



JOINT ADVISORY OPINION OF THE SOUTH CAROLINA STATE BOARDS OF MEDICAL EXAMINERS, PHARMACY, AND NURSING REGARDING RETAIL IV THERAPY BUSINESSES

The retail IV therapy business model is growing in South Carolina and across the country. Currently, there are no set rules or guidelines that specifically guide their operation, which often touches on areas of medicine, nursing, and pharmacy.¹ Because of the concern over the proliferation of IV therapy businesses, the lack of any industry-specific guidelines or laws regarding the operation of these businesses, and the potential harm to the residents of South Carolina, the South Carolina Board of Medical Examiners, the South Carolina Board of Pharmacy, and the South Carolina Board of Nursing (collectively the “Boards”) put forth this advisory opinion. This advisory opinion is based upon the existing laws of South Carolina and sets forth the relevant laws and standards of care implicated by IV therapy businesses.²

At its core, the IV retail business model involves the offering to walk-in patients of a menu of pre-selected mixtures (“cocktails”) of additives to basic IV saline. The cocktails may include amino acids, vitamins, minerals, and some prescription drugs like Pepcid, Toradol, and Zofran.³ They are sometimes marketed with catchy names and are offered to patients for the treatment of conditions such as dehydration, migraines, hangovers, nausea, athletic recovery, appetite regulation, and inflammation support. Some basic health screening generally occurs prior to the selection and administration of the IV.

Additionally, there are reports that many of these IV therapy businesses are owned and/or operated by registered nurses, EMTs, or by business entities that are not owned by physicians, physician assistants, or nurse practitioners, certified nurse midwives, or clinical nurse specialists (collectively “APRNs”).

Furthermore, there are reports that while a physician, PA, NP, or APRN⁴ may be associated with the business, in many cases he or she is not on the premises; rather, in many instances, there is only an RN on the premises. In order to obtain their IV supplies and additives, retail IV therapy business are using a physician’s National Practitioner Identification (“NPI”) number to acquire the IV supplies and additives. A physician, PA, or APRN will then issue “standing orders” directing the administration of IVs. The actual patient encounter, evaluation, diagnosis, formulation of the

¹ The Boards acknowledge and appreciate the Alabama Board of Medical Examiners for addressing many of these issues in its excellent and well-reasoned Declaratory Ruling dated July 21, 2022. The Boards find the issues raised by the Alabama Board of Medical Examiners are also an accurate representation of current IV practice in South Carolina.

² This Joint Position Statement is not meant to modify, supplement, or overrule existing protocols and practices in licensed healthcare facilities.

³ This list is not intended to be exhaustive, only illustrative, and has no bearing on the guidance offered herein.

⁴ “APRN” is used throughout to refer to NPs, CNSs, and CNMs, but not CRNAs, as CRNAs do not have prescriptive authority in South Carolina. In an IV clinic, a CRNA can only function as an RN and must follow those rules applicable to RNs.

treatment plan, and administration of the IV may occur without input from the physician, PA, NP, or APRN. In many instances, the RN may be the only licensed health care professional interacting with the patient or present at the facility. **These scenarios are unacceptable and unlawful** and have led the Boards to become increasingly concerned about whether qualified individuals are administering these IVs based upon their statutorily-defined scopes of practice and are complying with all of the laws governing the practice medicine, nursing, and pharmacy.

South Carolina Board of Medical Examiners and the Medical Practice Act

The South Carolina Board of Medical Examiners (“SCBME”) is concerned that the unlicensed practice of medicine may be occurring in these IV clinics or that practitioners are not in full compliance with the Medical Practice Act.

There is no question that the services being provided by IV retail clinics constitutes the practice of medicine. The practice of medicine in this State includes (1) offering or undertaking to prescribe, order, give, or administer any drug or medicine for the use of any other person, (2) 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, and (3) rendering a determination of medical necessity or a decision affecting the diagnosis and/or treatment of a patient. S.C. Code Ann. § 40-47-20(36) (2011).

Only the following individuals may diagnose, treat, correct, advise, or prescribe intravenous medication to a person for any human disease, ailment, injury, infirmity, deformity, pain, or other condition: (1) a physician licensed under Title 40, Chapter 47; (2) a physician assistant, licensed under Title 40, Chapter 47, and practicing pursuant to approved scopes of practice and with a supervising physician; or (3) a nurse practitioner, certified nurse midwife, or clinical nurse specialist licensed pursuant to Title 40, Chapter 33, who has prescriptive authority, and who is practicing pursuant to a collaboration agreement with a licensed physician.

Any person who maintains an office or place of business for the purpose of diagnosing, treating, correcting, advising, or prescribing intravenous medication to a person for any human disease, ailment, injury, infirmity, deformity, pain, or other condition is engaged in the unlawful practice of medicine unless said person (1) employs a physician, a PA, or APRN working with a supervising/collaborating physician, and (2) the physician, PA, or APRN exercises exclusive authority to diagnose, treat, correct, advise, and/or prescribe intravenous medication to a person for any disease, ailment, injury, infirmity, deformity, pain, or other condition. These practitioners must have prescriptive authority that allows them to lawfully prescribe the medications being ordered.

In a common scenario, a patient enters the business and reviews a menu of treatment options. He or she completes a health questionnaire and is assessed by an RN.⁵ This RN may use diagnostic tools to measure the patient’s pulse oximetry, heart rate, and blood pressure. The RN evaluates the patient’s answers to the health questionnaire, which is designed to elicit the patient’s health history,

⁵ The SCBME is also aware that in some IV hydration clinics, EMTs or paramedics are being used to perform these procedures. This is also outside the scope of an EMT or paramedic and also constitutes the unlicensed practice of medicine, nursing, and/or pharmacy.

current medications, and allergies. With this information in hand, the RN will discuss the patient's current symptoms and treatment goals and recommend an IV cocktail, along with any additives that may be indicated.

In some cases, the RN may make the recommendations with the assistance of standing orders prepared by a physician. In other cases, there may be no standing order at all. The RN mixes the IV bag according to the RN's recommendations and the patient's selection. The RN then administers the IV therapy. The RN remains with the patient to assess the patient's treatment and observe any complications. Once the IV therapy is complete, the RN removes the IV catheter and applies a dressing. The patient is then discharged. **In this scenario, the RN, or any other person who is not a licensed practitioner, is practicing medicine without a license, and is jeopardizing patient safety.**

First, the diagnosis of the patient's condition and the recommendation of IV therapy constitutes the practice of medicine. This act is outside the scope of practice for an RN. Only a physician, PA, or APRN has the statutory authority to diagnose a patient and to make the decision to provide medication, by injection or otherwise, to a patient. *See* S.C. Code Ann. § 40-47-20-(36)(c) (2011) (the practice of medicine means "offering to diagnose...any illness [or] infirmity...").

Second, the discussion with the patient and recommendation of an IV and additives thereto, including "cocktails" and prescription drugs, are also outside the scope of practice of an RN. Only a licensed physician, PA, or APRN may diagnose a patient, assess his or her symptoms, and recommend IV treatment for the patient's condition. *See* S.C. Code Ann. § 40-47-20(36)(b), (c), and (f) ("rendering a determination of medical necessity or a decision affecting the diagnosis and/or treatment of a patient" is the practice of medicine).

While some retail IV therapy businesses have a physician owner, co-owner, investor, or associate, it has been reported that the physician or another licensed practitioner may not actually evaluate the patient. Instead, a physician, PA, or APRN may be "a medical director," "on staff," or "available," but only the RN treats the patient, aside from the patient's specific request for medications. This is insufficient to establish a valid practitioner-patient relationship, which is required before the administration of prescribed drugs.⁶ *See* S.C. Code Ann. § 40-47-113 (2011).⁷

Without an evaluation by a physician or practitioner to create a physician-patient relationship, the RN is dispensing medical supplies and medications to a person who is not the physician's patient. Failure of a physician, PA, or APRN to comply with section 40-47-113 constitutes unprofessional conduct and can subject the practitioners to disciplinary action. Moreover, an RN undertaking these steps in diagnosing and prescribing medications is outside the scope of the practice for an RN, and can subject an RN to disciplinary action by the SCBME for practicing medicine without

⁶ This scenario also implicates, and potentially violates, multiple provisions of the Pharmacy Act.

⁷ South Carolina Code § 40-47-113 states: "It is unprofessional conduct for a licensee initially to prescribe drugs to an individual without first establishing a proper physician-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."

a license, or disciplinary action by the Board of Nursing for performing acts outside the scope of an RN.

Some IV retail facilities attempt to get around the requirement that a patient be seen by a physician, PA, or APRN, and receive an assessment, diagnosis, and prescription through the use of “standing orders.” The issuance of standing orders in this scenario by a practitioner for the RN to follow does not satisfy the physician’s legal duties to the patient. Nor does it satisfy a PA’s or APRN’s duty to the patient. The use of standing orders in what is supposed to be an individualized assessment, diagnosis, and treatment of patients at a retail IV therapy business creates a situation in which the physician is aiding and abetting the unlawful practice of medicine by the RN, in violation of S.C. Code Ann. § 40-47-200.⁸ This practice of using standing orders and dispensing of medications by an RN also implicates the Pharmacy Act, as discussed below.

The SCBME further finds that the participation of the patient in the selection of the IV additives does not change the analysis. A patient is not licensed to practice medicine. A patient cannot enter a doctor’s office or hospital and demand an IV any more than a patient can direct his or her own appendectomy. Even physicians are prohibited from treating themselves except in emergency situations. *See* S.C. Code Ann. § 40-47-630(6) (violating code of ethics is grounds for disciplinary action); *see also* AMA Code of Medical Ethics Opinion 1.2.1.⁹ A retail IV therapy business cannot obviate the need for practitioner involvement by letting the patient direct their own care, and the practitioner is abandoning his or her obligations to the patient by allowing the patient to select their own medications.

To comply with the South Carolina Medical Practice Act, retail IV therapy businesses must create a practitioner-patient relationship through the performance of an individualized evaluation by a physician, PA, or APRN working under the supervision of or in collaboration with a physician. The PA must have an appropriate supervising physician and must have an appropriate scope of practice on file with the SCBME. The APRN must have an appropriate collaborating physician and have a written practice agreement that allows these activities. The physician, PA, or APRN must have the appropriate prescriptive authority.

The physician, PA, or APRN must personally evaluate the patient, diagnose the patient, and make the treatment recommendations. The physician, PA, or APRN must further create a comprehensive medical record that complies with the standard of care. If the physician, PA, or APRN decides to prescribe IV therapy, he or she must issue a prescription, and only then may the IV therapy be administered. It is the obligation of the physician, PA, or APRN to exercise their medical judgment in determining that the treatment will actually benefit the patient. A licensed person other than the physician, PA, or APRN may administer the IV only if administration of IVs is within that licensee’s scope of practice.

⁸ “A person who practices or offers to practice medicine in this State in violation of this chapter...is guilty of a misdemeanor and, upon conviction, must be imprisoned not more than one year or fined not more than fifty thousand dollars. ... The provisions of this chapter apply to a person or entity aiding and abetting in a violation of this chapter.” S.C. Code Ann. § 40-47-200 (2011).

⁹ The SCBME has steadfastly maintained that a physician cannot establish a physician-patient relationship with one’s self based upon the law. *See* Position Statement found at <https://llr.sc.gov/med/Policies/MEPRESCRIBEFAM.aspx>.

In addition to creating a comprehensive medical record that complies with the standard of care, the practitioner must obtain informed consent and document it in the medical record prior to the delivery of care. It is important to recognize that obtaining informed consent is an educational process involving the patient in shared decision-making. In obtaining informed consent, the health care provider should assess the patient's ability to understand relevant medical information and the implications of treatment alternatives and to make an independent, voluntary decision and present relevant information accurately and sensitively, in keeping with the patient's preferences for receiving medical information. Information should include: (1) the diagnosis, (2) the nature and purpose of recommended interventions, (3) the burdens, risks, and expected benefits of all options, including forgoing treatment, (4) document the informed consent conversation, or written consent, and (5) the patient's decision in the medical record in some manner.

Pursuant to the South Carolina Physicians' Patient Records Act, medical records must be retained for at least ten years for adult patients and at least thirteen years for minors. These minimum recordkeeping periods begin to run from the last date of treatment. After these minimum recordkeeping periods, the records may be destroyed. S.C. Code Ann. § 44-115-120 (2018). Records must be maintained and destroyed in compliance with HIPAA.

Regardless of the corporate makeup of the IV therapy retailer, neither the business nor the business owner is permitted to exercise any control over the manner in which the physicians provide medical services and must not interfere in the independent exercise of the practitioners' medical judgment. Whether a business is illegally practicing medicine, or whether a practitioner is illegally aiding and abetting the unlicensed practice of medicine by the business, is a fact-intensive inquiry. However, due to the presence of business owners, franchisors and franchisees, and investors in the corporate makeup of retail IV therapy, physicians are cautioned to understand the SCBME's regulations and South Carolina law before entering employment or partnership with these and similar businesses.

Telemedicine

The relationship between a practitioner and patient may be established via telemedicine in accordance with South Carolina Code § 40-47-37. Pursuant to this section, a licensee who establishes a physician-patient relationship solely via telemedicine 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 practitioner-patient relationship by telemedicine 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 South Carolina Code § 40-47-110(B)(9).

Under current South Carolina law, Schedule II or Schedule III medications (narcotic or non-narcotic) may not be prescribed or administered via solely a telemedicine visit and require an in-person visit by a licensed prescriber. S.C. Code Ann. § 40-47-(C)(6) (2011).

Establishing a practitioner-patient relationship solely via telemedicine does not relieve the practitioner of responsibility for generating and maintaining medical records for each patient using

such telemedicine services in compliance with any applicable state and federal laws, rules, and regulations.

A licensee who establishes a practitioner-patient relationship solely via telemedicine shall be responsible for providing an appropriate evaluation prior to diagnosing and/or treating the patient. The practitioner must employ technology sufficient to accurately diagnose and treat the patient in conformity with the applicable standard of care. A practitioner shall establish a diagnosis through the use of accepted medical practices, which may include patient history, mental status evaluation, physical examination, and appropriate diagnostic and laboratory testing in conformity with the applicable standard of care. Additionally, a practitioner must ensure the availability of appropriate follow-up care and maintain a complete medical record that is available to the patient and other treating health care practitioners.

A simple questionnaire without an appropriate evaluation is prohibited and considered misconduct. S.C. Code Ann. § 40-47-37(C)(2) (2011).

South Carolina Board of Pharmacy and the Pharmacy Practice Act **IV Hydration and Compounding**

As noted from the outset, the Boards involved in regulating IV therapy clinics have become increasingly concerned about whether qualified licensed individuals are administering IV medications based upon the statutorily-defined scopes of practice. The Board of Pharmacy has received numerous inquiries regarding IV hydration therapy by non-practitioners and is troubled about the safety of this practice.¹⁰ These IV clinics implicate multiple areas of the Pharmacy Practice Act, including compounding, dispensing, storage, and administration of what is required to be sterile products. The compounding, dispensing, storing, and administration of sterile products is not a benign and risk-free activity as is often advertised.

“Practice of pharmacy” means, among other things, the responsibility for compounding and labeling of drugs and devices. *See* S.C. Code Ann. § 40-43-30(73) (2011). In addition, South Carolina Code § 40-43-30(67) defines a pharmacist as the individual health care provider licensed by this State to engage in the practice of pharmacy. The Board of Pharmacy has become aware of numerous individuals taking on this role who are not pharmacists and/or practitioners either licensed under the Pharmacy Practice Act or exempt from it.

Whether they realize it or not, by adding drugs or vitamins to the IV bag, these individuals at IV therapy clinics are performing compounding.¹¹ South Carolina law defines compounding as “...the preparation, mixing, assembling, packaging, or labeling of a drug or device as the result of a practitioner’s prescription drug order or initiative based on the practitioner/patient/pharmacist relationship in the course of professional practice....” S.C. Code Ann. § 40-43-30(15) (2011). At the federal level, the Food and Drug Administration (FDA) defines compounding as “the process of combining, mixing, or altering ingredients to create a medication tailored to the needs of an

¹⁰ *See* S.C. Code Ann. § 40-47-20(37) (2011) (defining practitioner).

¹¹ Sterile compounding does not include “mixing, reconstituting, or other such acts with nonhazardous agents that are performed in accordance with directions contained in approved labeling provided by the product’s manufacturer for immediate use.” *Id.*

individual patient. Compounding includes the combining of two or more drugs.”¹² Thus, compounding must result from a valid practitioner’s order in the course of professional practice, and not from a patient-driven menu akin to a fast-food restaurant.

Compounding is the responsibility of a licensed pharmacist. Because of this requirement, a Board of Pharmacy permit is required for any entity that stores and/or administers any legend medications, including those administered at IV hydration clinics. The **only** exception to this permitting requirement is where an entity is 100% practitioner owned (MD, DO, APRN, PA); if the facility is 100% practitioner-owned, a pharmacy permit is not required. Non-practitioners, including but not limited to RNs, EMTs, and LPNs, may not possess and/or store legend medications of any type without a suitable permit for the respective facility (e.g., non-drug dispensing outlet permit). This prohibition includes overnight storage in any non-permitted location, including but not limited to a home or vehicle.

In relation to pharmaceutical compounding, USP (United States Pharmacopeia) is the recognized standard of care in relation to all things compounding, to include sterile compounding found in USP General Chapter <797>, and has been adopted by the FDA as the enforceable standard. Furthermore, all sterile compounding is subject to the requirements outlined in South Carolina Code § 40-43-88.

For purposes of General Chapter <797>, sterile compounding is defined as combining, admixing, diluting, pooling, reconstituting, repackaging, or otherwise altering a drug product or bulk drug substance to create a sterile medication. This chapter applies to all persons who prepare compounded sterile preparations (CSPs) and all places where CSPs are prepared for human and animal patients. This includes, but is not limited to, pharmacists, technicians, nurses, physicians, veterinarians, dentists, naturopaths, and chiropractors in all places including, but not limited to, hospitals and other healthcare institutions, medical and surgical patient treatment sites, infusion facilities, pharmacies, and physicians’ or veterinarian practice sites.¹³

Also, of concern to the Board of Pharmacy is that the concept of “immediate use” is being interpreted to allow the compounding of IVs to circumvent USP requirements, especially for sterility and training. Current USP <797>’s “immediate use” provision governs the emergency preparation of a sterile drug product, and in certain circumstances, this provision allows for the preparation of a sterile product to be made outside of full USP compliance. This provision is not a workaround for the quality and safety standards that govern sterile product preparation. Walk-in or concierge intravenous therapy services do not fall into this provision.

South Carolina Board of Nursing and the Nurse Practice Act

The South Carolina Board of Nursing joins with the South Carolina Board of Medical Examiners and South Carolina Board of Pharmacy in their concern in the rise of retail IV therapy businesses and the perception that many participants are working outside the confines of the rules and regulations of the Boards. Specifically, the Board of Nursing is concerned that nursing licensees

¹² <https://www.fda.gov/drugs/human-drug-compounding/compounding-and-fda-questions-and-answers>

¹³ <https://www.usp.org/compounding/general-chapter-797>

participating in retail IV therapy may be practicing beyond their scope and without the proper steps in place to ensure safe and legal administration.

IV therapy is a complex, learned skill. RNs and APRNs choosing to provide this therapy must ensure they are properly educated and fully compliant with all of requirements from the South Carolina Boards of Nursing, Medical Examiners and Pharmacy.

LPNs

It is outside the scope for LPNs to participate in retail IV hydration and vitamin infusion therapy.

RNs

An RN can only administer intravenous fluids, nutrient therapies, vitamin infusions, and medications after obtaining a valid prescription that was issued by a physician, PA, or APRN. The prescription or order must be part of a medically prescribed plan of care that includes a personal examination and a bona fide patient relationship. “Standing orders” are insufficient, as they are not client-specific and do not account for the individual health needs of patients. The Nurse Practice Act, South Carolina Code § 40-33-20(4) defines “administration of medications” as the acts of preparing and giving drugs in accordance with the orders of a licensed, authorized nurse practitioner, certified nurse-midwife, clinical nurse specialist, or a physician, dentist, or other authorized licensed provider as to drug, dosage, route, and frequency.¹⁴ An RN cannot order IV hydration fluids and cannot determine the dosage, route or frequency.

As detailed above in the SCBME section, discussion with the patient and recommendation of an IV and/or the additives to the IV, including “cocktails” and prescription drugs, is considered to be the practice of medicine and is therefore outside the scope of practice of an RN. The “practice of Medicine” is defined as “...(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.” S.C. Code Ann. § 40-47-20(36).

A RN does not require the on-site presence of a physician, PA, or NP to administer the prescribed/ordered IV hydration; however, the RN must have the knowledge, skill, and competency necessary to carry out the administration procedures and monitor the client in a safe manner. An RN should perform a nursing assessment of the patient to include vital signs. An RN should monitor the patient while the patient undergoes the IV administration. The RN should monitor the patient for such things as side effects, toxic effects, allergic reactions, unusual and unexpected effects, changes in a client’s condition that contraindicate continued administration of the pharmaceutical or treatment regimen, those effects that may rapidly endanger a client’s life or

¹⁴ See also South Carolina Code § 40-33-20(48)(f), which states that the practice of registered nursing includes, but is not limited to administering and delivering medications and treatments prescribed by an authorized licensed provider. This section does not include diagnosing patients as being within the practice of nursing.

well-being, and must be prepared to make judgments and decisions concerning actions to take in the event such effects occur.

An RN is expected to document all nursing acts performed by the RN in carrying out the IV administration and noted during the monitoring of the patient during administration.

It is not within the scope of an RN to compound drugs, as noted by the Board of Pharmacy above. An RN owner/operator of an IV therapy clinic may not store any medications without a suitable permit from the Board of Pharmacy. A non-dispensing drug outlet permit is required, and the medications can only be stored at the permitted site. Storing these medications in a home or a vehicle is prohibited. Additionally, one of the statutory requirements of a non-dispensing drug outlet permit is the requirement to have a consultant pharmacist.

APRNs

APRNs are held to the same standard as a physician or PA working in a retail IV hydration environment. An APRN must have the appropriate prescriptive authority in order to prescribe medications under South Carolina law and in accordance with the standards set forth in this opinion.¹⁵

APRNs should carefully review the SCBME portion of this opinion to understand their obligations while working in an IV therapy clinic. An APRN must also include retail IV hydration as part of their collaborative agreement prior to undertaking this role.

CONCLUSION

Despite the proliferation of IV hydration clinics around the state, the diagnosis of a condition that results in the ordering of IV-delivered drugs, amino acids, or vitamins is unambiguously the practice of medicine. Likewise, the storage and administration of these medications constitutes both the practice of pharmacy and the practice of nursing. Failure to be licensed by the Boards as required is a violation of South Carolina law and can be punished by potentially up to a year in prison or a fifty thousand dollar fine.¹⁶ Unlicensed practice may also be enjoined by the South Carolina Administrative Law Court, with future violations of an injunction potentially resulting in contempt proceedings that may include monetary sanctions and/or jail time. Meanwhile, failures by licensees to follow the laws governing their practice(s) could result in disciplinary proceedings and sanctions by their respective boards; by law, sanctions may include monetary fines, probation of a license, suspension of a license, or even revocation of a license, as set forth in each of the practice acts.

Most important, however, is the safety of the members of the public who seek IV treatment through these clinics. Public safety is the mission of each of the Boards, as charged by the Legislature.

¹⁵ CRNAs, by law, lack prescriptive authority.

¹⁶ “A person who practices or offers to practice a regulated profession or occupation in this State in violation of this article or who knowingly submits false information for the purpose of obtaining a license is guilty of a misdemeanor and, upon conviction, must be imprisoned not more than one year or fined not more than fifty thousand dollars.” South Carolina Code Ann. § 40-1-200 (2011).

Patients must be evaluated by an appropriate practitioner. The IV medications must be compounded or stored in a safe and sterile environment. Administration of the IV must be done by those with the education, training, and skills to do so. Each of these roles in the process requires that the individual be licensed and requires them to carry out their obligations in the same manner that is required of them for any other task within their scope of practice. Each of the Boards is dedicated to ensuring the law in these areas of practice is followed, as that is how the public is best protected.