

ARTICLE 7. PHYSICIAN ASSISTANTS

EDITOR'S NOTE--

2000 Act No. 359, § 2, provides as follows:

"Notwithstanding the provisions of Act 7, Chapter 47, Title 40 of the 1976 Code, as added by Section 1 of this act, the Board of Medical Examiners of South Carolina shall issue a license to a physician assistant who is certified and whose certification is in good standing under the certification standards in existence immediately prior to this act's effective date."

§ 40-47-905. Short title.

This article may be cited as the “South Carolina Physician Assistants Practice Act”.

HISTORY: Added by 2000 Act No. 359, § 1, eff June 6, 2000.

§ 40-47-910. Definitions.

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 physician assistant'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) “Board” means the Board of Medical Examiners of South Carolina.
- (3) “Committee” means the Physician Assistant Committee as established by this article as an advisory committee responsible to the board.
- (4) “NCCPA” means the National Commission on Certification of Physician Assistants, Inc., the agency recognized to examine and evaluate the education of physician assistants, or its successor organization as recognized by the board.
- (5) “Physician assistant” means a health care professional licensed to assist in the practice of medicine with a physician supervisor.
- (6) “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 for no more than two physician assistants. The physician supervisor is the individual who is responsible for supervising a physician assistant's activities.
- (7) “Supervising” means overseeing the activities of, and accepting responsibility for, the medical services rendered by a physician assistant in a manner approved by the board.

HISTORY: Amended by 2006 Act No. 244, § 1; Added by 2000 Act No. 359, § 1, eff June 6, 2000.

§ 40-47-915. Application of article.

This article does not apply to a person:

- (1) who is employed as a physician assistant by the United States Government, where such services are provided solely under the direction or control of the United States Government.
- (2) pursuing a course of study leading to a degree or certificate to practice as a physician assistant in a program approved by the Commission on Accreditation of Allied Health Education Programs or its successor agency, where such activities and services constitute a part of a supervised course of study; however, the person must be clearly identified by a badge or other adornment with that person's name and the words “Physician Assistant-Student” clearly legible. The badge or adornment must be at least one inch by three inches in size.

HISTORY: Added by 2000 Act No. 359, § 1, eff June 6, 2000.

§ 40-47-920. Authority to employ staff.

The Director of the Department of Labor, Licensing and Regulation may employ additional staff as necessary for the performance of the department's duties under this article.

HISTORY: Added by 2000 Act No. 359, § 1, eff June 6, 2000.

§ 40-47-925. Physician Assistant Committee; membership; term; filling vacancies; meetings; duty to receive and account for monies collected under article.

(A) There is created the Physician Assistant Committee as an advisory committee to the board which consists of nine members to be appointed by the Board of Medical Examiners. Three of the members must be licensed physician assistants with a minimum of three years of patient care experience in this State. Two members must be consumers, and three members must be physicians who are licensed to practice in this State. Of the three physician members, at least one must regularly employ a physician assistant. One member of the Board of Medical Examiners shall serve on the committee ex officio. All organizations, groups, or interested individuals may submit recommendations to the board of at least two individuals for each position to be filled on the committee.

(B) The members shall serve for terms of four years and until their successors are appointed and qualify, except the initial term of two physician assistants, the consumer member, and one physician are for two years. Vacancies must be filled in the manner of the original appointment for the unexpired portion of the term. The board, after notice and opportunity for hearing, may remove any member of the committee for negligence, neglect of duty, incompetence, revocation or suspension of license, or other dishonorable conduct. Members of the committee shall receive mileage, subsistence, and per diem as provided by law for members of state boards, commissions, and committees for each meeting attended. No member may serve more than two full four-year terms consecutively, but may be eligible for reappointment four years from the date the last full four-year term expired.

(C) The committee shall meet at least two times yearly and at other times as may be necessary. A quorum for all meetings shall consist of five members. At its initial meeting, and at the beginning of each year thereafter, the committee shall elect from its membership a chairman, vice-chairman, and secretary to serve for a term of one year.

(D) The committee shall receive and account for all monies under the provisions of this article and shall pay all monies collected to the board for deposit with the State Treasurer as provided for by law.

HISTORY: Added by 2000 Act No. 359, § 1, eff June 6, 2000.

§ 40-47-930. Powers and duties of committee and board.

(A) The committee shall evaluate the qualifications and supervise the examinations of applicants for licensure and make recommendations to the board.

(B) The board may issue subpoenas, examine witnesses, and administer oaths and may investigate allegations of practices violating the provisions of this article.

(C) The committee:

(1) may recommend regulations to the board relating to professional conduct to carry out the provisions of this article including, but not limited to, professional certification and the establishment of ethical standards of practice for persons holding a license to practice as physician assistants in this State;

(2) shall conduct hearings and keep records and minutes necessary to carry out its functions;

(3) shall provide notice of all hearings authorized under this article pursuant to the Administrative Procedures Act;

(4) shall determine the qualifications and make recommendations regarding the issuance of licenses to qualified physician assistants;

(5) shall recommend to the board whether to issue or renew licenses under those conditions prescribed in this article;

(6) may recommend requirements to the board for continuing professional education of physician assistants to the board;

(7) shall keep a record of its proceedings and a register of all licensees, including their names and last known places of employment and residence. The board shall annually compile and make available a list of physician assistants authorized to practice in this State. An interested person may obtain a copy of this list upon application to the board and payment of an amount sufficient to cover the cost of printing and mailing;

(8) shall report annually to the board on duties performed, actions taken, and recommendations;

(9) shall hear disciplinary cases and recommend findings of fact, conclusions of law, and sanctions to the board. The board shall conduct a final hearing at which it shall make a final decision;

(10) shall perform such duties and tasks as may be delegated to the committee by the board.

HISTORY: Added by 2000 Act No. 359, § 1, eff June 6, 2000.

§ 40-47-935. Act and duties physician assistant authorized to perform; agency relationship to supervising physician.

Physician assistants may perform:

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

(2) those duties and responsibilities, including the prescribing and dispensing of drugs and medical devices, that are lawfully delegated by their supervising physicians. However, only physician assistants holding a permanent license may prescribe drug therapy as provided in this article.

A physician assistant is an agent of his or her supervising physician in the performance of all practice related activities including, but not limited to, the ordering of diagnostic, therapeutic, and other medical services

HISTORY: Amended by 2006 Act No. 244, § 2; Added by 2000 Act No. 359, § 1, eff June 6, 2000.

§ 40-47-940. Application for license; appearance before committee; temporary and permanent licenses.

(A) An application must be submitted to the board on forms supplied by the board. The application must be complete in every detail before it may be approved and must be accompanied by a nonrefundable fee. As part of the application process, the supervising physician and physician assistant must specify clearly in detail those medical acts, tasks, or functions for which approval is being sought. The specific medical acts, tasks, or functions must be included in the scope of practice guidelines, and the scope of practice guidelines must accompany the application.

(B) When a board member or board designee or the administrative staff of the board has reviewed the entire application for completeness and correctness and has determined the eligibility or appropriateness of the application a temporary authorization may be issued immediately. At the next board meeting the application may be recommended for approval for a permanent license or other authorization consistent with this article. If a temporary authorization is not considered appropriate, the application must be reviewed by the committee and may be recommended to the board for approval as presented to or modified by the committee.

HISTORY: Amended by 2006 Act No. 244, § 3; Added by 2000 Act No. 359, § 1, eff June 6, 2000.

§ 40-47-945. Conditions for granting license.

(A) Except as otherwise provided in this article, an individual shall obtain a permanent license from the board before the individual may practice as a physician assistant. The board shall grant a permanent license as a physician assistant to an applicant who has:

- (1) submitted a completed application on forms provided by the board;
- (2) paid the nonrefundable application fees established in this article;
- (3) successfully completed an educational program for physician assistants approved by the Accreditation Review Commission on Education for the Physician Assistant or its predecessor or successor organization;
- (4) successfully completed the NCCPA certifying examination and provide documentation that the applicant possesses a current, active, NCCPA certificate;
- (5) certified that the applicant is mentally and physically able to engage safely in practice as a physician assistant;
- (6) no licensure, certificate, or registration as a physician assistant under current discipline, revocation, suspension, probation, or investigation for cause resulting from the applicant's practice as a physician assistant;
- (7) good moral character;
- (8) submitted to the board other information the board considers necessary to evaluate the applicant's qualifications;
- (9) appeared before a board member or board designee with the applicant's supervising physician and all original diplomas and certificates and demonstrated knowledge of the contents of this article. A temporary authorization to practice may be issued as provided in Section 40-47-940 pending completion of this requirement and subject to satisfactory interview as provided below; and
- (10) successfully completed an examination administered by the committee on the statutes and regulations regarding physician assistant practice and supervision.

(B) Not later than ninety days from the date a temporary authorization is issued, each applicant shall appear before a board member or board designee with the applicant's supervising physician and scope of practice guidelines and demonstrate knowledge of the contents of this article. Failure to appear within the prescribed time automatically results in the immediate invalidation of the authorization to practice pending compliance and further order of the board. If approved, a permanent license may be issued immediately. If not approved, the application must be reviewed by the committee and may be recommended to the board for approval as presented to or modified by the committee.

(C) The supervising physician of a limited licensee physically must be present on the premises at all times when the limited licensee is performing a task. No on-the-job training, or task not listed on the application, may be approved for a limited license holder."

HISTORY: Amended by 2006 Act No. 244, § 4; Added by 2000 Act No. 359, § 1, eff June 6, 2000.

§ 40-47-950. Limited physician assistant license; conditions for issuance; duration; responsibilities of supervising physician.

(A) The board may issue a limited physician assistant license to an applicant who has:

- (1) submitted a completed application on forms provided by the board;
- (2) paid the nonrefundable application fees established by this regulation;
- (3) successfully completed an educational program for physician assistants approved by the Accreditation Review Commission on Education for the Physician Assistant or its predecessor or successor organization;
- (4) never previously failed two consecutive NCCPA certifying examinations and has registered for, or intends to register to take the next offering of, the NCCPA examination;

- (5) certified that the applicant mentally and physically is able to engage safely in practice as a physician assistant;
 - (6) no licensure, certificate, or registration as a physician assistant under current discipline, revocation, suspension, probation, or investigation for cause resulting from the applicant's practice as a physician assistant;
 - (7) good moral character;
 - (8) submitted to the board any other information the board considers necessary to evaluate the applicant's qualifications;
 - (9) appeared before a board member or board designee with the applicant's supervising physician and all original diplomas and certificates and demonstrated knowledge of the contents of this article; and
 - (10) successfully completed an examination administered by the committee on the statutes and regulations regarding physician assistant practice and supervision.
- (B) A limited license is not renewable and is valid only until the results of a limited licensee's two consecutive NCCPA certifying examinations are reported to the board. When a limited licensee has failed two consecutive NCCPA certifying examinations, or fails one exam and does not take the NCCPA certifying examination at the next opportunity or, after applying for a limited license, fails to register for the next offering of the examination, the limited license immediately is void and the applicant is no longer eligible to apply for further limited licensure.
- (C) The supervising physician of a limited licensee physically must be present on the premises at all times when the limited licensee is performing a task. No on-the-job training or task not listed on the application may be approved for a limited license holder."

HISTORY: Amended by 2006 Act No. 244, § 5; Added by 2000 Act No. 359, § 1, eff June 6, 2000.

§ 40-47-955. Scope of physician assistant's practice; physical presence requirements of supervising physician; practices in separate locations; granting of exceptions.

- (A) The supervising physician is responsible for all aspects of the physician assistant's practice. Supervision must be continuous but must not be construed as necessarily requiring the physical presence of the supervising physician at the time and place where the services are rendered, except as otherwise required for limited licensees. The supervising physician shall identify the physician assistant's scope of practice and determine the delegation of medical acts, tasks, or functions. Medical acts, tasks, or functions must be defined in approved written guidelines which must be appropriate to the physician assistant's ability and knowledge.
- (B) In an on-site practice setting, the supervising physician or alternate supervising physician physically must be present at the same location as the physician assistant at least seventy-five percent of the time each month the physician assistant is providing services at the same location as the supervising physician or alternate supervising physician. The physician assistant may not provide services in the absence of the supervising physician or alternate supervising physician for more than seven consecutive days each month without the prior written approval of the board. The board may grant in writing exceptions to the seventy-five percent direct supervision requirement provided for in this subsection.
- (C) For off-site practice, a physician assistant must have six months of clinical experience with the current supervising physician before being permitted to practice at a location off site from the supervising physician, except that a physician assistant who has at least two years continuous practice in South Carolina in the same specialty will be permitted to practice at a location off site from the supervising physician after three months clinical experience with the supervising physician and upon request of the supervising physician. This three-month requirement may be waived for experienced physician assistants and supervisors upon recommendation of the committee and approval by the board. The off-site location may not be more than forty-five miles or sixty minutes travel time from the supervising physician or

alternate supervising physician without written approval of the board. The supervising physician or alternate supervising physician must be physically present at the off-site location not less than twenty percent of the time each month the physician assistant is providing services there. Notice of off-site practice must be filed with the administrative staff of the board before off-site practice may be authorized. The supervising physician or alternate must review, initial, and date the off-site physician assistant's charts not later than five working days from the date of service if not sooner as proportionate to the acuity of care and practice setting.

(D) A supervising physician may not supervise more than two physician assistants.

(E) Upon written request, and recommendation of the committee, the board may authorize exceptions to the requirements of this section.

HISTORY: Amended by 2006 Act No. 244, § 6; Added by 2000 Act No. 359, § 1, eff June 6, 2000.

§ 40-47-960. Scope of practice guidelines; signature and filing requirements; contents.

A physician assistant practicing at all sites shall practice pursuant to written scope of practice guidelines signed by all supervisory physicians and the physician assistant. Copies of the guidelines must be on file at all practice sites. The guidelines shall include at a minimum the:

- (1) name, license number, and practice addresses of all supervising physicians;
- (2) name and practice address of the physician assistant;
- (3) date the guidelines were developed and dates they were reviewed and amended;
- (4) medical conditions for which therapies may be initiated, continued, or modified;
- (5) treatments that may be initiated, continued, or modified;
- (6) drug therapy, if any, that may be prescribed with drug-specific classifications; and
- (7) situations that require direct evaluation by or immediate referral to the physician.

HISTORY: Added by 2000 Act No. 359, § 1, eff June 6, 2000.

§ 40-47-965. Requirements for writing prescriptions for drugs and devices.

(A) If the written scope of practice guidelines authorizes the physician's assistant to prescribe drug 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 by the physician assistant and must bear the physician assistant's identification number as assigned by the board and all prescribing numbers required by law. The preprinted prescription form shall include both the physician assistant's and physician's name, address, and phone number and shall comply with the provisions of Section 39-24-40;
- (4) drugs or devices prescribed must be specifically documented in the patient record;
- (5) the physician assistant may request, receive, and sign for professional samples of drugs authorized in the written scope of practice guidelines, except for controlled substances in Schedule II, and may distribute professional samples to patients in compliance with appropriate federal and state regulations and the written scope of practice guidelines.

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

- (1) the physician assistant shall provide evidence of completion of sixty contact hours of education in pharmacotherapeutics acceptable to the board before application;

(2) the physician assistant shall provide at least fifteen contact hours of education in controlled substances acceptable to the board;

(3) every two years, the physician assistant shall provide documentation of four continuing education contact hours in prescribing controlled substances acceptable to the board; and

(4) the physician assistant and supervising physician must read and sign a document approved by the board describing the management of expanded controlled substances prescriptive authority for physician assistants in South Carolina which must be kept on file for review. Within the two-year period, the physician assistant and the supervising physician periodically shall review this document and the physician assistant's prescribing practices to ensure proper prescribing procedures are followed. This review must be documented in writing with a copy kept at each practice site.

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

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

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

(3) violates a state or federal law applicable to physician assistants.

HISTORY: Amended by 2006 Act No. 244, § 7; Added by 2000 Act No. 359, § 1, eff June 6, 2000.

§ 40-47-970. Limitations on permissible tasks for physician assistant's.

A physician assistant may not:

(1) perform a medical act, task, or function which has not been listed and approved on the scope of practice guidelines;

(2) prescribe drugs, medications, or devices not specifically authorized by the supervising physician and documented in the written scope of practice guidelines;

(3) prescribe, under any circumstances, controlled substances in Schedule II;

(4) perform a medical act, task, or function that is outside the usual practice of the supervising physician.

HISTORY: Amended by 2006 Act No. 244, § 8; Added by 2000 Act No. 359, § 1, eff June 6, 2000.

§ 40-47-975. On-the-job training requests.

A physician who has supervised a licensed physician assistant for a period of at least six months, or a physician assistant who has been licensed for at least one year, may request on-the-job training for the physician assistant. A request for on-the-job training must be submitted to the board in writing and shall describe in detail the additional training and additional tasks involved.

HISTORY: Added by 2000 Act No. 359, § 1, eff June 6, 2000.

§ 40-47-980. Treatment of patients in chronic care and long-term care facilities.

In the treatment of patients in chronic care and long-term care facilities including, but not limited to, nursing homes or chronic dialysis units, the supervising physician must conduct the initial patient visit. Thereafter, the physician supervisor or alternate physician supervisor must see the patient every six months for routine evaluation.

HISTORY: Amended by 2006 Act No. 244, § 9; Added by 2000 Act No. 359, § 1, eff June 6, 2000.

§ 40-47-985. Inspection of office or facility employing physician assistant.

The board or a person designated by the board may make unscheduled inspections of any office or facility employing a physician assistant.

HISTORY: Added by 2000 Act No. 359, § 1, eff June 6, 2000.

§ 40-47-990. Identification as physician assistant; badge size and content.

A physician assistant must clearly identify himself or herself as a physician assistant to ensure that the physician assistant is not mistaken or misrepresented as a physician. A physician assistant shall wear a clearly legible identification badge or other adornment at least one inch by three inches in size bearing the physician assistant's name and the words "Physician Assistant".

HISTORY: Added by 2000 Act No. 359, § 1, eff June 6, 2000.

§ 40-47-995. Termination of supervisory relationship; notice to board.

If the supervisory relationship between a physician assistant and the supervising physician is terminated for any reason, the physician assistant and the supervising physician shall inform the board immediately in writing of the termination, including the reasons for the termination. The approval of the practice setting terminates coterminous with the termination of the relationship, and practice shall cease until a new application is submitted by a supervising physician and is approved by the board.

HISTORY: Added by 2000 Act No. 359, § 1, eff June 6, 2000.

§ 40-47-1000. Unlicensed person holding himself out as physician assistant; penalty; investigation; desist and refrain order; injunction; privileged communications; due process rights of respondent protected.

(A) It is unlawful for a person who is not licensed under this article to hold himself out as a physician assistant. A person who holds himself out as a physician assistant 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) 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) 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 of Chapter 23 of 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) Investigations and disciplinary proceedings under this article must be conducted in accordance with the provisions of Article 1.

(E) 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.

HISTORY: Amended by 2006 Act No. 244, § 10; Added by 2000 Act No. 359, § 1, eff June 6, 2000.

§ 40-47-1005. Misconduct mandating revocation or denial of license.

Misconduct constituting grounds for revocation, suspension, probation, reprimand, restrictions, or denial of a license must be found when a physician assistant:

- (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 physician assistant scope of practice guidelines;
- (4) misuses alcohol or drugs to such a degree to render him or her unfit to practice as a physician assistant;
- (5) has been convicted of a felony or a crime involving moral turpitude or drugs;
- (6) has sustained any physical or mental disability which renders further practice dangerous to the public;
- (7) has engaged in any dishonorable or unethical conduct that is likely to deceive or harm patients;
- (8) has used or made any false or fraudulent statement in any document connected with practice or licensure as a physician assistant;
- (9) has obtained or assisted another person in obtaining fees under dishonorable, false, or fraudulent circumstances;
- (10) has violated or conspired with another person to violate any provision of this article; or
- (11) otherwise demonstrates a lack of the ethical or professional competence required to act as a physician assistant.

HISTORY: Added by 2000 Act No. 359, § 1, eff June 6, 2000.

§ 40-47-1010. Renewal of license.

A license issued pursuant to this chapter may be renewed biennially or as otherwise provided by the board and department. A person who has not demonstrated continuing education, as required by this article, is not eligible for issuance or renewal of an authorization to practice.

HISTORY: Amended by 2006 Act No. 244, § 11; Added by 2000 Act No. 359, § 1, eff June 6, 2000.

§ 40-47-1015. Fees for licensure.

(A) Fees for physician assistant licensure are established as follows:

- (1) initial licensing fee, not to exceed five hundred dollars;
- (2) renewal of license fee, not to exceed one hundred and fifty dollars;
- (3) late renewal fee, not to exceed the renewal fee doubled;
- (4) reactivation application fee, not to exceed two hundred dollars;
- (5) change in supervisor fee, not to exceed one hundred and fifty dollars;
- (6) additional primary supervisor for dual employment fee, not to exceed one hundred and fifty dollars.

(B) Fees may be adjusted biennially pursuant to Section 40-1-50 to ensure that they are sufficient but not excessive to cover expenses including the total of the direct and indirect costs to the State for the operations of the committee

HISTORY: Amended by 2006 Act No. 244, § 12; Added by 2000 Act No. 359, § 1, eff June 6, 2000.

§ 40-47-1020. Third party reimbursement to physician assistant.

Nothing in this article may be construed to require third party reimbursement directly to a physician assistant for services rendered.

HISTORY: Added by 2000 Act No. 359, § 1, eff June 6, 2000.