CONDUCT SUBVERTING SECURITY OR INTEGRITY OF MEDICAL LICENSING EXAMINATION PROCESSes, SO AS TO MAKE CONFORMING CHANGES; BY AMENDING SECTION 40‑47‑113, RELATING TO the ESTABLISHMENT OF a PHYSICIAN‑PATIENT RELATIONSHIP AS a PREREQUISITE TO PRESCRIBING DRUGS, SO AS TO EXPAND THE PHYSICIAN‑PATIENT RELATIONSHIP TO INCLUDE OTHER HEALTH CARE PROFESSIONS AND TO CHANGE THE TERMINOLOGY TO “PRACTITIONER‑PATIENT RELATIONSHIP”; BY AMENDING SECTION 40‑47‑196, RELATING TO DELEGATION OF TASKS AMONG CERTAIN HEALTH CARE PROFESSIONALS, SO AS TO MAKE CONFORMING CHANGES; BY AMENDING SECTION 40‑47‑195, RELATING TO SUPERVISING PHYSICIANS AND SCOPE OF PRACTICE GUIDELINES, SO AS TO MAKE CONFORMING CHANGES; BY AMENDING SECTION 40‑47‑910, RELATING TO DEFINITIONS IN the “South Carolina Physician Assistants Practice Act”, SO AS TO DEFINE “ATTESTATION STATEMENT” AND TO REVISE DEFINITIONS FOR “NCCPA”, “SUPERVISING”, AND “PHYSICIAN ASSISTANT”; BY AMENDING SECTION 40‑47‑915, RELATING TO the APPLICATION OF the south carolina PHYSICIAN ASSISTANTs PRACTICE ACT, SO AS TO EXCLUDE CERTAIN PHYSICIAN ASSISTANTS FROM THE SCOPE OF THE south carolina PHYSICIAN ASSISTANTs PRACTICE ACT; BY AMENDING SECTION 40‑47‑935, RELATING TO ACTS AND DUTIES physician assistants are AUTHORIZED TO PERFORM, SO AS TO REVISE THE ACTS AND DUTIES THAT PHYSICIAN ASSISTANTS MAY PERFORM; BY ADDING SECTION 40‑47‑937 SO AS TO PROVIDE A DIFFERENT SCOPE OF PRACTICE FOR CERTAIN EXPERIENCED PHYSICIAN ASSISTANTS and TO PROVIDE FOR PROTECTIONS FROM LIABILITY FOR PHYSICIAN ASSISTANTS PROVIDING MEDICAL ASSISTANCE IN CERTAIN EMERGENCY SITUATIONS; BY AMENDING SECTION 40‑47‑965, RELATING TO REQUIREMENTS FOR WRITING PRESCRIPTIONS FOR DRUGS, CONTROLLED SUBSTANCES, AND MEDICAL DEVICES, SO AS TO REVISE THE CIRCUMSTANCES UNDER WHICH A PHYSICIAN ASSISTANT MAY PRESCRIBE DRUGS; BY AMENDING SECTION 40‑47‑1000, RELATING TO UNLICENSED PERSONs HOLDING themselves OUT AS Physician assistants, SO AS TO REVISE THE PENALTY FOR VIOLATIONS; BY AMENDING SECTION 40‑47‑1005, RELATING TO MISCONDUCT MANDATING REVOCATION OR DENIAL OF LICENSE FOR A PHYSICIAN ASSISTANT, SO AS TO PROVIDE THAT THE BOARD MAY DISCIPLINE PHYSICIAN ASSISTANTS FOR MISCONDUCT, REVISE WHAT CONSTITUTES MISCONDUCT, AND REVISE THE ACTIONS THAT MAY BE TAKEN BY THE BOARD; BY AMENDING SECTION 40‑47‑1020, RELATING TO THIRD‑PARTY REIMBURSEMENT TO Physician assistants, SO AS TO PROVIDE THAT PHYSICIAN ASSISTANTS MAY BE REIMBURSED BY THIRD‑PARTY PAYORS; BY AMENDING SECTION 44‑80‑120, RELATING TO permission for Physician assistants to CREATE, EXECUTE, AND SIGN POST FORMs UNDER CERTAIN CIRCUMSTANCES, SO AS TO REVISE THE CIRCUMSTANCES UNDER WHICH A PHYSICIAN ASSISTANT MAY CREATE, EXECUTE, AND SIGN A POST form; BY AMENDING SECTION 44‑99‑10, RELATING TO DEFINITIONS FOR THE “INSECT STING EMERGENCY treatment ACT”, SO AS TO REVISE THE DEFINITION OF “HEALTH CARE PRACTITIONER”; BY AMENDING SECTION 59‑63‑75, RELATING TO CONCUSSION PROTOCOL FOR STUDENT ATHLETES, SO AS TO EXPAND PHYSICIAN ASSISTANTS’ ROLEs IN REGARD TO THE CONCUSSION PROTOCOL; AND BY AMENDING SECTION 59‑63‑95, RELATING TO EPINEPHRINE AUTO‑INJECTORS, SO AS TO REVISE THE DEFINITION OF “PHYSICIAN ASSISTANT” AND TO make conforming changes.

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

SECTION 1. Section 40‑33‑20(5) and (6) of the S.C. Code are 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 who holds a valid, full practice license may practice within the full scope of practice as defined in this section including, but not limited to, 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; and other specified medical acts including, but not limited to, those provided in Section 40‑33‑34 and those allowed pursuant to federal law. 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).

SECTION 2. Section 40‑33‑20(11) of the S.C. Code is amended to read:

(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 or therapy in treating patients.

SECTION 3. Section 40‑33‑20(18) of the S.C. Code is amended to read:

(18) “Certified Nurse‑Midwife” or “CNM” means an advanced practice registered nurse who holds a master's graduate degree in the specialty area, maintains an American Midwifery Certification Board certificate, and is trained and competent 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. A CNM shall have full practice authority once he obtains a valid, active South Carolina license as an advanced practice registered nurse according to the provisions of this chapter.

SECTION 4. Section 40‑33‑20(20) of the S.C. Code is amended to read:

(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 graduate 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.A CNS shall have full practice authority once he obtains a valid, active South Carolina license as an advanced practice registered nurse according to the provisions of this chapter.

SECTION 5. Section 40‑33‑20(27) of the S.C. Code is amended to read:

(27) “Graduate Registered Nurse‑Midwife” or “GRNM” means a new graduate of an advanced organized formal graduate 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.

SECTION 6. Section 40‑33‑20(40) of the S.C. Code is amended to read:

(40) “Nurse Practitioner” or “NP” means a registered nurse who has completed an advanced formal graduate 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).

SECTION 7. Section 40‑33‑20(45) of the S.C. Code is repealed.

SECTION 8. Section 40‑33‑20(52) of the S.C. Code is repealed.

SECTION 9. Section 40‑33‑20 of the S.C. Code is amended by adding:

(68) “Full practice authority” means a NP, CNM, or CNS who is also licensed as an APRN by the South Carolina Board of Nursing to practice within the full scope of practice including ordering and interpreting diagnostic procedures; conducting an advanced assessment; providing a diagnosis; prescribing, ordering, administering, and dispensing therapeutic measures and pharmacological agents, including over‑the‑counter, legend, and controlled substances medications; and delegating and assigning therapeutic measures to assisting personnel.

SECTION 10. Section 40‑33‑34 (C) and (D) of the S.C. Code are amended to read:

(C)(1) 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. To the extent permitted by federal law, the Centers for Medicare or Medicaid, notwithstanding any provisions of law, and Chapter 47, an APRN may perform the following medical acts including, but not limited to:

(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, certify the manner and cause of death, and sign death certificates pursuant to the provisions of Chapter 63, Title 44 and Chapter 8, Title 32;

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

(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;

(g) execute a do not resuscitate order and post an order pursuant to the provisions of Chapter 78, Title 44; and

(h) issue an order for home health services pursuant to the provisions of Chapter 69, Title 44.;

(i) delegate certain tasks to certified medical assistants pursuant to the provisions of Section 40‑47‑106;

(j) commit a patient to a psychiatric facility if the patient is unable to consent and the APRN deems that the patient is a danger to himself or others;

(k) hold admitting privileges within an acute care facility or a licensed birth center; and

(l) engage in ionizing fluoroscopy pursuant to applicable regulations and the Medical Radiation Health and Safety Act.

(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)(2) 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.

SECTION 11. Section 40‑33‑34 (F) and (G) of the S.C. Code is amended to read:

(F)(1) Authorized prescriptions or institutional facility orders 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, therapies, and devices utilized to treat medical problems within the specialty field of the nurse practitioner, certified nurse midwife, 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 or for patients residing in long‑term care facilities unless the patient is postoperative or a patient of a chronic pain practice;

(f) may include Schedule II narcotic substances for patients in hospice or palliative care, or for patients in long‑term care facilities, 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) may include ordering Schedules II‑V narcotic substances in acute care facilities or licensed birthing centers;

(h) a CNM may dispense, prescribe, and administer Schedule II controlled substances in licensed birthing centers;

(i) a CNM may order, administer, and monitor effects of Schedule II‑V substances in the care of the inpatient persons in labor, postpartum, and gynecological care in accordance with federal and state laws and institutional policies;

(g)(j) 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; and

(h)(k) 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, including controlled substances, 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 3) violated a provision of Section 40‑33‑110; or

(54) violated any state or federal law or regulations applicable to prescriptions.

SECTION 12. Section 40‑33‑34(I) of the S.C. Code is amended to read:

(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.

SECTION 13. Section 40‑33‑42(C) of the S.C. 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 advanced practice registered nurse, licensed physician, dentist, physician assistant, or 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 14. Section 40‑33‑110(A)(26)‑(29) of the S.C. Code is amended to read:

(26) failed to timely notify the department of changes in information required in an original or renewal application; or

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

SECTION 15. Section 40‑47‑10(A) of the S.C. Code is amended to read:

(A)(1) There is created the State Board of Medical Examiners to be composed of thirteen fifteen members, three of whom must be lay members, one of whom must be a doctor of osteopathic medicine, two of whom must be physicians from the State at large, two of whom must be physician assistants, and seven of whom must be physicians, each representing one of the seven congressional districts. All members of the board must be residents of this State, and each member representing a congressional district shall reside in the district the member represents. All physician and physician assistant members of the board must be licensed by the board, must be without prior disciplinary action or conviction of a felony or other crime of moral turpitude, and must be practicing their profession in this State. All lay members of the board must hold a baccalaureate degree or higher, must not have been convicted of a felony or a crime of moral turpitude, and must not be employed or have a member of their immediate family employed in a health or medically related field.

(2) The members of the board shall serve for terms of four years or until their successors are appointed and qualify. Members of the board may only serve three consecutive terms.

(3) All members of the board have full voting rights.

(4) The one lay member and one physician from the State at large must be appointed by the Governor, with the advice and consent of the Senate. Two lay members must be appointed by the Governor, with the advice and consent of the Senate, one upon the recommendation of the President of the Senate and one upon the recommendation of the Speaker of the House of Representatives.

(5) The board shall conduct an election to nominate one physician from the State at large. The election must provide for participation by all physicians currently permanently licensed and residing in South Carolina. To nominate the physicians who will represent the seven congressional districts, the board shall conduct an election within each district. These elections must provide for participation by all permanently licensed physicians residing in the particular district. The board shall conduct an election to nominate the doctor of osteopathic medicine from the State at large, and this election must provide for participation by any physician currently permanently licensed in this State as a doctor of osteopathic medicine. The board shall certify in writing to the Governor the results of each election. The Governor may reject any or all of the nominees upon satisfactory showing of the unfitness of those rejected. If the Governor declines to appoint any of the nominees submitted, additional nominees must be submitted in the same manner following another election. Vacancies must be filled in the same manner of the original appointment for the unexpired portion of the term.

(6)(a) The physician assistant members of the board shall be appointed by the Governor from among candidates transmitted to him as provided in this item. The board shall advertise vacancies four months prior to a vacancy occurring as the result of the expiration of a member’s term of office or within two months after a vacancy occurs for any other reason.

(b) When the board must advertise vacancies pursuant to item (6)(a), it shall:

(i) notify all licensed physician assistants and professional organizations representing twenty‑five or more licensed physician assistants of the vacancy;

(ii) provide information regarding the selection process;

(iii) solicit nominations for the vacancy; and

(iv) transmit to the Governor valid nominations by notified professional organizations and valid petitions submitted by licensed physician assistants supporting the appointment of the licensed physician assistant that have been signed by at least twenty‑five practicing licensed physicans.

(c) A licensed physician assistant may not serve more than two consecutive full terms on the board.

(6)(7) Vacancies that occur when the General Assembly is not in session may be filled by an interim appointment of the Governor in the manner provided by Section 1‑3‑210.

SECTION 16. Section 40‑47‑20(5) of the S.C. Code is amended to read:

(5) “Approved written scope of practice guidelines” means specific statements developed by a physician or the medical staff and a physician assistantPA who possesses fewer than six thousand hours of post graduate clinical practice experience as a licensed PA or who possesses more than six thousand hours of post graduate clinical experience as a licensed PA, but with fewer than one thousand hours of practice experience after transitioning to a new medical specialty of practice with a supervising physician in that specialty that establish physician delegation for medical aspects of care, including the prescription of medications.

SECTION 17. Section 40‑47‑20(29) of the S.C. Code is amended to read:

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

SECTION 18. Section 40‑47‑20(36) of the S.C. Code is amended to read:

(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 Physician Assistant, Physician Associate, PA, or PA‑C, 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.

SECTION 19. Section 40‑47‑37 (A), (B), (C) before the colon, and (C)(9) of the S.C. Code is amended to read:

(A) A licensee who establishes a physicianpractioner‑patient relationship solely via telemedicine as defined in Section 40‑47‑20(52) shall adhere to the same standard of care as a licensee employing more traditional in‑person medical care and be evaluated according to the standard of care applicable to the licensee's area of specialty. A licensee shall not establish a physicianpractioner‑patient relationship by telemedicine pursuant to Section 40‑47‑113(B) for the purpose of prescribing medication when an in‑person physical examination is necessary for diagnosis. The failure to conform to the appropriate standard of care is considered unprofessional conduct under Section 40‑47‑110(B)(9).

(B) A licensee who establishes a physicianpractioner‑patient relationship solely via telemedicine as defined in Section 40‑47‑20(52) shall generate and maintain medical records for each patient using such telemedicine services in compliance with any applicable state and federal laws, rules, and regulations, including this chapter, the Health Insurance Portability and Accountability Act (HIPAA), and the Health Information Technology for Economic and Clinical Health Act (HITECH). Such records shall be accessible to other practitioners and to the patient in a timely fashion when lawfully requested to do so by the patient or by a lawfully designated representative of the patient.

(C) In addition to those requirements set forth in subsections (A) and (B), a licensee who establishes a physicianpractioner‑patient relationship solely via telemedicine as defined in Section 40‑47‑20(52) shall:

(9) be licensed to practice medicine or advanced practice nursing with full practice authority in South Carolina; provided, however, a licensee need not reside in South Carolina so long as he or she has a valid, current South Carolina medical or APRN license; further, provided, that a licensee residing in South Carolina who intends to practice medicine via telemedicine to treat or diagnose patients outside of South Carolina shall comply with other state licensing boards; and

SECTION 20. Section 40‑47‑37(E) of the S.C. Code is amended to read:

(E) Notwithstanding any of the provisions of this section, the board shall retain all authority with respect to telemedicine practice as granted in Section 40‑47‑10(I) of this chapter.

SECTION 21. Section 40‑47‑20(4) of the S.C. Code is repealed.

SECTION 22. Section 40‑47‑20(35) of the S.C. Code is repealed.

SECTION 23. Section 40‑47‑20(43) of the S.C. Code is repealed.

SECTION 24. Section 40‑47‑110(B)(26) and (27) of the S.C. Code is amended to read:

(B) “Misconduct” that constitutes grounds for disciplinary action is a showing to the board by the preponderance of evidence that a licensee has:

(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.

SECTION 25. Section 40‑47‑113 of the S.C. Code is amended to read:

Section 40‑47‑113. (A) It is unprofessional conduct for a licensee initially to prescribe drugs to an individual without first establishing a proper physicianpractitioner‑patient relationship. A proper relationship, at a minimum, requires that the licensee make an informed medical judgment based on the circumstances of the situation and on the licensee's training and experience and that the licensee:

(1) personally perform and document an appropriate history and physical examination, make a diagnosis, and formulate a therapeutic plan;

(2) discuss with the patient the diagnosis and the evidence for it, and the risks and benefits of various treatment options; and

(3) ensure the availability of the licensee or coverage for the patient for appropriate follow‑up care.

(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, 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 physicianpractitioner‑patient relationship solely via telemedicine so long as the licensee complies with Section 40‑47‑37 of this act.

(C) Prescribing drugs to individuals the licensee has never personally examined based solely on answers to a set of questions is unprofessional.

SECTION 26. Section 40‑47‑196 of the S.C. Code is amended to read:

Section 40‑47‑196. (A) Specific tasks may be delegated to a CMA by a physician, physician assistanta PA 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 assistantPA 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 by a physician assistantPA or advanced practice registered nurse:

(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 unless the CMA is also a certified limited practice radiographer;

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

(7) triaging patients; and

(8) performing a clinical decision‑making task by means of telemedicine.

(B) A physician, physician assistantPA, 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 assistanta PA, pursuant to the physician assistant'sPA’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 27. Section 40‑47‑195(D)(1) before the colon, and 40‑47‑195 (D)(1)(c) and (d) of the S.C. Code is amended to read:

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

(c) not enter into scope of practice guidelines 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 PAs 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 a PA, 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

SECTION 28. Section 40‑47‑910 of the S.C. 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 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) “Attestation statement” means a document that attests that the PA has the requisite competence, education, training, and experience to provide medical services; attests that the PA shall collaborate with, consult with, or refer to the appropriate member of the health care team as indicated by the patient’s condition, the education, training, experience, and competencies of the PA and the applicable standard of care; does not assign supervisory or legal responsibility to or represent acceptance of legal responsibility by a physician for the care provided by a PA, and is signed by the PA.

(2)(3) “Board” means the Board of Medical Examiners of South Carolina.

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

(4)(5) “Immediate consultation” means a supervising physician must be available for direct communication by telephone or other means of telecommunication.

(5)(6) “NCCPA” means the National Commission on Certification of Physician Assistants, Inc., the agency recognized to examine and evaluate the education of PAs, or its successor organization as recognized by the board.

(6)(7) “Physician assistant”, “Physician Associate”, “PA‑C”, or “PA” means a health care professional licensed to assist in the practice of medicine with a physician supervisor.

(7)(8) “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. The physician supervisor is the individual who is responsible for supervising a PA's activities.

(8)(9) “Supervising” means overseeing the activities of, and accepting responsibility for, the medical services rendered by a PA in accordance with approved, written scope of practice guidelines as part of a physician‑led team in a manner approved by the board.

SECTION 29. Section 40‑47‑915 of the S.C. Code is amended to read:

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

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

(2) who is a PA enrolled in a PA educational pursuing a course of study leading to a degree or certificate to practice as a physician assistant in a 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”, “PA Student”, or “PA‑S” clearly legible. The badge or adornment must be at least one inch by three inches in size.

SECTION 30. Section 40‑47‑935 of the S.C. Code is amended to read:

Section 40‑47‑935. (A) PAs may perform:

(1) medical acts, tasks, or functions within written scope of practice guidelines under physician supervision;

(2) those duties and responsibilities that are lawfully delegated by his supervising physician, including the prescribing and dispensing of drugs and medical devices, that are lawfully delegated by their supervising physicians; provided, however, only 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 scope of practice guidelines, and pursuant to all physician supervisory requirements imposed by this chapter.

(B) Notwithstanding any provisions of state law other than this chapter, and to the extent permitted by federal law, a PA may perform the following medical acts unless otherwise provided in the scope of practice guidelines:

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

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

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

(4) pronounce death, certify the manner and cause of death, and sign death certificates pursuant to the provisions of Chapter 63, Title 44 and Chapter 8, Title 32;

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

(6) certify that an individual is handicapped and declare that the handicap is temporary or permanent for the purposes of the individual's application for a placard;

(7) execute a do not resuscitate order pursuant to the provisions of Chapter 78, Title 44; and

(8) issue an order for home health services pursuant to the provisions of Chapter 69, Title 44.

(C) Deleted;

(D)(C) A PA is an agent of his supervising physician in the performance of all practice‑related activities, including, but not limited to, the ordering of diagnostic, therapeutic, and other medical services.

(E)(D) A PA may sign specified documents on behalf of the supervising physician or alternate supervising physician if authorized in the scope of practice guidelines.

(E) Notwithstanding any other provision of state law, and to the extent permitted by federal law, nothing in the section shall prevent a PA practicing pursuant to an attestation statement from:

(1) practicing telemedicine;

(2) performing medical acts, tasks, or functions provided for in subsection (B)(1) through (8);

(3) creating, executing, and signing a POST form;

(4) committing a patient to a psychiatric facility if the patient is unable to consent and the PA deems that the patient is a danger to himself or others; or

(5) using fluoroscopy for guidance of diagnostic and therapeutic procedures.

SECTION 31. Chapter 47, Title 40 of the S.C. Code is amended by adding:

Section 40‑47‑937. (A) Notwithstanding another provision of this article, a PA who possesses more than six thousand hours of post graduate clinical practice experience as a licensed PA or who possesses more than six thousand hours of post graduate clinical experience as a licensed PA, and more than one thousand hours of practice experience after transitioning to a new medical specialty of practice with a supervising physician in that specialty, shall practice only pursuant to an attestation statement.

(B) A PA practicing pursuant to an attestation statement may perform any medical and surgical acts, tasks, or services for which the PA has been prepared through his education, training, and experience and are competent to perform. Medical and surgical services provided by PAs include, but are not limited to:

(1) obtaining and performing comprehensive health histories and physician examinations;

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

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

(4) educating patients concerning health promotion and disease prevention;

(5) providing consultations, upon request;

(6) holding admitting privileges within an acute care facility;

(7) holding admitting privileges within a licensed birthing center; and

(8) writing medical orders.

(C) A PA may:

(1) provide services in health care facilities or programs including, but not limited to, hospitals, nursing facilities, assisted living facilities, and hospices;

(2) obtain informed consent;

(3) supervise, delegate, and assign therapeutic and diagnostic measures to licensed or unlicensed personnel, including the administration of medications;

(4) certify the health or disability of a patient as required by a local, state, or federal program, provided that it is consistent with the scope of practice;

(5) authenticate any document with his signature, certification, stamp, verification, affidavit, or endorsement if it may be authenticated by the signature, certification, stamp, verification, affidavit, or endorsement of a physician.

(D) A PA shall collaborate with, consult with, or refer to the appropriate member of the health care team as indicated by the patient’s condition, the education, experience, and competencies of the PA, and the standard of care. The degree of collaboration shall be determined by the practice which may include decisions made by the employer, group, hospital service, and credentialing and privileging systems of licensed facilities. A PA is responsible for the care he provides.

SECTION 32. Chapter 47, Title 40 of the S.C. Code is amended by adding:

Section 40‑47‑939. (A) A PA licensed in this State, authorized to practice in any other jurisdiction in the United States, or credentialed as a PA by a federal employer who is responding to a need for medical care resulting from an emergency, a declared state of emergency, or a state or local disaster as declared by the appropriate governing authority may render care that they are able to provide as a PA.

(B) A PA who renders medical care voluntarily, gratuitously, and outside of his ordinary course of employment in accordance with the provisions contained in subsection (A) shall not be liable for civil damages for any personal injuries or death proximately caused by acts or omissions that would otherwise constitute ordinary negligence. Immunity does not apply to acts or omissions constituting gross negligence, or wilfull, wanton, or reckless conduct.

SECTION 33. Section 40‑47‑965 of the S.C. Code is amended to read:

Section 40‑47‑965. (A) If the written scope of practice guidelines authorizes the PA to prescribe drug therapy:A PA may prescribe, dispense, order, administer, and procure drugs and medical devices. A PA may plan and initiate a therapeutic regimen that include ordering and prescribing therapies and non‑pharmacological interventions including, but not limited to, durable medical equipment, nutrition, blood and blood products, and diagnostic support services including, but not limited to, home health care, hospice, and physical and occupational therapy.

(1) prescriptions for authorized drugs and devices shall comply with all applicable state and federal laws;

(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 or electronically submitted by the PA and must bear the PA's identification number as assigned by the board and all prescribing numbers required by law. The preprinted prescription form shall include both the PA's and physician's name, address, and phone number, and, if possible, the physician through the electronic system, and shall comply with the provisions of Section 39‑24‑40;

(B) Prescribing and dispensing drugs may include Schedule II through Schedule V substances and all legend drugs. Prescribing and institutional facility orders must comply with all applicable state and federal laws. All PA dispensing activities shall:

(1) comply with appropriate state and federal regulations;

(2) occur when pharmacy services are not reasonably available, or when it is in the best interest of the patient, or when it is an emergency; and

(3) include any medications that may be dispensed by a physician.

(C) A PA may request, receive, and sign for professional samples. A PA may distribute professional samples to patients in compliance with appropriate state and federal regulations.

(D) A PA who prescribes or dispenses a controlled substance must register with the federal Drug Enforcement Administration.

(E) Prescriptions must be signed or electronically submitted by the PA and must bear the PA’s identification number as assigned by the board and all prescribing numbers required by law. The pre‑printed prescription form shall include the PA’s name, address, and phone number, and shall comply with the provisions of Section 39‑24‑40.

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

(5) the 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;

(6) the PA may authorize prescriptions for an orally administered Schedule II controlled substance, as defined in the federal Controlled Substances Act, pursuant to the following requirements:

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

(b) the PA has directly evaluated the patient, provided, however, that a PA may authorize a prescription if the PA is assigned to take calls for the supervising physician or alternate supervising physician treating the patient;

(c) the authority to prescribe a Schedule II narcotic controlled substance is limited to an initial prescription not to exceed a five‑day supply;

(d) any subsequent prescription authorization for a Schedule II narcotic controlled substance after the initial prescription must be in consultation with and approved by the supervising physician, and such approval 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 PA 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 PA's written scope of practice guidelines;

(b) the PA 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 PA 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 PA has directly evaluated the patient, provided, however, that the PA may authorize a medical order if the PA is assigned to take call for the supervising physician or alternate supervising physician treating the patient; and

(e) the written medical order may not exceed a one‑time administration within a twenty‑four hour period without the approval of the supervising physician or alternate supervising physician, and such approval must be documented in the patient's chart.

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

(1) the PA shall provide evidence of education in pharmacotherapeutics as determined by the board before application;

(2) every two years, the 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; and

(3) the PA must have a valid Drug Enforcement Administration (DEA) registration and prescribe in accordance with DEA rules.

(C)(H) A PA's prescriptive authorization may be terminated by the board if the PA:

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

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

(3)(2) violates a state or federal law applicable to PAs.

SECTION 34. Section 40‑47‑1000 of the S.C. 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 himself out as a PA or to use any combination or abbreviation of the term “physician assistant” or “physician associate” to indicate or imply that he is a PA. A person who violates this subsection is guilty of a misdemeanor and, upon conviction, shall be sentenced in the same manner as provided for in Section 40‑47‑200.

(B) A person who meets the qualifications for licensure pursuant to this chapter, but does not possess a current license, may use the title “PA”, “physician assistant”, or “physician associate” but may act or practice as a PA.

(C) A Unless the exemption provided for in subsection (B) is applicable, a person who holds himself out as a 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)(D) 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)(E) 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, Chapter 23, 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)(F) Investigations and disciplinary proceedings under this article must be conducted in accordance with the provisions of Article 1.

(E)(G) 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.

SECTION 35. Section 40‑47‑1005 of the S.C. Code is amended to read:

Section 40‑47‑1005.(A) The board is authorized to discipline a PA for his misconduct. Misconduct constituting grounds for revocation, suspension, probation, reprimand, restrictions, or denial of a license must be found when a 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 PA scope of practice guidelines;

(4)(3) misuses alcohol or drugs to such a degree to render him or her unfit to practice as a PA;

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

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

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

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

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

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

(10) has violated any provision of this chapter, or any regulations promulgated pursuant to this chapter;

(11) has violated patient confidentiality, except as required by law;

(12) has engaged in unprofessional or unethical conduct;

(13) has prescribed, sold, administered, distributed, ordered, or given away any drug classified as a controlled substance for any purpose other than a medically accepted therapeutic purpose;

(14) has been disciplined by another jurisdiction for acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action as provided for in this section;

(15) has failed to cooperate with an investigation conducted by the board; or

~~(11)~~(16) otherwise demonstrates a lack of the ethical or professional competence required to act as a PA.

(B) Upon a finding of misconduct, the board may:

(1) refuse to grant a license;

(2) administer a public or private reprimand;

(3) revoke, suspend, limit, or otherwise restrict a license;

(4) require a PA to submit to the care, counseling, or treatment of a health professional designated by the board;

(5) impose corrective measures;

(6) impose a civil penalty or fine;

(7) suspend enforcement of its findings and place the PA on probation with the right to vacate the probationary order for noncompliance; and

(8) at its discretion, restore or reissue a license and remove any disciplinary or corrective action that it may have imposed.

SECTION 36. Section 40‑47‑1020 of the S.C. Code is amended to read:

Section 40‑47‑1020. Nothing in this article may be construed to require third party reimbursement directly to a PA for services rendered.(A) Payment for services within a PA’s scope of practice shall be made when ordered or performed by the PA if the same service would have been covered if ordered or performed by a physician. Payment for services shall be based on the service provided and not on the health professional who delivered the service. A PA is authorized to bill for and receive direct payment for the delivery of medically necessary services.

(B) A PA must be identified as the rendering professional in the bill and claims process when medical or surgical services have been delivered to a patient.

(C) No insurance company or third‑party payor shall impose a practice, education, or collaboration requirement that is inconsistent with or more restrictive than required by statute or regulation.

SECTION 37. Section 44‑80‑120 of the S.C. Code is amended to read:

Section 44‑80‑120. A physician assistant (PA) may create, execute, and sign a POST form if authorized to do so by his or her scope of practice guidelines. The POST form must be for a patient of that PA, the PA's supervising physician, or both.

SECTION 38. Section 44‑99‑10(5) of the S.C. Code is amended to read:

(5) “Health care practitioner” means a physician, an advanced practice registered nurse authorized to prescribe medication pursuant to Section 40‑33‑34, or a physician assistant authorized to prescribe medication pursuant to Sections 40‑47‑955 through 40‑47‑965.

SECTION 39. Section 59‑63‑75(D) of the S.C. Code is amended to read:

(D)(1) If a coach, athletic trainer, official, physician assistant, or physician suspects that a student athlete, under the control of the coach, athletic trainer, official, physician assistant, or physician, has sustained a concussion or brain injury in a practice or in an athletic competition, the student athlete shall be removed from practice or competition at that time.

(2) A student athlete who has been removed from play may return to play if, as a result of evaluating the student athlete on site, the athletic trainer, physician, physician assistant pursuant to scope of practice guidelines, or nurse practitioner pursuant to a written protocol determines in his best professional judgment that the student athlete does not have any signs or symptoms of a concussion or brain injury.

(3) A student athlete who has been removed from play and evaluated and who is suspected of having a concussion or brain injury may not return to play until the student athlete has received written medical clearance by a physician or physician assistant.

(4) In addition to posting information regarding the recognition and management of concussions in student athletes, the Department of Health and Environmental Control, in consultation with health care provider organizations, shall post on its website continuing education opportunities in concussion evaluation and management available to providers making such medical determinations. Such information must be posted by the department upon receipt from a participating health care organization.

(5) The athletic trainer, physician, physician assistant, or nurse practitioner who evaluates the student athlete during practice or an athletic competition and authorizes the student athlete to return to play is not liable for civil damages resulting from an act or omission in rendering this decision, other than acts or omissions constituting gross negligence or wilful, wanton misconduct. This immunity applies to an athletic trainer, physician, physician assistant, or nurse practitioner serving as a volunteer.

(E) For the purposes of this section:

(1) “Physician” is defined in the same manner as provided in Section 40‑47‑20(34).

(2) “Student athlete” includes cheerleaders.

SECTION 40. Section 59‑63‑95(A) through (C) of the S.C. Code is amended to read:

Section 59‑63‑95. (A) As used in this section, and unless the specific context indicates otherwise:

(1) “Administer” means the direct application of an epinephrine auto‑injector into the body of a person.

(2) “Advanced practice registered nurse” means a registered nurse prepared for an advanced practice registered nursing role by virtue of the additional knowledge gained through an advanced formal education program in a specialty area pursuant to Chapter 33, Title 40.

(3) “Designated school personnel” means an employee, agent, or volunteer of a school designated by the governing authority of the school district or the governing authority of the private school who has completed the training required in accordance with the guidelines of the governing authority to provide for or administer an epinephrine auto‑injector to a student.

(4) “Epinephrine auto‑injector” means a device that automatically injects a premeasured dose of epinephrine into a person.

(5) “Governing authority of a school” means the board of trustees of a school district or the board of trustees of a private school.

(6) “Participating governing authorities” means governing authorities of school districts and governing authorities of private schools that authorize schools to maintain a supply of undesignated epinephrine auto‑injectors and to provide and administer epinephrine auto‑injectors to students and other people pursuant to subsections (B) and (C).

(7) “Physician” means a doctor of medicine licensed by the South Carolina Board of Medical Examiners pursuant to Article 1, Chapter 47, Title 40.

(8) “Physician assistant” means a health care professional licensed to assist with the practice of medicine with a physician supervisor pursuant who meets the qualifications contained in to Article 7, Chapter 47, Title 40.

(9) “Provide” means to supply one or more epinephrine auto‑injectors to a student or other person.

(10) “School” means a public or private school.

(11) “Self‑administration” means a student or other person's discretionary use of an epinephrine auto‑injector, whether provided by the student or the other person or by a school nurse or other designated school personnel pursuant to this section.

(B) Notwithstanding another provision of law, a physician, an advanced practice registered nurse licensed to prescribe medication pursuant to Section 40‑33‑34, and a physician assistant licensed to prescribe medication pursuant to Sections 40‑47‑955 through 40‑47‑965 may prescribe epinephrine auto‑injectors maintained in the name of a school for use in accordance with subsection (D). Notwithstanding another provision of law, licensed pharmacists and physicians may dispense epinephrine auto‑injectors in accordance with a prescription issued pursuant to this subsection. Notwithstanding another provision of law, a school may maintain a stock supply of epinephrine auto‑injectors in accordance with a prescription issued pursuant to this subsection. For the purposes of administering and storing epinephrine auto‑injectors, schools are not subject to Chapter 43, Title 40 or Chapter 99 of the South Carolina Code of State Regulations.

(C) The governing authority of a school district or private school may authorize school nurses and other designated school personnel to:

(1) provide an epinephrine auto‑injector to a student to self‑administer the epinephrine auto‑injector in accordance with a prescription specific to the student that is on file with the school;

(2) administer an epinephrine auto‑injector to a student in accordance with a prescription specific to the student on file with the school;

(3) administer an epinephrine auto‑injector to a student or other individual on school premises whom the school nurse or other designated school personnel believes in good faith is experiencing anaphylaxis, in accordance with a standing protocol of a physician, an advanced practice registered nurse licensed to prescribe medication pursuant to Section 40‑33‑34, or a physician assistant licensed to prescribe medication pursuant to Sections 40‑47‑955 through 40‑47‑965, regardless of whether the student or other individual has a prescription for an epinephrine auto‑injector.

SECTION 41. This act takes effect upon approval by the Governor.

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