~~Indicates Matter Stricken~~

Indicates New Matter

COMMITTEE REPORT

March 6, 2018

**S. 345**

Introduced by Senators Davis, McElveen, Scott and Fanning

S. Printed 3/6/18--S.

Read the first time February 1, 2017.

**THE COMMITTEE ON MEDICAL AFFAIRS**

To whom was referred a Bill (S. 345) to amend the Code of Laws of South Carolina, 1976, by adding Section 40‑33‑55 so as to provide certain nursing professionals may provide noncontrolled prescription drugs at, etc., respectfully

**REPORT:**

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

Amend the bill, as and if amended, by deleting all after the enacting words and inserting:

/ SECTION 1. Section 40‑33‑20 of the 1976 Code is amended to read:

“Section 40‑33‑20. In addition to the definitions provided in Section 40‑1‑20, for purposes of this chapter:

(1) ‘Accreditation’ means official authorization or status granted by an agency other than a state board of nursing.

(2) ‘Active license’ means the status of a license that has been renewed for the current period and authorizes the licensee to practice nursing in this State.

(3) ‘Additional acts’ means activities performed by a nurse that expand the scope of practice, as established in law. The following must be submitted in writing to the board for approval before a nurse implements additional acts:

(a) additional activity being requested;

(b) statement with rationale as to how the activity will improve client outcomes;

(c) documentation based on the literature review to support the nurse’s performing the additional activity;

(d) qualification requirements, including educational background and experience needed;

(e) special training required, including theory and clinical practice. A nurse must successfully complete a course of ‘special education and training’ acceptable to the board to perform additional acts;

(f) evaluation and follow‑up procedures.

Additional acts that constitute ~~delegated~~ medical acts must be agreed to jointly by both the Board of Nursing and the Board of Medical Examiners ~~and must be promulgated by the Board of Nursing in regulation~~.

(4) ‘Administration of medications’ means 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; observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy; intervening when emergency care is required as a result of drug therapy; appropriately instructing the patient regarding the medication; recognizing accepted prescribing limits and reporting deviations to the prescribing nurse practitioner, certified nurse‑midwife, or clinical nurse specialist, physician, dentist, or other authorized licensed provider.

(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. ~~In addition to those~~ An APRN may perform those activities considered the practice of registered nursing~~,~~ or advance practice consisting of nonmedical acts such as managing population health; quality improvement or research projects within a healthcare system; and analysis of data and corresponding system recommendations, revisions, developments, or informatics. An APRN may also perform ~~delegated~~ specified medical acts pursuant to a practice agreement as defined in item (21).

(6) ‘Agreed to jointly’ means the agreement by the Board of Nursing and Board of Medical Examiners on ~~delegated~~ medical acts which nurses perform and which ~~are promulgated by the Board of Nursing in regulation~~ must be set out in a practice agreement as defined in item (21).

(7) ‘Ancillary services’ means services associated with the basic services provided to an individual in need of in‑home care who needs one or more of the basic services and includes:

(a) homemaker‑type services, including shopping, laundry, cleaning, and seasonal chores;

(b) companion‑type services, including transportation, letter writing, reading mail, and escorting; and

(c) assistance with cognitive tasks, including managing finances, planning activities, and making decisions.

(8) ‘Approval’ means the process by which the board evaluates nursing education programs, which must meet established uniform and reasonable standards.

(9) ‘Approved written guidelines’ means specific statements developed by a certified registered nurse anesthetist and a supervising licensed physician or dentist or by the medical staff within the facility where practice privileges have been granted.

(~~10)~~ ~~‘Approved written protocols’ means specific statements developed collaboratively by a physician or the medical staff and a NP, CNM, or CNS that establishes physician delegation for medical aspects of care, including the prescription of medications.~~

~~(11)~~ ‘Attendant care services’ means those basic and ancillary services that enable an individual in need of in‑home care to live in the individual’s home and community rather than in an institution and to carry out functions of daily living, self‑care, and mobility.

(~~12~~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 in treating patients.

(~~13~~12) ‘Basic services’ includes:

(a) getting in and out of a bed, wheelchair, motor vehicle, or other device;

(b) assistance with routine bodily functions including health maintenance activities, bathing and personal hygiene, dressing and grooming, and feeding, including preparation and cleanup.

(~~14~~13) ‘Board’ means the State Board of Nursing for South Carolina.

(~~15~~14) ‘Board‑approved credentialing organization’ means an organization that offers a certification examination in a specialty area of nursing practice, establishes scope and standards of practice statements, and provides a mechanism for evaluating continuing competency in a specialized area of nursing practice which has been approved by the board.

(~~16~~15) ‘Business days’ means every day except Saturdays, Sundays, and legal holidays.

(~~17~~16) ‘Cancellation’ means the withdrawal or invalidation of an authorization to practice that was issued to an ineligible person either in error or based upon a false, fraudulent, or deceptive representation in the application process.

(~~18~~17) ‘Certification’ of a registered nurse means approval by an established body, other than the board, but recognized by the board, that recognizes the unique, minimal requirements of specialized areas of nursing practice. Certification requires completion of a recognized formal program of study and specialty board examination, if the specialty board exists, and certification of competence in nursing practice by the certifying agency.

(~~19~~18) ‘Certified Nurse‑Midwife’ or ‘CNM’ means an advanced practice registered nurse who holds a master’s degree in the specialty area ~~and provides nurse‑midwifery~~, maintains certification by the American Midwifery Certification Board, and is trained to provide management of women’s health care~~, focusing particularly on pregnancy, childbirth, postpartum, care of the newborn, family planning, and gynecological needs of women~~ for women 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.

(~~20~~19) ‘Certified Registered Nurse Anesthetist’ or ‘CRNA’ means an advanced practice registered nurse who:

(a) has successfully completed an advanced, organized formal CRNA education program at the master’s level accredited by the national accrediting organization of this specialty area and that is recognized by the board;

(b) is certified by a board‑approved national certifying organization; and

(c) demonstrates advanced knowledge and skill in the delivery of anesthesia services.

A CRNA must practice in accordance with approved written guidelines developed under supervision of a licensed physician or dentist or approved by the medical staff within the facility where practice privileges have been granted.

(~~21~~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 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 ~~delegated~~ medical acts is required to have physician support and to practice ~~within approved written protocols~~ pursuant to a practice agreement. A CNS who does not perform ~~delegated~~ medical acts is not required to have physician support or to practice ~~within approved written protocols~~ pursuant to a practice agreement as provided in Section 40‑33‑34.

(21) ‘Practice agreement’ means a written agreement developed by an APRN (NP, CNM, or CNS) and a physician or medical staff who agrees to work with and to support the APRN which establishes the medical aspects of care, including the prescribing of medications, to be provided by the APRN. The practice agreement must contain mechanisms that allow for the physician to ensure that quality of clinical care and patient safety is maintained in accordance with State and federal laws as well as all applicable Board of Nursing and Board of Medical Examiners rules and regulations. The practice agreement must comply with Section 40‑33‑34. A CNM also may practice pursuant to written policies and procedures for practice developed and agreed to with a physician who is board certified or board eligible by the American College of Obstetricians and Gynecologist. The written policies and procedures, which must address medical aspects of care including prescriptive authority, constitute the practice agreement for purposes of compliance with Section 40‑33‑34. The written policies and procedures also must contain transfer policies and the details of an on‑call agreement with the physician with whom the policies and procedures were developed and agreed to. That physician may designate another physician to be the on‑call physician if necessary. The on‑call physician must be available to the CNM to provide medical assistance either in person, by telecommunications, or by other electronic means.

(22) ‘Competence’ means the ability of a licensed nurse to perform safely, skillfully, and proficiently the functions within the role of the licensee. The role encompasses the possession and interrelation of essential knowledge, judgment, attitudes, values, skills, and abilities, which are varied and range in complexity. Competence is a dynamic concept, changing as the licensed nurse achieves a higher stage of development, responsibility, and accountability within the role.

(23) ~~‘Delegated medical acts’ means additional acts delegated by a physician or dentist to the NP, CNM, or CNS and may include formulating a medical diagnosis and initiating, continuing, and modifying therapies, including prescribing drug therapy, under approved written protocols as provided in Section 40‑33‑34. Delegated medical acts must be agreed to jointly by both the Board of Nursing and the Board of Medical Examiners. Delegated medical acts must be performed under the general supervision of a physician or dentist who must be readily available for consultation.~~

~~(24)~~ ‘Delivering’ means the act of handing over to a patient medications as ordered by an authorized licensed provider and prepared by an authorized licensed provider.

(~~25~~24) ‘Dentist’ means a dentist licensed by the South Carolina Board of Dentistry.

(~~26~~25) ‘Entity’ means a sole proprietorship, partnership, limited liability partnership, limited liability corporation, association, joint venture, cooperative, company, corporation, or other public or private legal entity authorized by law.

(~~27~~26) ‘Expanded role’ of a registered nurse means a process of diffusion and implies multi‑directional change. Expansion, as a process of role change, is undertaken to fill perceived needs in the health care system, and also to project new components or systems of health care. The authority base for practice from which the expanded role emanates is the body of knowledge that constitutes a nurse’s preparation for practice. The expanded role of a registered nurse requires specialized knowledge, judgment, and skill, but does not require or permit medical diagnosis or medical prescription of therapeutic or corrective measures. The expanded role of a licensed practical nurse with special education and training includes performing delegated professional nursing activities, as authorized by the board under the direction and supervision of a registered nurse, but does not authorize violation of state law pertaining to medical or pharmacy practice.

(~~28~~27) ‘Graduate Registered Nurse Anesthetist’ or ‘ GRNA’ means a new graduate of an advanced organized formal education program for nurse anesthetists accredited by the national accrediting organization who must achieve certification within one year of graduation of program completion.

(~~29~~28) ‘Graduate Registered Nurse‑Midwife’ or ‘GRNM’ means a new graduate of an advanced organized formal education program for nurse‑midwives accredited by the national accrediting organization. A ~~GRNA~~ GRNM is required to become certified within one year of graduation or program completion.

(~~30~~29) ‘Health maintenance activities’ include, but are not limited to, catheter irrigation, administration of medications, enemas and suppositories, and wound care, if these activities could be performed by an individual if the individual were physically and mentally capable.

(~~31~~30) ‘Inactive license’ means the official temporary retirement of a person’s authorization to practice nursing upon the person’s notice to the board that the person does not plan to practice nursing or the status of a license that does not currently authorize a licensee to practice nursing in this State.

(~~32~~31) ‘Incompetence’ means the failure of a nurse to demonstrate and apply the knowledge, skill, and care that is ordinarily possessed and exercised by other nurses of the same licensure status and required by the generally accepted standards of the profession. Charges of incompetence may be based upon a single act of incompetence or upon a course of conduct or series of acts or omissions that extend over a period of time and that, taken as a whole, demonstrate incompetence. It is not necessary to show that actual harm resulted from the act or omission or series of acts or omissions if the conduct is such that harm could have resulted to the patient or to the public from the act or omission or series of acts or omissions.

(~~33~~32) ‘Individual in need of in‑home care’ means a functionally disabled individual in need of attendant care services because of impairment who requires assistance to complete functions of daily living, self‑care, and mobility, including attendant care services.

(~~34~~33) ‘Lapsed license’ means the termination of a person’s authorization to practice nursing due to the person’s failure to renew his or her nursing license within the renewal period.

(~~35~~34) ‘Letter of caution’ means a written caution or warning about past or future conduct issued when it is determined that no misconduct has been committed or that only minor misconduct not warranting the imposition of a sanction has been committed. The issuance of a letter of caution is not a form of discipline and does not constitute a finding of misconduct unless the letter of caution specifically states that misconduct has been committed. The fact that a letter of caution has been issued must not be considered in a subsequent disciplinary proceeding against a person authorized to practice unless the caution or warning contained in the letter of caution is relevant to the misconduct alleged in the proceedings.

(~~36~~35) ‘License’ means a current document issued by the board authorizing a person to practice as an advanced practice registered nurse, a registered nurse, or a licensed practical nurse.

(~~37~~36) ‘Licensed Practical Nurse’ or ‘LPN’ means a person to whom the board has issued an authorization to practice as a licensed practical nurse.

(37) ‘Medical staff’ means licensed physicians who are approved and credentialed to provide health care to patients in a hospital system or a facility that provides health care.

(38) ‘Misconduct’ means:

(a) a violation of any of the provisions of this chapter or regulations promulgated by the board pursuant to this chapter; or

(b) a violation of any of the principles of nursing ethics as adopted by the board or incompetence or unprofessional conduct.

(39) ‘NCLEX’ means the National Council Licensure Examination for Registered Nurses or Licensed Practical Nurses.

(40) ‘Nurse’ means a person licensed as an advanced practice registered nurse, registered nurse, or licensed practical nurse pursuant to this chapter.

(41) ‘Nurse Practitioner’ or ‘NP’ means a registered nurse who has completed an advanced formal 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 ~~delegated~~ medical acts must ~~have a supervising physician or dentist who is readily available for consultation and shall operate within the approved written protocols~~ do so pursuant to a practice agreement as defined in item (21).

(42) ‘Nursing diagnosis’ means a clinical judgment about a person, family, or community that is derived through a nursing assessment and the standard nursing taxonomy.

(43) ‘Orientation’ means any introductory instruction into a new practice environment or employment situation where being a nurse is a requirement of employment or where the individual uses any title or abbreviation indicating that the individual is a nurse. Orientation is considered the practice of nursing in this State.

(44) ‘Person’ means a natural person, male or female.

(45) ‘Physician’ means a physician licensed by the South Carolina Board of Medical Examiners who possesses an active, unrestricted, permanent license to practice medicine in this State and who actively is practicing within the geographic boundaries of this State.

(46) ‘Practice of nursing’ means the provision of services for compensation, except as provided in this chapter, that assists persons and groups to obtain or promote optimal health. Nursing practice requires the use of nursing judgment. Nursing judgment is the logical and systematic cognitive process of identifying pertinent information and evaluating data in the clinical context in order to produce informed decisions, which guide nursing actions. Nursing practice is provided by advanced practice registered nurses, registered nurses, and licensed practical nurses. The scope of nursing practice varies and is commensurate with the educational preparation and demonstrated competencies of the person who is accountable to the public for the quality of nursing care. Nursing practice occurs in the state in which the recipient of nursing services is located at the time nursing services are provided.

(47) ‘Practice of practical nursing’ means the performance of health care acts that require knowledge, judgment, and skill and must be performed under the supervision of an advanced practice registered nurse, registered nurse, licensed physician, licensed dentist, or other practitioner authorized by law to supervise LPN practice. The practice of practical nursing includes, but is not limited to:

(a) collecting health care data to assist in planning care of persons;

(b) administering and delivering medications and treatments as prescribed by an authorized licensed provider;

(c) implementing nursing interventions and tasks;

(d) providing basic teaching for health promotion and maintenance;

(e) assisting in the evaluation of responses to interventions;

(f) providing for the maintenance of safe and effective nursing care rendered directly or indirectly;

(g) participating with other health care providers in the planning and delivering of health care;

(h) delegating nursing tasks to qualified others;

(i) performing additional acts that require special education and training and that are approved by the board including, but not limited to, intravenous therapy and other specific nursing acts and functioning as a charge nurse.

(48) ‘Practice of registered nursing’ means the performance of health care acts in the nursing process that involve assessment, analysis, intervention, and evaluation. This practice requires specialized independent judgment and skill and is based on knowledge and application of the principles of biophysical and social sciences. The practice of registered nursing includes, but is not limited to:

(a) assessing the health status of persons and groups;

(b) analyzing the health status of persons and groups;

(c) establishing outcomes to meet identified health care needs of persons and groups;

(d) prescribing nursing interventions to achieve outcomes;

(e) implementing nursing interventions to achieve outcomes;

(f) administering and delivering medications and treatments prescribed by an authorized licensed provider;

(g) delegating nursing interventions to qualified others;

(h) providing for the maintenance of safe and effective nursing care rendered directly or indirectly;

(i) providing counseling and teaching for the promotion and maintenance of health;

(j) evaluating and revising responses to interventions, as appropriate;

(k) teaching and evaluating the practice of nursing;

(l) managing and supervising the practice of nursing;

(m) collaborating with other health care professionals in the management of health care;

(n) participating in or conducting research, or both, to enhance the body of nursing knowledge;

(o) consulting to improve the practice of nursing; and

(p) performing additional acts that require special education and training and that are approved by the board.

(49) ‘Private reprimand’ means a statement by the board that a violation was committed by a person authorized to practice which has been declared confidential and which is not subject to disclosure as a public document.

(50) ‘Probation’ means the issuance of an authorization to practice with terms and conditions imposed by the board. The holder of the authorization to practice on probation may petition the board for reinstatement to full, unrestricted practice upon compliance with all terms and conditions imposed by the board.

(51) ‘Public reprimand’ means a publicly available statement of the board that a violation was committed by a person authorized to practice.

(52) ‘Readily available’ means the physician or medical staff who enters into a practice agreement with an APRN (NP, CNM, CNS) must be ~~in near proximity and is~~ able to be contacted either in person or by telecommunications or other electronic means to provide consultation and advice to the ~~nurse practitioner, certified nurse‑midwife, or clinical nurse specialist~~ APRN performing ~~delegated~~ medical acts. ~~When application is made for more than three NP’s, CNM’s, or CNS’s to practice with one physician, or when a NP, CNM, or CNS is performing delegated medical acts in a practice site greater than forty‑five miles from the physician, the Board of Nursing and Board of Medical Examiners shall each review the application to determine if adequate supervision exists.~~

(53) ‘Registered Nurse’ means a person to whom the board has issued an authorization to practice as a registered nurse.

(54) ‘Restriction’ means a limitation on the activities in which a licensee may engage under an authorization to practice, including revocation, suspension, or probation.

(55) ‘Revocation’ means the cancellation or withdrawal of a license or other authorization issued by the board either permanently or for a period specified by the board before the person is eligible to reapply. A person whose license or other authorization has been permanently revoked by the board is permanently ineligible for a license or other authorization of any kind from the board.

(56) ‘Special education and training’ means an organized advanced course of study acceptable to the board, required to expand a nurse’s scope of practice. This educational training must be completed after graduation from one’s basic nursing education program and includes both theory and clinical practice.

(57) ‘Supervision’ means the process of critically observing, directing, and evaluating another’s performance.

(58) ‘Suspension’ means the temporary withdrawal of authorization to practice for either a definite or indefinite period of time ordered by the board. The holder of a suspended authorization to practice may petition the board for reinstatement to practice upon compliance with all terms and conditions imposed by the board.

(59) ‘State or jurisdiction in this country’ means a state of the United States or the District of Columbia and does not include a territory or dependency of the United States.

(60) ‘Temporary permit’ means a current time‑limited document that authorizes the practice of nursing at the level for which one is seeking licensure.

(61) ‘Underserved or rural area’ means an area determined by a federal or state agency authorized to determine such a designation.

(62) ‘Underserved population’ means a population residing in a rural or urban area, which includes, but is not limited to:

(a) persons receiving Medicaid, Medicare, Department of Health and Environmental Health care, or free clinic care;

(b) those residing in long‑term care settings or receiving care from a licensed hospice;

(c) those in institutions including, but not limited to, incarceration institutions and mental health institutions; and

(d) persons including, but not limited to, the homeless, HIV patients, children, women, the economically disadvantaged, the uninsured, the underinsured, developmentally disabled, medically fragile, mentally ill, migrants, military persons and their dependents, and veterans and their dependents.

(~~61~~63) ‘Unlicensed assistive personnel’ or ‘UAP’ are persons not currently licensed by the board as nurses who perform routine nursing tasks that do not require a specialized knowledge base or the judgment and skill of a licensed nurse. Nursing tasks performed by a UAP must be performed under the supervision of an advanced practice registered nurse, registered nurse, or selected licensed practical nurse.

(~~62~~64) ‘Unprofessional conduct’ means acts or behavior that fail to meet the minimally acceptable standard expected of similarly situated professionals including, but not limited to, conduct that may be harmful to the health, safety, and welfare of the public, conduct that may reflect negatively on one’s fitness to practice nursing, or conduct that may violate any provision of the code of ethics adopted by the board or a specialty.

(~~63~~65) ‘Voluntary surrender’ means the invalidation of a nursing license at the time of its surrender and thereafter. A person whose license is voluntarily surrendered may not practice nursing or represent oneself to be a nurse until the board takes action.

(~~64~~66) ‘Volunteer license’ means authorization of a retired nurse to provide nursing services to others through an identified charitable organization without remuneration.”

SECTION 2. Section 40‑33‑34 of the 1976 Code is amended to read:

“Section 40‑33‑34. (A) An advanced practice registered nurse applicant shall furnish evidence satisfactory to the board that the applicant:

(1) has met all qualifications for licensure as a registered nurse; and

(2) holds current specialty certification by a board‑approved credentialing organization. New graduates shall provide evidence of certification within one year of program completion; however, psychiatric clinical nurse specialists shall provide evidence of certification within two years of program completion; and

(3) has earned a minimum of a master’s degree from an accredited college or university, except for those applicants who:

(a) provide documentation as requested by the board that the applicant was graduated from an advanced, organized formal education program appropriate to the practice and acceptable to the board before December 31, 1994; or

(b) graduated before December 31, 2003, from an advanced, organized formal education program for nurse anesthetists accredited by the national accrediting organization of that specialty. ~~CRNA’s~~ CRNAs who graduate after December 31, 2003, must graduate with a master’s degree from a formal CRNA education program for nurse anesthetists accredited by the national accreditation organization of the CRNA specialty. An advanced practice registered nurse must achieve and maintain national certification, as recognized by the board, in an advanced practice registered nursing specialty;

(4) has paid the board all applicable fees; and

(5) has declared specialty area of nursing practice and the specialty title to be used must be the title which is granted by the board‑approved credentialing organization or the title of the specialty area of nursing practice in which the nurse has received advanced educational preparation.

(B) An APRN is subject, at all times, to the scope and standards of practice established by the board‑approved credentialing organization representing the specialty area of practice and shall function within the scope of practice of this chapter and must not be in violation of Chapter 47.

(C)~~(1)~~ A licensed nurse practitioner, certified nurse‑midwife, or clinical nurse specialist must provide evidence of ~~approved written protocols~~ a practice agreement, as provided in this section. A licensed NP, CNM, or CNS must spend a portion of their 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 ~~delegated~~ medical acts must do so ~~under the general supervision of a licensed~~ pursuant to a practice agreement with a physician ~~or dentist~~ who must be readily available for consultation.

~~(2)~~ ~~When application is made for more than three NP’s, CNM’s, or CNS’s to practice with one physician or when a NP, CNM, or CNS is performing delegated medical acts in a practice site greater than forty‑five miles from the supervising physician, the Board of Nursing and Board of Medical Examiners shall each review the application to determine if adequate supervision exists.~~

(D)(1) ~~Delegated~~ Medical acts performed by a nurse practitioner~~, certified nurse‑midwife,~~ or clinical nurse specialist must be performed pursuant to ~~an approved written protocol~~ a practice agreement between the nurse and the physician ~~and~~ or medical staff. The practice agreement must include, but is not limited to:

(a) ~~this~~ 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 ~~protocol was developed~~ practice agreement was entered into and dates the ~~protocol~~ practice agreement was reviewed and amended; and

(v) description of how consultation with the physician is provided and provision for backup consultation ~~in~~ if the ~~physician’s absence~~ physician is unavailable; and

(b) ~~this~~ the following information for ~~delegated~~ medical acts:

(i) ~~the~~ medical conditions for which therapies may be initiated, continued, or modified;

(ii) ~~the~~ treatments that may be initiated, continued, or modified;

(iii) ~~the~~ 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 his 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 and sign death certificates;

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

(f) issue a certificate that certifies that an individual is handicapped, and whether the handicap is temporary or permanent, for purposes of the individual’s application for a placard.

(3) The original ~~protocol~~ practice agreement and any amendments to ~~the protocol~~ 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 ~~protocols~~ a practice agreement upon request of the board is considered misconduct and subjects the licensee to disciplinary action. A random audit of a~~pproved written protocols~~ practice agreements must be conducted by the board at least biennially.

(~~3~~4) Licensees who change practice settings or physicians shall notify the board of the change within fifteen business days and provide verification of ~~approved written protocols~~ a practice agreement. NP’s, CNM’s, and CNS’s who discontinue their practice shall notify the board within fifteen business days.

(E)(1) ~~A~~ An NP, CNM, or CNS who applies for prescriptive authority:

(a) must be licensed by the board as a nurse practitioner, certified nurse‑ midwife, or clinical nurse specialist;

(b) shall submit a completed application on a form provided by the board;

(c) shall submit the required fee;

(d) shall provide evidence of completion of forty‑five contact hours of education in pharmacotherapeutics acceptable to the board, within two years before application or during the time of the organized educational program shall provide evidence of prescriptive authority in another state meeting twenty hours in pharmacotherapeutics acceptable to the board, within two years before application;

(e) shall provide at least fifteen hours of education in controlled substances acceptable to the board as part of the twenty hours required for prescriptive authority if the NP, CNM, or CNS has equivalent controlled substance prescribing authority in another state;

(f) shall provide at least fifteen hours of education in controlled substances acceptable to the board as part of the forty‑five contact hours required for prescriptive authority if the NP, CNM, or CNS initially is applying to prescribe in Schedules II through V controlled substances.

(2) The board shall issue an identification number to the NP, CNM, or CNS authorized to prescribe medications. Authorization for prescriptive authority is valid for two years unless terminated by the board for cause. Initial authorization expires concurrent with the expiration of the Advanced Practice Registered Nurse license.

(3) Authorization for prescriptive authority must be renewed after the applicant meets requirements for renewal and provides documentation of twenty hours acceptable to the board of continuing education contact hours every two years in pharmacotherapeutics. For a NP, CNM, or CNS with controlled substance prescriptive authority, two of the twenty hours must be related to prescribing controlled substances.

(F)(1) Authorized prescriptions 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 and devices utilized to treat ~~common well‑defined~~ medical problems within the specialty field of the nurse practitioner or clinical nurse specialist, as ~~authorized by the physician and listed in the approved written protocols. The Board of Nursing, Board of Medical Examiners, and Board of Pharmacy jointly shall establish a listing of classifications of drugs that may be authorized by physicians and listed in approved written protocols~~ set out in the practice agreement;

(c) ~~do not include prescriptions for Schedule II controlled substances; however,~~ may prescribe Schedules III through V controlled substances ~~may be prescribed~~ if listed in the ~~approved written protocol~~ practice agreement and as authorized by Section 44‑53‑300;

(d) may prescribe 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 prescribe Schedule II narcotic substances if listed in the practice agreement and as authorized by Section 44‑53‑300; provided, however, that unless the prescription is written for patients in hospice or palliative care, it must not exceed a five‑day supply, and another prescription must not be written without the agreement of the physician with whom they have entered a practice agreement;

(f) may prescribe Schedule II narcotic substances for patients in hospice or palliative care 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) 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. The prescription form, if on paper, must include the name, address, and phone number of the NP, CNM, or CNS and physician and 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;

(~~e~~h) must be documented in the patient record of the practice and must be available for review and audit purposes.

(2) ~~A~~ An NP, CNM, or CNS who holds prescriptive authority may request, receive, and sign for professional samples~~, except for controlled substances in Schedule II,~~ and may distribute professional samples to patients as listed in the ~~approved written protocol~~ practice agreement, subject to federal and state regulations.

(G) Prescriptive authorization may be terminated by the board if ~~a~~ 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 ~~approved written protocols~~ practice agreement;

(4) violated a provision of Section 40‑33‑110; or

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

(H)(1) Nothing in this section may be construed to require a CRNA to obtain prescriptive authority to deliver anesthesia care.

(2) A CRNA shall practice pursuant to approved written guidelines developed with the supervising licensed physician or dentist or by the medical staff within the facility where practice privileges have been granted and must include, but are not limited to:

(a) the following general information:

(i) name, address, and South Carolina license number of the registered nurse;

(ii) name, address, and South Carolina license number of the supervising physician, dentist, or the physician director of anesthesia services or the medical director of the facility;

(iii) dates the guidelines were developed, and dates the guidelines were reviewed and amended;

(iv) physical address of the primary practice and any additional practice sites;

(b) these requirements for providing anesthesia services:

(i) documentation of clinical privileges in the institutions where anesthesia services are provided, if applicable;

(ii) copy of job description;

(iii) policies and procedures that outline the pre‑anesthesia evaluation, induction, intra‑operative maintenance, and emergence from anesthesia.

(iv) evidence of outcome evaluation for anesthesia services.

(3) The original and any amendments to the approved written guidelines must be reviewed at least annually, dated and signed by the CRNA and physician or dentist, and must be made available to the board for review within seventy‑two hours of request. Failure to produce the guidelines is considered misconduct and subjects the licensee to disciplinary action. A random audit of approved written guidelines must be conducted by the board at least biennially.

(4) A person who changes primary practice settings or physician or dentist shall notify the board of this change within fifteen business days and provide verification of approved written guidelines. A CRNA who discontinues his or her practice shall notify the board within fifteen business days.

(5) The physician or dentist responsible for the supervision of a CRNA must be identified on the anesthesia record before administration of anesthesia.”

SECTION 3. Section 40‑33‑110(A) of the 1976 Code is amended to read:

“(A) In addition to the grounds provided in Section 40‑1‑110, upon finding misconduct the board may cancel, fine, suspend, revoke, issue a public reprimand or a private reprimand, or restrict, including probation or other reasonable action such as requiring additional education and training, the authorization to practice of a person who has:

(1) violated a federal, state, or local law involving alcohol or drugs or committed an act involving a crime of moral turpitude. A conviction is not required to prove misconduct under this item. The board may receive evidence to reach an independent conclusion as to the commission of the violation; however, the determination may be used only in making the administrative decision regarding the proposed discipline;

(2) allowed another person to use the licensee’s authorization to practice;

(3) wilfully or repeatedly followed a course of conduct that, by reasonable professional or ethical standards, renders the licensee incompetent to assume, perform, or be entrusted with the duties, responsibilities, or trusts which normally devolve upon a licensed nurse;

(4) had a license to practice nursing in another state suspended or revoked or had other disciplinary action taken by another state; in which case, the action by another state creates a rebuttable presumption that a South Carolina nursing license may be acted upon similarly. The finding may be based solely upon the record in the other state, and there is no requirement for a de novo hearing on the facts established in that proceeding. Other evidence is admissible to support or rebut this presumption. The licensee must produce a copy of all transcripts, documents, orders, or other items from the other state’s proceedings upon request by the department. Failure to produce all requested items within ninety days of the request results in the immediate temporary suspension of the license until further order of the board;

(5) violated a provision of this chapter or a regulation or order of the board;

(6) failed to cooperate with an investigation or other proceeding of the board;

(7) failed to comply with a directive or order of the department or board;

(8) disseminated a patient’s health or personal information acquired during the course of practice to persons not entitled by law or hospital or agency policy to disclosure of this information;

(9) falsified or altered, for the purpose of reflecting incorrect or incomplete information, any organization’s records, including personnel records or patient records;

(10) misappropriated money, property, or drugs from an employer or patient;

(11) obtained or attempted to obtain a fee for patient service for one’s self or for another through fraud, misrepresentation, or deceit;

(12) wilfully aided, abetted, assisted, or hired an individual to violate a provision of this chapter or a regulation of the board;

(13) obtained, possessed, administered, or furnished prescription drugs to a person including, but not limited to, one’s self, except as directed by a person authorized by law to prescribe drugs;

(14) engaged in the practice of nursing when judgment or physical ability is impaired by alcohol, drugs, or controlled substances or has declined or been unsuccessful in accomplishing rehabilitation;

(15) sustained a physical or mental disability that renders further practice dangerous to the public;

(16) omitted, in a grossly negligent fashion, to record information concerning a patient that would be relevant to that patient’s condition;

(17) indicated the witnessing of wastage of narcotics or controlled substances on record when the wastage was not witnessed or failed to obtain a witness to the wastage of narcotics or controlled substances;

(18) failed to make or keep accurate, intelligible entries in records as required by law, policy, or standards for the practice of nursing;

(19) obtained, or attempted to obtain, a license to practice nursing for one’s self or for another through fraud, deceit, misrepresentation, or any other dishonesty in any phase of the licensing process including, but not limited to, the examination;

(20) practiced nursing without a valid, current South Carolina license or aided, abetted, or assisted another to practice nursing without a valid, current South Carolina license;

(21) practiced outside the scope of the license by assuming duties and responsibilities without adequate education as determined by the board;

(22) failed to report incompetent or unprofessional practice of a licensed nurse to the appropriate authorities, including the board;

(23) assigned unqualified persons to perform nursing care functions, tasks, or responsibilities or failed to effectively supervise persons to whom nursing functions are delegated or assigned;

(24) abandoned a patient after accepting the patient assignment and establishing a nurse‑patient relationship and disengaged the nurse‑patient relationship without giving reasonable notice to the appropriate personnel responsible for making arrangements for continuation of nursing care;

(25) failed to comply with best practice standards and recommendations to minimize transmission of infectious or communicable diseases;

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

(27) engaged in practice as an NP, CNS, or CNM without a compliant practice agreement as defined in Section 40‑33‑20(21).

(28) failed to follow or comply with the practice agreement as defined by Section 40‑33‑20(21); and

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

SECTION 4. Section 40‑47‑20 of the 1976 Code is amended to read:

“Section 40‑47‑20. In addition to the definitions provided in Section 40‑1‑20, as used in this chapter unless the context indicates otherwise:

(1) ‘Active license’ means the status of an authorization to practice that has been renewed for the current period and authorizes the licensee to practice in this State.

(2) ‘Administrative hearing officer’ means a physician designated by the board or director.

(3) ‘Adverse disciplinary action’ means a final decision by a United States or foreign licensing jurisdiction, a peer review group, a health care institution, a professional or medical society or association, or a court, which action was not resolved completely in the licensee’s favor.

(4) ‘Agreed to jointly’ means the agreement by the Board of Nursing and Board of Medical Examiners on ~~delegated~~ medical acts that nurses perform and that ~~are promulgated by the Board of Nursing in regulation~~ must be set out in a practice agreement as defined in item (11).

(5) ~~‘Approved written protocols’ means specific statements developed collaboratively by the physician or the medical staff and the advanced practice registered nurse (NP, CNM, or CNS) that establish physician delegation for medical aspects of care, including the prescription of medications.~~

~~(6)~~ ‘Approved written scope of practice guidelines’ means specific statements developed by a physician or the medical staff and a physician assistant that establish physician delegation for medical aspects of care, including the prescription of medications.

(~~7~~6) ‘Board’ means the State Board of Medical Examiners for South Carolina.

(~~8~~7) ‘Board‑approved credentialing organization’ means an organization that offers a certification examination in a specialty area of practice, establishes scope and standards of practice statements, and provides a mechanism approved by the board for evaluating continuing competency in a specialized area of practice.

(~~9~~8) ‘Business days’ means every day except Saturdays, Sundays, and legal holidays.

(~~10~~9) ‘Cancellation’ means the withdrawal or invalidation of an authorization to practice that was issued to an ineligible person either in error or based upon a false, fraudulent, or deceptive representation in the application process.

(~~11~~10) ‘Certification’ means approval by an established body, other than the board, but recognized by the board, that recognizes the unique, minimal requirements of specialized areas of practice. Certification requires completion of a recognized formal program of study and specialty board examination, if the specialty board exists, and certification of competence in practice by the certifying agency.

(11) ‘Practice agreement’ means a written agreement developed by an APRN (NP, CNM, or CNS) and a physician or medical staff who agrees to work with and to support the APRN which establishes the medical aspects of care, including the prescribing of medications, to be provided by the APRN. The practice agreement must contain mechanisms that allow for the physician to ensure that quality of clinical care and patient safety is maintained in accordance with State and federal laws as well as all applicable Board of Nursing and Board of Medical Examiners rules and regulations. The practice agreement must comply with Section 40‑33‑34. A CNM also may practice pursuant to written policies and procedures for practice developed and agreed to with a physician who is board certified or board eligible by the American College of Obstetricians and Gynecologists. The written policies and procedures, which must address medical aspects of care including prescriptive authority, constitute the practice agreement for purposes of compliance with Section 40‑33‑34. The written policies and procedures also must contain transfer policies and the details of an on‑call agreement with the physician with whom the policies and procedures were developed and agreed to. That physician may designate another physician to be the on‑call physician if necessary.  The on‑call physician must be available to the CNM to provide medical assistance either in person or by telecommunications or other electronic means.

(12) ‘Criminal history’ means a federal, state, or local criminal history of conviction or a pending charge or indictment of a crime, whether a misdemeanor or a felony, that bears upon a person’s fitness or suitability for an authorization to practice with responsibility for the safety and well‑being of others.

(13) ‘Delegated medical acts’ means additional acts delegated by a physician or dentist to a physician assistant, respiratory care practitioner, anesthesiologist’s assistant, or other practitioner authorized by law under approved written scope of practice guidelines or approved written protocols as provided by law in accordance with the applicable scope of professional practice. Delegated medical acts must be performed under the supervision of a physician or dentist who must be readily or immediately available for consultation in accordance with the applicable scope of professional practice. APRNs performing medical acts must practice pursuant to a practice agreement as defined in item (11).

(14) ~~‘Delegated medical acts to the APRN’ means additional acts delegated by a physician or dentist to the Advanced Practice Registered Nurse (NP, CNM, or CNS) which may include formulating a medical diagnosis and initiating, continuing, and modifying therapies, including prescribing drug therapy, under approved written protocols as provided in Section 40‑33‑34 and Section 40‑47‑195. Delegated medical acts to the APRN (NP, CNM, or CNS) must be agreed to jointly by both the Board of Nursing and the Board of Medical Examiners. Delegated medical acts to the APRN (NP, CNM, or CNS) must be performed under the general supervision of a physician or dentist who must be readily available for consultation.~~

~~(15)~~ ‘Dentist’ means a dentist licensed by the South Carolina Board of Dentistry.

(~~16~~15) ‘Disciplinary action’ means a final decision and sanction imposed at the conclusion of a disciplinary proceeding.

(~~17~~16) ‘Entity’ means a sole proprietorship, partnership, limited liability partnership, limited liability corporation, association, joint venture, cooperative, company, corporation, or other public or private legal entity authorized by law.

(~~18~~17) ‘Final decision’ means an order of the board that concludes a license application proceeding or formal disciplinary proceeding.

(~~19~~18) ‘Formal complaint’ means a formal written complaint charging misconduct by a respondent in violation of this chapter, Chapter 1 ~~of~~, Title 40, or any other provision of law.

(~~20~~19) ‘Immediately available’ for the purpose of supervising unlicensed personnel means being located within the office and ready for immediate utilization when needed.

(~~21~~20) ‘Inactive license’ means the official temporary retirement of a person’s authorization to practice upon the person’s notice to the board that the person does not wish to practice.

(~~22~~21) ‘Incompetence’ means the failure of a licensee to demonstrate and apply the knowledge, skill, and care that is ordinarily possessed and exercised by other practitioners of the same licensure status and required by the generally accepted standards of the profession. Charges of incompetence may be based upon a single act of incompetence or upon a course of conduct or series of acts or omissions that extend over a period of time and that, taken as a whole, demonstrate incompetence. It is not necessary to show that actual harm resulted from the act or omission or series of acts or omissions if the conduct is such that harm could have resulted to the patient or to the public from the act or omission or series of acts or omissions.

(~~23~~22) ‘Independent credentials verification organization’ means an entity approved by the board to provide primary source verification of an applicant’s identity, medical education, postgraduate training, examination history, disciplinary history, and other core information required for licensure in this State.

(~~24~~23) ‘Initial complaint’ means a brief statement that alleges misconduct on the part of a licensee.

(~~25~~24) ‘Initial licensure’ means the first authorization to practice issued to a person by a licensing authority in this State or any other state.

(~~26~~25) ‘Lapsed license’ means an authorization to practice that no longer authorizes practice in this State due to the person’s failure to renew the authorization within the renewal period.

(~~27~~26) ‘Letter of caution or concern’ means a written caution or warning about past or future conduct issued when it is determined that no misconduct has been committed. The issuance of a letter of caution or concern is not a form of discipline and does not constitute a finding of misconduct. The fact that a letter of caution or concern has been issued must not be considered in a subsequent disciplinary proceeding against a person authorized to practice unless the caution or warning contained in the letter of caution or concern is relevant to the misconduct alleged in the proceedings.

(~~28~~27) ‘License’ means a current document authorizing a person to practice.

(~~29~~28) ‘Licensed in good standing’ means that one’s authorization to practice has not been revoked and there are no restrictions or limitations currently in effect. Public reprimands issued less than five years from the date an application is received by the board are considered restrictions upon practice.

(~~30~~29) ‘Limited license’ means a current time‑limited and practice‑limited document that authorizes practice at the level for which one is seeking licensure.

(30) ‘Medical staff’ means licensed physicians who are approved and credentialed to provide health care to patients in a hospital system or a facility that provides health care.

(31) ‘Misconduct’ means violation of any of the provisions of this chapter or regulations promulgated by the board pursuant to this chapter or violation of any of the principles of ethics as adopted by the board or incompetence or unprofessional conduct.

(32) ‘Osteopathic medicine’ means a complete school of medicine and surgery utilizing all methods of diagnosis and treatment in health and disease and placing special emphasis on the interrelationship of the musculo‑skeletal system to all other body systems.

(33) ‘Pending disciplinary action’ means an action or proceeding initiated by a formal complaint.

(34) ‘Person’ means a natural person, male or female.

(35) ‘Physician’ means a doctor of medicine or doctor of osteopathic medicine licensed by the South Carolina Board of Medical Examiners.

(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 or 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 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.

(37) ‘Practitioner’ means a person who has been issued an authorization to practice in this State. The term does not include persons who have not been issued a license, registration, certification, or other authorization to practice in this State, except as provided by law for persons licensed in another state or jurisdiction.

(38) ‘Presiding officer’ means the chairman of the hearing panel or a designee. When no chair of the hearing panel has been designated, the term includes the chairman or vice chairman of the board or a designee. A person designated to act on behalf of the chairman of the board or a hearing panel may not have been involved with the investigation or prosecution of the particular matter.

(39) ‘Private reprimand’ means a statement by the board that misconduct was committed by a person authorized to practice which has been declared confidential and which is not subject to disclosure as a public document.

(40) ‘Probation’ means the issuance of an authorization to practice conditioned upon compliance with terms and conditions imposed by a licensing board in this State or another state. The holder of the authorization to practice on probation may petition the board for reinstatement to full, unrestricted practice upon compliance with all terms and conditions imposed by the board.

(41) ‘Public reprimand’ means a publicly available statement of the board that misconduct was committed by a person authorized to practice.

(42) ‘Reactivation’ means the restoration to active status of an authorization from inactive status.

(43) ‘Readily available’ means the physician or medical staff who enters into a practice agreement with an APRN (NP, CNM, CNS) must be ~~in near proximity and is~~ able to be contacted either in person or by telecommunications or other electronic means to provide consultation and advice to the ~~practitioner performing delegated~~ APRN performing medical acts. ~~When application is made for more than the equivalent of three full‑time NPs, CNMs, or CNSs to practice with one physician, or when a NP, CNM, or CNS is performing delegated medical acts in a practice site greater than forty‑five miles from the physician, the Board of Nursing and the Board of Medical Examiners shall review the application to determine if adequate supervision exists.~~

(44) ‘Reinstatement’ means an action of the board in a disciplinary matter that authorizes the resumption of practice upon any terms or conditions ordered or agreed to by the board.

(45) ‘Relinquish’ means to permanently cancel or invalidate an authorization instead of disciplinary proceedings or final decision by the board. A person whose authorization to practice has been relinquished to the board is permanently ineligible for a license or other authorization of any kind from the board. Relinquishment is irrevocable, an admission of any or all of the allegations of misconduct, and reported and treated as a permanent revocation.

(46) ‘Respondent’ means a person charged with responding in a disciplinary or other administrative action.

(47) ‘Revocation’ means the permanent cancellation or withdrawal of an authorization issued by the board. A person whose authorization has been permanently revoked by the board is permanently ineligible for an authorization of any kind from the board.

(48) ‘Significant disciplinary action’ means a public decision in a disciplinary matter that involves substantial issues of professional or ethical competence or qualification to practice. The board may consider any actions taken by the original board or conduct considered relevant to the applicant’s fitness for licensure to practice in this State.

(49) ‘State identification bureau’ means an authorized governmental agency responsible for receiving and screening the results of criminal history records checks in this State or another state.

(50) ‘Supervision’ means the process of critically observing, directing, and evaluating another person’s performance, unless otherwise provided by law.

(51) ‘Suspension’ means the temporary withdrawal of authorization to practice for either a definite or indefinite period of time ordered by the board. The holder of a suspended authorization to practice may petition the board for reinstatement to practice upon compliance with all terms and conditions imposed by the board.

(52) ‘Telemedicine’ means the practice of medicine using electronic communications, information technology, or other means between a licensee in one location and a patient in another location with or without an intervening practitioner.

(53) ‘Temporary license’ means a current, time‑limited document that authorizes practice at the level for which one is seeking licensure.

(54) ‘Unprofessional conduct’ means acts or behavior that fail to meet the minimally acceptable standard expected of similarly situated professionals including, but not limited to, conduct that may be harmful to the health, safety, and welfare of the public, conduct that may reflect negatively on one’s fitness to practice, or conduct that may violate any provision of the code of ethics adopted by the board or a specialty.

(55) ‘Voluntary surrender’ means forgoing the authorization to practice by the subject of an initial or formal complaint pending further order of the board. It anticipates other formal action by the board and allows any suspension subsequently imposed to include this time.

(56) ‘Volunteer license’ means authorization of a retired practitioner to provide medical services to others through an identified charitable organization without remuneration.”

SECTION 5. Section 40‑47‑110(B) of the 1976 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:

(1) used a false, fraudulent, or forged statement or document or practiced a fraudulent, deceitful, or dishonest act in connection with a licensing requirement;

(2) been convicted of, has pled guilty to, or has pled nolo contendere to a felony or other crime involving moral turpitude or drugs. For purposes of this item, “drugs” includes a substance whose possession, use, or distribution is governed by Article 3, Chapter 53 ~~of~~, Title 44, Narcotics and Controlled Substances, or which is listed in the current edition of the Physician’s Desk Reference;

(3) violated a federal, state, or local law involving alcohol or drugs or committed an act involving a crime of moral turpitude. The board may receive evidence to reach an independent conclusion as to the commission of the violation; however, the determination may be used only in making the administrative decision;

(4) engaged in the habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability;

(5) attempted to practice when judgment or physical ability is impaired by alcohol, drugs, or other substances;

(6) been convicted of or sanctioned for illegal or unauthorized practice;

(7) knowingly performed an act that in any way assists an unlicensed person to practice;

(8) sustained a physical or mental impairment that renders further practice by the licensee dangerous to the public or that may interfere with the licensee’s ability to competently and safely perform the essential functions of practice;

(9) engaged in dishonorable, unethical, or unprofessional conduct that is likely either to deceive, defraud, or harm the public;

(10) used a false or fraudulent statement in a document connected with the licensee’s practice;

(11) obtained fees or assisted in obtaining fees under dishonorable, false, or fraudulent circumstances;

(12) intentionally violated or attempted to violate, directly or indirectly, or is assisting in or abetting the violation of or conspiring to violate the medical practice laws;

(13) violated the code of medical ethics adopted by the board or has been found by the board to lack the ethical or professional competence to practice;

(14) violated a provision of this chapter or a regulation or order of the board;

(15) failed to cooperate with an investigation or other proceeding of the board;

(16) failed to comply with an order, subpoena, or directive of the board or department;

(17) failed to prepare or maintain an adequate patient record of care provided;

(18) engaged in disruptive behavior or interaction, or both, with physicians, hospital personnel, patients, family members, or others that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered to a patient. This behavior may include, but is not limited to, inappropriate sexual behavior;

(19) engaged in behavior that exploits the physician‑patient relationship in a sexual way. This behavior is nondiagnostic and nontherapeutic, may be written, verbal, or physical and may include expressions of thoughts and feelings or gestures that are sexual or that reasonably may be construed by a patient as sexual. This behavior includes sexual contact with patient surrogates or key third parties;

(20) failed to appear before the board after receiving a formal notice to appear;

(21) signed a blank prescription form;

(22) failed to report to the board any adverse disciplinary action by another United States or foreign licensing jurisdiction, a peer review body, a health care institution, by any professional or medical society or association, a board‑approved credentialing organization, a governmental agency, a law enforcement agency, including arrest, or a court, including indictment, for acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action as provided for in this section;

(23) failed to provide pertinent and necessary medical records to another physician or patient in a timely fashion when lawfully requested to do so by a patient or by a lawfully designated representative of a patient;

(24) improperly managed medical records, including failure to maintain timely, legible, accurate, and complete medical records; or

(25) provided false, deceptive, or misleading testimony as an expert witness in an administrative, civil, or criminal proceeding in this State;

(26) engaged in a practice with an APRN (NP, CNM, or CNS) without a practice agreement as defined in Section 40‑47‑20(11) in place at the time practice was initiated and during its continuation; and

(27) failed to follow or comply with the practice agreement as defined in Section 40‑47‑20(11) while engaged in a practice with an APRN (NP, CNM, or CNS).”

SECTION 6. Section 40‑47‑195 of the 1976 Code is amended to read:

“Section 40‑47‑195. (A) A licensee who supervises another practitioner shall hold a permanent, active, unrestricted authorization to practice in this State and be currently engaged in the active practice of their respective profession or shall hold an active unrestricted academic license to practice medicine in this State.

(B) Pursuant to this chapter, only licensed physicians may supervise another practitioner who performs delegated medical acts in accordance with the practitioner’s applicable scope of professional practice authorized by state law. It is the supervising physician’s responsibility to ensure that delegated medical acts to ~~the APRN (NP, CNM, or CNS) or~~ other practitioners are performed under approved written scope of practice guidelines or approved written protocol in accordance with the applicable scope of professional practice authorized by state law. A copy of approved written scope of practice guidelines or approved written protocol, dated and signed by the supervising physician and the practitioner, must be provided to the board by the supervising physician within seventy‑two hours of request by a representative of the department or board.

(C) In evaluating a written guideline or protocol, the board and supervising physician or medical staff shall consider the:

(1) training and experience of the supervising physician;

(2) nature and complexity of the delegated medical acts being performed;

(3) geographic proximity of the supervising physician to the supervised practitioner; when the supervising physician is ~~to be more than forty‑five miles from~~ not located at the same site as the supervised practitioner, special consideration must be given to the manner in which the physician intends to monitor the practitioner, and prior board approval must be received for this practice; and

(4) number of other practitioners the physician or medical staff supervises. Reference must be given to the number of supervised practitioners, as prescribed by law. When the supervising physician assumes responsibility for more than the number of practitioners prescribed by law, special consideration must be given to the manner in which the physician intends to monitor, and prior board approval must be received for this practice.

(D)(1) A physician or medical staff who is engaged in practice with an APRN (NP, CNM, or CNS):

(a) hold a permanent, active, unrestricted authorization to practice medicine in this State and must be actively practicing medicine within the geographic boundaries of this State or hold an active, unrestricted academic license to practice medicine in this State and must be practicing within the geographic boundaries of this State;

(b) have in place prior to beginning practice and during its continuation a practice agreement as defined in Section 40‑47‑20 (11), a copy of which the physician must make available to the board within seventy‑two hours of request;

(c) not enter into practice agreements with more than the equivalent of six full‑time NPs, CNMs, or CNSs and must not practice in a situation where the number of APRNs (NPs, CNMs, or CNSs) providing clinical services with whom the physician is working combined with the number of physician assistants 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 a practice agreement with an APRN (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

(e) maintain responsibility in the practice agreement for the health care delivery team pursuant to rules and regulations of the South Carolina Board of Medical Examiners.

(2) The board is authorized to conduct random audits of practice agreements.”

SECTION 7. This act takes effect upon approval by the Governor. /

Renumber sections to conform.

Amend title to conform.

HARVEY S. PEELER, JR. for Committee.

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 40‑33‑55 SO AS TO PROVIDE CERTAIN NURSING PROFESSIONALS MAY PROVIDE NONCONTROLLED PRESCRIPTION DRUGS AT ENTITIES THAT PROVIDE FREE MEDICAL SERVICES FOR INDIGENT PATIENTS; BY ADDING SECTION 40‑33‑57 SO AS TO PROVIDE CERTAIN NURSING PROFESSIONALS MAY CERTIFY STUDENTS AS UNABLE TO ATTEND SCHOOL BUT WHO POTENTIALLY MAY BENEFIT FROM RECEIVING INSTRUCTION AT HOME OR IN A HOSPITAL; BY ADDING SECTION 40‑33‑59 SO AS TO PROVIDE THAT NURSE PRACTITIONERS AND CERTIFIED NURSE MIDWIVES ORALLY OR IN WRITING MAY REFER A PATIENT TO A PHYSICAL THERAPIST FOR TREATMENT; BY ADDING SECTION 40‑33‑61 SO AS TO PROVIDE RECIPIENTS AND BENEFICIARIES OF CERTAIN ASSISTANCE AND SERVICES WITHIN THE SCOPE OF PRACTICE OF A NURSE PRACTITIONER OR CERTIFIED NURSE MIDWIFE MAY CHOOSE THE PROVIDERS FROM WHOM THEY RECEIVE SUCH ASSISTANCE AND SERVICES; BY ADDING SECTION 40‑33‑63 SO AS TO PROVIDE NURSE PRACTITIONERS AND CERTIFIED NURSE MIDWIVES MAY PRONOUNCE DEATH AND SIGN DEATH CERTIFICATES; BY ADDING SECTION 40‑33‑65 SO AS TO PROVIDE NURSE PRACTITIONERS AND CERTIFIED NURSE MIDWIVES MAY ORDER HOSPICE AND PALLIATIVE CARE SERVICES FOR PATIENTS; BY ADDING SECTION 40‑33‑67 SO AS TO PROVIDE NURSE PRACTITIONERS AND CERTIFIED NURSE MIDWIVES MAY CERTIFY INDIVIDUALS AS HANDICAPPED FOR PURPOSES OF OBTAINING HANDICAPPED PARKING PLACARDS; AND BY ADDING SECTION 40‑47‑370 SO AS TO EXEMPT ADVANCED PRACTICE REGISTERED NURSES FROM CERTAIN LICENSURE AND PRACTICE PROVISIONS WHEN EMPLOYED BY THE UNITED STATES GOVERNMENT AND PROVIDING SERVICES UNDER THE DIRECTION AND CONTROL OF THE UNITED STATES GOVERNMENT; TO AMEND SECTION 40‑33‑20, RELATING TO DEFINITIONS CONCERNING THE NURSE PRACTICE ACT, SO AS TO REVISE AND ADD NECESSARY DEFINITIONS; TO AMEND SECTION 40‑33‑34, RELATING TO THE PERFORMANCE OF DELEGATED MEDICAL ACTS, QUALIFICATIONS, PROTOCOLS, AND PRESCRIPTIVE AUTHORIZATIONS OF LICENSEES OF THE NURSING BOARD, SO AS TO MAKE VARIOUS REVISIONS; TO AMEND SECTION 40‑47‑20, RELATING TO DEFINITIONS CONCERNING THE BOARD OF MEDICAL EXAMINERS, SO AS TO REVISE SEVERAL DEFINITIONS AFFECTING THE SCOPE OF PRACTICE OF CERTAIN LICENSEES OF THE NURSING BOARD; AND TO AMEND SECTION 40‑47‑195, RELATING TO PHYSICIANS SUPERVISING MEDICAL ACTS DELEGATED TO OTHER PROFESSIONALS, SO AS TO ELIMINATE THE REQUIREMENT THAT SUPERVISING PHYSICIANS BE RESPONSIBLE FOR ENSURING CERTAIN ACTS DELEGATED TO ADVANCED PRACTICE REGISTERED NURSES ARE PERFORMED TO CERTAIN STANDARDS.

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

SECTION 1. Article 1, Chapter 33, Title 40 of the 1976 Code is amended by adding:

“Section 40‑33‑55. A nurse practitioner, certified nurse midwife, or clinical nurse specialist may provide noncontrolled prescription drugs at an entity that provides free medical services for indigent patients.”

SECTION 2. Article 1, Chapter 33, Title 40 of the 1976 Code is amended by adding:

“Section 40‑33‑57. Notwithstanding another provision of law, nurse practitioners and certified nurse midwives may certify that a student is unable to attend school but may benefit from receiving instruction given in his home or in a hospital.”

SECTION 3. Article 1, Chapter 33, Title 40 of the 1976 Code is amended by adding:

“Section 40‑33‑59. Notwithstanding another provision of law, nurse practitioners and certified nurse midwives orally or in writing may refer a patient to a physical therapist for treatment.”

SECTION 4. Article 1, Chapter 33, Title 40 of the 1976 Code is amended by adding:

“Section 40‑33‑61. The State, a political subdivision of the State, a commission, a clinic, or a board administering relief, social security, health insurance, or health services under the laws of this State may not deny to the recipients or beneficiaries of their assistance or services the freedom to choose the provider of care or service that is within the scope of practice of a nurse practitioner or certified nurse midwife licensed by the board.”

SECTION 5. Article 1, Chapter 33, Title 40 of the 1976 Code is amended by adding:

“Section 40‑33‑63. Notwithstanding another provision of law, nurse practitioners and certified nurse midwives may pronounce death and sign death certificates.”

SECTION 6. Article 1, Chapter 33, Title 40 of the 1976 Code is amended by adding:

“Section 40‑33‑65. Notwithstanding another provision of law, nurse practitioners and certified nurse midwives may issue an order for a patient to admit to a hospice facility or agency and receive appropriate hospice or palliative care services.”

SECTION 7. Article 1, Chapter 33, Title 40 of the 1976 Code is amended by adding:

“Section 40‑33‑67. Notwithstanding another provision of law, nurse practitioners and certified nurse midwives may issue a certificate that certifies that an individual is handicapped, and whether the handicap is temporary or permanent, for purposes of the individual’s application for a placard.”

SECTION 8. Article 1, Chapter 47, Title 40 of the 1976 Code is amended by adding:

“Section 40‑47‑370. The provisions of this article do not apply to a person employed as an APRN by the United States government where such services are provided solely under the direction and control of the United States government.”

SECTION 9. Section 40‑33‑20 of the 1976 Code is amended to read:

“Section 40‑33‑20. In addition to the definitions provided in Section 40‑1‑20, for purposes of this chapter:

(1) ‘Accreditation’ means official authorization or status granted by an agency other than a state board of nursing.

(2) ‘Active license’ means the status of a license that has been renewed for the current period and authorizes the licensee to practice nursing in this State.

(3) ‘Additional acts for RNs and LPNs’ means activities performed by a nurse that expand the scope of practice, as established in law. The following must be submitted in writing to the board for approval before a nurse implements additional acts:

(a) additional activity being requested;

(b) statement with rationale as to how the activity will improve client outcomes;

(c) documentation based on the literature review to support the nurse’s performing the additional activity;

(d) qualification requirements, including educational background and experience needed;

(e) special training required, including theory and clinical practice. A nurse must successfully complete a course of ‘special education and training’ acceptable to the board to perform additional acts;

(f) evaluation and follow‑up procedures.

~~Additional acts that constitute delegated medical acts must be agreed to jointly by both the Board of Nursing and the Board of Medical Examiners and must be promulgated by the Board of Nursing in regulation.~~

(4) ‘Additional acts for APRNs means acts performed by an APRN that are beyond the initial APRN (NP, CNS) education preparation, for which training is verified by continuing or formal education, subject to random audit by the Board of Nursing.

(5) ‘Administration of medications’ means 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; observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy; intervening when emergency care is required as a result of drug therapy; appropriately instructing the patient regarding the medication; recognizing accepted prescribing limits and reporting deviations to the prescribing nurse practitioner, certified nurse‑midwife, or clinical nurse specialist, physician, dentist, or other authorized licensed provider.

(~~5~~6) ‘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. ~~In addition to those activities considered the practice of registered nursing, an APRN may perform delegated medical acts~~ APRNs diagnosing and prescribing must practice pursuant to a collaborative practice arrangement. Advanced Practice nurses may deliver via telehealth, to include diagnosing and managing an individual’s health care status, subject to the collaborative practice arrangement.

~~(6)~~ ~~‘Agreed to jointly’ means the agreement by the Board of Nursing and Board of Medical Examiners on delegated medical acts which nurses perform and which are promulgated by the Board of Nursing in regulation.~~

(7) ‘Ancillary services’ means services associated with the basic services provided to an individual in need of in‑home care who needs one or more of the basic services and includes:

(a) homemaker‑type services, including shopping, laundry, cleaning, and seasonal chores;

(b) companion‑type services, including transportation, letter writing, reading mail, and escorting; and

(c) assistance with cognitive tasks, including managing finances, planning activities, and making decisions.

(8) ‘Approval’ means the process by which the board evaluates nursing education programs, which must meet established uniform and reasonable standards.

(9) ‘Approved written guidelines’ means specific statements developed by a certified registered nurse anesthetist and a supervising licensed physician or dentist or by the medical staff within the facility where practice privileges have been granted.

~~(10)~~ ~~‘Approved written protocols’ means specific statements developed collaboratively by a physician or the medical staff and a NP, CNM, or CNS that establishes physician delegation for medical aspects of care, including the prescription of medications.~~

(~~11~~10) ‘Attendant care services’ means those basic and ancillary services that enable an individual in need of in‑home care to live in the individual’s home and community rather than in an institution and to carry out functions of daily living, self‑care, and mobility.

(~~12~~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 in treating patients.

(~~13~~12) ‘Basic services’ includes:

(a) getting in and out of a bed, wheelchair, motor vehicle, or other device;

(b) assistance with routine bodily functions including health maintenance activities, bathing and personal hygiene, dressing and grooming, and feeding, including preparation and cleanup.

(~~14~~13) ‘Board’ means the State Board of Nursing for South Carolina.

(~~15~~14) ‘Board‑approved credentialing organization’ means an organization that offers a certification examination in a specialty area of nursing practice, establishes scope and standards of practice statements, and provides a mechanism for evaluating continuing competency in a specialized area of nursing practice which has been approved by the board.

(~~16~~15) ‘Business days’ means every day except Saturdays, Sundays, and legal holidays.

(~~17~~16) ‘Cancellation’ means the withdrawal or invalidation of an authorization to practice that was issued to an ineligible person either in error or based upon a false, fraudulent, or deceptive representation in the application process.

(~~18~~17) ‘Certification’ of a registered nurse means approval by an established body, other than the board, but recognized by the board, that recognizes the unique, minimal requirements of specialized areas of nursing practice. Certification requires completion of a recognized formal program of study and specialty board examination, if the specialty board exists, and certification of competence in nursing practice by the certifying agency.

(~~19~~18) ‘Certified Nurse‑Midwife’ or ‘CNM’ means an advanced practice registered nurse who holds a master’s degree in the specialty area and provides nurse‑midwifery management of women’s health care, focusing particularly on pregnancy, childbirth, postpartum, care of the newborn, family planning, and gynecological needs of women.

(~~20~~19) ‘Certified Registered Nurse Anesthetist’ or ‘CRNA’ means an advanced practice registered nurse who:

(a) has successfully completed an advanced, organized formal CRNA education program at the master’s level accredited by the national accrediting organization of this specialty area and that is recognized by the board;

(b) is certified by a board‑approved national certifying organization; and

(c) demonstrates advanced knowledge and skill in the delivery of anesthesia services.

A CRNA must practice in accordance with approved written guidelines developed under supervision of a licensed physician or dentist or approved by the medical staff within the facility where practice privileges have been granted.

(~~21~~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 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 delegated medical acts is required to have physician support and to practice within approved written protocols. A CNS who does not perform delegated medical acts is not required to have physician support or to practice within approved written protocols as provided in Section 40‑33‑34.~~

(21) ‘Collaboration’ means a professional relationship between one or more APRN’s (NP, CNS, CNM) and other health professionals, which includes consultation and referral for patient care. The professional relationship is not required but may be subject to an employee‑employer contract or employing entity.

(22) ‘Collaborative practice arrangement’ means an agreement between a licensed physician and an APRN to coordinate indicated patient care within their respective specialty areas of practice and is subject to random audit by the Board of Nursing.

(~~22~~23) ‘Competence’ means the ability of a licensed nurse to perform safely, skillfully, and proficiently the functions within the role of the licensee. The role encompasses the possession and interrelation of essential knowledge, judgment, attitudes, values, skills, and abilities, which are varied and range in complexity. Competence is a dynamic concept, changing as the licensed nurse achieves a higher stage of development, responsibility, and accountability within the role.

~~(23)~~ ~~‘Delegated medical acts’ means additional acts delegated by a physician or dentist to the NP, CNM, or CNS and may include formulating a medical diagnosis and initiating, continuing, and modifying therapies, including prescribing drug therapy, under approved written protocols as provided in Section 40‑33‑34. Delegated medical acts must be agreed to jointly by both the Board of Nursing and the Board of Medical Examiners. Delegated medical acts must be performed under the general supervision of a physician or dentist who must be readily available for consultation.~~

(24) ‘Delivering’ means the act of handing over to a patient medications as ordered by an authorized licensed provider and prepared by an authorized licensed provider.

(25) ‘Dentist’ means a dentist licensed by the South Carolina Board of Dentistry.

(26) ‘Entity’ means a sole proprietorship, partnership, limited liability partnership, limited liability corporation, association, joint venture, cooperative, company, corporation, or other public or private legal entity authorized by law.

(27) ‘Expanded role’ of a registered nurse means a process of diffusion and implies multi‑directional change. Expansion, as a process of role change, is undertaken to fill perceived needs in the health care system, and also to project new components or systems of health care. The authority base for practice from which the expanded role emanates is the body of knowledge that constitutes a nurse’s preparation for practice. The expanded role of a registered nurse requires specialized knowledge, judgment, and skill, but does not require or permit medical diagnosis or medical prescription of therapeutic or corrective measures. The expanded role of a licensed practical nurse with special education and training includes performing delegated professional nursing activities, as authorized by the board under the direction and supervision of a registered nurse, but does not authorize violation of state law pertaining to medical or pharmacy practice.

(28) ‘Graduate Registered Nurse Anesthetist’ or ‘GRNA’ means a new graduate of an advanced organized formal education program for nurse anesthetists accredited by the national accrediting organization who must achieve certification within one year of graduation of program completion.

(29) ‘Graduate Registered Nurse‑Midwife’ or ‘GRNM’ means a new graduate of an advanced organized formal education program for nurse‑midwives accredited by the national accrediting organization. A GRNA is required to become certified within one year of graduation or program completion.

(30) ‘Health maintenance activities’ include, but are not limited to, catheter irrigation, administration of medications, enemas and suppositories, and wound care, if these activities could be performed by an individual if the individual were physically and mentally capable.

(31) ‘Hospice facility’ means an institution, place, or building in which a licensed hospice agency provides room, board, and appropriate hospice services on a twenty‑four hour basis to individuals requiring hospice care pursuant to the orders of a physician, nurse practitioner, or certified nurse midwife.

(32) ‘Hospice care’ means terminal or palliative care that is initiated by the medical director of the agency, or the physician member of the hospice facility, or the individual’s primary care provider that includes a physician or nurse practitioner.

(~~31~~33) ‘Inactive license’ means the official temporary retirement of a person’s authorization to practice nursing upon the person’s notice to the board that the person does not plan to practice nursing or the status of a license that does not currently authorize a licensee to practice nursing in this State.

(~~32~~34) ‘Incompetence’ means the failure of a nurse to demonstrate and apply the knowledge, skill, and care that is ordinarily possessed and exercised by other nurses of the same licensure status and required by the generally accepted standards of the profession. Charges of incompetence may be based upon a single act of incompetence or upon a course of conduct or series of acts or omissions that extend over a period of time and that, taken as a whole, demonstrate incompetence. It is not necessary to show that actual harm resulted from the act or omission or series of acts or omissions if the conduct is such that harm could have resulted to the patient or to the public from the act or omission or series of acts or omissions.

(~~33~~35) ‘Individual in need of in‑home care’ means a functionally disabled individual in need of attendant care services because of impairment who requires assistance to complete functions of daily living, self‑care, and mobility, including attendant care services.

(~~34~~36) ‘Lapsed license’ means the termination of a person’s authorization to practice nursing due to the person’s failure to renew his or her nursing license within the renewal period.

(~~35~~37) ‘Letter of caution’ means a written caution or warning about past or future conduct issued when it is determined that no misconduct has been committed or that only minor misconduct not warranting the imposition of a sanction has been committed. The issuance of a letter of caution is not a form of discipline and does not constitute a finding of misconduct unless the letter of caution specifically states that misconduct has been committed. The fact that a letter of caution has been issued must not be considered in a subsequent disciplinary proceeding against a person authorized to practice unless the caution or warning contained in the letter of caution is relevant to the misconduct alleged in the proceedings.

(~~36~~38) ‘License’ means a current document issued by the board authorizing a person to practice as an advanced practice registered nurse, a registered nurse, or a licensed practical nurse.

(~~37~~39) ‘Licensed Practical Nurse’ or ‘LPN’ means a person to whom the board has issued an authorization to practice as a licensed practical nurse.

(~~38~~40) ‘Misconduct’ means violation of any of the provisions of this chapter or regulations promulgated by the board pursuant to this chapter or violation of any of the principles of nursing ethics as adopted by the board or incompetence or unprofessional conduct.

(~~39~~41) ‘NCLEX’ means the National Council Licensure Examination for Registered Nurses or Licensed Practical Nurses.

(~~40~~42) ‘Nurse’ means a person licensed as an advanced practice registered nurse, registered nurse, or licensed practical nurse pursuant to this chapter.

(~~41~~43) ‘Nurse Practitioner’ or ‘NP’ means a registered nurse who has completed an advanced formal 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 delegated medical acts must have a supervising physician or dentist who is readily available for consultation and shall operate within the approved written protocols.~~

(~~42~~44) ‘Nursing diagnosis’ means a clinical judgment about a person, family, or community that is derived through a nursing assessment and the standard nursing taxonomy.

(~~43~~45) ‘Orientation’ means any introductory instruction into a new practice environment or employment situation where being a nurse is a requirement of employment or where the individual uses any title or abbreviation indicating that the individual is a nurse. Orientation is considered the practice of nursing in this State.

(~~44~~46) ‘Person’ means a natural person, male or female.

(~~45~~47) ‘Physician’ means a physician licensed by the South Carolina Board of Medical Examiners who possesses an active, unrestricted, permanent license to practice medicine. Physicians prohibited from charging remuneration or fees from APRNs for supervision or collaboration unless agreed to mutually by the APRN and physician.

(~~46~~48) ‘Practice of nursing’ means the provision of services for compensation, except as provided in this chapter, that assists persons and groups to obtain or promote optimal health. Nursing practice requires the use of nursing judgment. Nursing judgment is the logical and systematic cognitive process of identifying pertinent information and evaluating data in the clinical context in order to produce informed decisions, which guide nursing actions. Nursing practice is provided by advanced practice registered nurses, registered nurses, and licensed practical nurses. The scope of nursing practice varies and is commensurate with the educational preparation and demonstrated competencies of the person who is accountable to the public for the quality of nursing care. Nursing practice occurs in the state in which the recipient of nursing services is located at the time nursing services are provided.

(~~47~~49) ‘Practice of practical nursing’ means the performance of health care acts that require knowledge, judgment, and skill and must be performed under the supervision of an advanced practice registered nurse, registered nurse, licensed physician, licensed dentist, or other practitioner authorized by law to supervise LPN practice. The practice of practical nursing includes, but is not limited to:

(a) collecting health care data to assist in planning care of persons;

(b) administering and delivering medications and treatments as prescribed by an authorized licensed provider;

(c) implementing nursing interventions and tasks;

(d) providing basic teaching for health promotion and maintenance;

(e) assisting in the evaluation of responses to interventions;

(f) providing for the maintenance of safe and effective nursing care rendered directly or indirectly;

(g) participating with other health care providers in the planning and delivering of health care;

(h) delegating nursing tasks to qualified others;

(i) performing additional acts that require special education and training and that are approved by the board including, but not limited to, intravenous therapy and other specific nursing acts and functioning as a charge nurse.

(~~48~~50) ‘Practice of registered nursing’ means the performance of health care acts in the nursing process that involve assessment, analysis, intervention, and evaluation. This practice requires specialized independent judgment and skill and is based on knowledge and application of the principles of biophysical and social sciences. The practice of registered nursing includes, but is not limited to:

(a) assessing the health status of persons and groups;

(b) analyzing the health status of persons and groups;

(c) establishing outcomes to meet identified health care needs of persons and groups;

(d) prescribing nursing interventions to achieve outcomes;

(e) implementing nursing interventions to achieve outcomes;

(f) administering and delivering medications and treatments prescribed by an authorized licensed provider;

(g) delegating nursing interventions to qualified others;

(h) providing for the maintenance of safe and effective nursing care rendered directly or indirectly;

(i) providing counseling and teaching for the promotion and maintenance of health;

(j) evaluating and revising responses to interventions, as appropriate;

(k) teaching and evaluating the practice of nursing;

(l) managing and supervising the practice of nursing;

(m) collaborating with other health care professionals in the management of health care;

(n) participating in or conducting research, or both, to enhance the body of nursing knowledge;

(o) consulting to improve the practice of nursing; and

(p) performing additional acts that require special education and training and that are approved by the board.

(~~49~~51) ‘Private reprimand’ means a statement by the board that a violation was committed by a person authorized to practice which has been declared confidential and which is not subject to disclosure as a public document.

(~~50~~52) ‘Probation’ means the issuance of an authorization to practice with terms and conditions imposed by the board. The holder of the authorization to practice on probation may petition the board for reinstatement to full, unrestricted practice upon compliance with all terms and conditions imposed by the board.

(~~51~~53) ‘Public reprimand’ means a publicly available statement of the board that a violation was committed by a person authorized to practice.

~~(52)~~ ~~‘Readily available’ means the physician must be in near proximity and is able to be contacted either in person or by telecommunications or other electronic means to provide consultation and advice to the nurse practitioner, certified nurse‑midwife, or clinical nurse specialist performing delegated medical acts. When application is made for more than three NP’s, CNM’s, or CNS’s to practice with one physician, or when a NP, CNM, or CNS is performing delegated medical acts in a practice site greater than forty‑five miles from the physician, the Board of Nursing and Board of Medical Examiners shall each review the application to determine if adequate supervision exists.~~

(~~53~~54) ‘Registered Nurse’ means a person to whom the board has issued an authorization to practice as a registered nurse.

(~~54~~55) ‘Restriction’ means a limitation on the activities in which a licensee may engage under an authorization to practice, including revocation, suspension, or probation.

(~~55~~56) ‘Revocation’ means the cancellation or withdrawal of a license or other authorization issued by the board either permanently or for a period specified by the board before the person is eligible to reapply. A person whose license or other authorization has been permanently revoked by the board is permanently ineligible for a license or other authorization of any kind from the board.

(~~56~~57) ‘Special education and training’ means an organized advanced course of study acceptable to the board, required to expand a nurse’s scope of practice. This educational training must be completed after graduation from one’s basic nursing education program and includes both theory and clinical practice.

(~~57~~58) ‘Supervision’ means the process of critically observing, directing, and evaluating another’s performance.

(~~58~~59) ‘Suspension’ means the temporary withdrawal of authorization to practice for either a definite or indefinite period of time ordered by the board. The holder of a suspended authorization to practice may petition the board for reinstatement to practice upon compliance with all terms and conditions imposed by the board.

(~~59~~60) ‘State or jurisdiction in this country’ means a state of the United States or the District of Columbia and does not include a territory or dependency of the United States.

(~~60~~61) ‘Temporary permit’ means a current time‑limited document that authorizes the practice of nursing at the level for which one is seeking licensure.

(~~61~~62) ‘Unlicensed assistive personnel’ or ‘UAP’ are persons not currently licensed by the board as nurses who perform routine nursing tasks that do not require a specialized knowledge base or the judgment and skill of a licensed nurse. Nursing tasks performed by a UAP must be performed under the supervision of an advanced practice registered nurse, registered nurse, or selected licensed practical nurse.

(~~62~~63) ‘Unprofessional conduct’ means acts or behavior that fail to meet the minimally acceptable standard expected of similarly situated professionals including, but not limited to, conduct that may be harmful to the health, safety, and welfare of the public, conduct that may reflect negatively on one’s fitness to practice nursing, or conduct that may violate any provision of the code of ethics adopted by the board or a specialty.

(~~63~~64) ‘Voluntary surrender’ means the invalidation of a nursing license at the time of its surrender and thereafter. A person whose license is voluntarily surrendered may not practice nursing or represent oneself to be a nurse until the board takes action.

(~~64~~65) ‘Volunteer license’ means authorization of a retired nurse to provide nursing services to others through an identified charitable organization without remuneration.”

SECTION 10. Section 40‑33‑34 of the 1976 Code is amended to read:

“Section 40‑33‑34. (A) An advanced practice registered nurse applicant shall furnish evidence satisfactory to the board that the applicant:

(1) has met all qualifications for licensure as a registered nurse; and

(2) holds current specialty certification by a board‑approved credentialing organization. New graduates shall provide evidence of certification within one year of program completion; however, psychiatric clinical nurse specialists shall provide evidence of certification within two years of program completion; and

(3) has earned a minimum of a master’s degree from an accredited college or university, except for those applicants who:

(a) provide documentation as requested by the board that the applicant was graduated from an advanced, organized formal education program appropriate to the practice and acceptable to the board before December 31, 1994; or

(b) graduated before December 31, 2003, from an advanced, organized formal education program for nurse anesthetists accredited by the national accrediting organization of that specialty. CRNA’s who graduate after December 31, 2003, must graduate with a master’s degree from a formal CRNA education program for nurse anesthetists accredited by the national accreditation organization of the CRNA specialty. An advanced practice registered nurse must achieve and maintain national certification, as recognized by the board, in an advanced practice registered nursing specialty;

(4) has paid the board all applicable fees; and

(5) has declared specialty area of nursing practice and the specialty title to be used must be the title which is granted by the board‑approved credentialing organization or the title of the specialty area of nursing practice in which the nurse has received advanced educational preparation.

(B) An APRN is subject, at all times, to the scope and standards of practice established by the board‑approved credentialing organization representing the specialty area of practice and shall function within the scope of practice of this chapter ~~and must not be in violation of Chapter 47~~.

(C)(1) ~~A licensed nurse practitioner, certified nurse‑midwife, or clinical nurse specialist must provide evidence of approved written protocols, as provided in this section. A licensed NP, CNM, or CNS performing delegated medical acts must do so under the general supervision of a licensed physician or dentist who must be readily available for consultation.~~ A licensed nurse practitioner, certified midwife, or clinical nurse specialist must have a collaborative practice arrangement that is subject to random audit by the Board of Nursing.

(2) ~~When application is made for more than three NP’s, CNM’s, or CNS’s to practice with one physician or when a NP, CNM, or CNS is performing delegated medical acts in a practice site greater than forty‑five miles from the supervising physician, the Board of Nursing and Board of Medical Examiners shall each review the application to determine if adequate supervision exists.~~

~~(D)(1)~~ ~~Delegated medical acts performed by a nurse practitioner, certified nurse‑midwife, or clinical nurse specialist must be performed pursuant to an approved written protocol between the nurse and the physician and must include, but is not limited to:~~

~~(a)~~ ~~this 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 protocol was developed and dates the protocol was reviewed and amended;~~

~~(v)~~ ~~description of how consultation with the physician is provided and provision for backup consultation in the physician’s absence;~~

~~(b)~~ ~~this information for delegated medical acts:~~

~~(i)~~ ~~the medical conditions for which therapies may be initiated, continued, or modified;~~

~~(ii)~~ ~~the treatments that may be initiated, continued, or modified;~~

~~(iii)~~ ~~the drug therapies that may be prescribed;~~

~~(iv)~~ ~~situations that require direct evaluation by or referral to the physician.~~

~~(2)~~ ~~The original protocol and any amendments to the protocol 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 protocols upon request of the board is considered misconduct and subjects the licensee to disciplinary action. A random audit of approved written protocols must be conducted by the board at least biennially.~~

~~(3)~~ Licensees who change practice settings ~~or physicians~~ shall notify the Board of Nursing of the change within fifteen business days ~~and provide verification of approved written protocols~~. ~~NP’s, CNM’s, and CNS’s~~ NPs, CNMs, and CNSs who discontinue their practice shall notify the board within fifteen business days.

(~~E~~D)(1) A NP, CNM, or CNS who applies for prescriptive authority:

(a) must be licensed by the board as a nurse practitioner, certified nurse‑ midwife, or clinical nurse specialist;

(b) shall submit a completed application on a form provided by the board;

(c) shall submit the required fee;

(d) shall provide evidence of completion of forty‑five contact hours of education during the time of the organized educational program in pharmacotherapeutics acceptable to the board, within two years before application or shall provide evidence of prescriptive authority in another state meeting twenty hours in pharmacotherapeutics acceptable to the board, within two years before application;

(e) shall provide at least fifteen hours of education in controlled substances acceptable to the board as part of the twenty hours required for prescriptive authority if the NP, CNM, or CNS has equivalent controlled substance prescribing authority in another state;

(f) shall provide at least fifteen hours of education in controlled substances acceptable to the board as part of the forty‑five contact hours required for prescriptive authority if the NP, CNM, or CNS initially is applying to prescribe in Schedules ~~III~~ II through V controlled substances.

(2) The board shall issue an identification number to the NP, CNM, or CNS authorized to prescribe medications. Authorization for prescriptive authority is valid for two years unless terminated by the board for cause. Initial authorization expires concurrent with the expiration of the Advanced Practice Registered Nurse license.

(3) Authorization for prescriptive authority must be renewed after the applicant meets requirements for renewal and provides documentation of twenty hours acceptable to the board of continuing education contact hours every two years in pharmacotherapeutics. For a NP, CNM, or CNS with controlled substance prescriptive authority, two of the twenty hours must be related to prescribing controlled substances.

(~~F~~E)(1) Authorized prescriptions by a nurse practitioner, certified nurse‑midwife, or clinical nurse specialist with prescriptive authority:

(a) must comply with all applicable state and federal laws;

(b) is limited to drugs and devices ~~utilized to treat common well‑defined medical problems within the specialty field of the nurse practitioner or clinical nurse specialist, as authorized by the physician and listed in the approved written protocols. The Board of Nursing, Board of Medical Examiners, and Board of Pharmacy jointly shall establish a listing of classifications of drugs that may be authorized by physicians and listed in approved written protocols~~ used to treat health care problems or conditions within the specialty field of the nurse practitioner, certified midwife, or clinical nurse specialist;

(c) ~~do not include prescriptions for Schedule II controlled substances; however, Schedules III through V controlled substances may be prescribed if listed in the approved written protocol and as authorized by Section 44‑53‑300~~ include Schedules II through V controlled substances, which may be prescribed for a thirty day initial prescription and for each thirty day renewal;

(d) 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. The prescription form must include the name, address, and phone number of the NP, CNM, or CNS ~~and physician~~ and 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

(e) must be documented in the patient record of the practice and must be available for review and audit purposes.

(2) A NP, CNM, or CNS who holds prescriptive authority may request, receive, and sign for professional samples, ~~except for controlled substances in Schedule II,~~ including Schedules II through V controlled substances, and may distribute professional samples to patients ~~as listed in the approved written protocol,~~ subject to federal and state regulations.

(~~G~~F) Prescriptive authorization may be terminated by the board if a 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 approved written protocols;

(4) violated a provision of Section 40‑33‑110; or

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

(~~H~~G)(1) Nothing in this section may be construed to require a CRNA to obtain prescriptive authority to deliver anesthesia care.

(2) A CRNA shall practice pursuant to approved written guidelines developed with the supervising licensed physician or dentist or by the medical staff within the facility where practice privileges have been granted and must include, but are not limited to:

(a) the following general information:

(i) name, address, and South Carolina license number of the registered nurse;

(ii) name, address, and South Carolina license number of the supervising physician, dentist, or the physician director of anesthesia services or the medical director of the facility;

(iii) dates the guidelines were developed, and dates the guidelines were reviewed and amended;

(iv) physical address of the primary practice and any additional practice sites;

(b) these requirements for providing anesthesia services:

(i) documentation of clinical privileges in the institutions where anesthesia services are provided, if applicable;

(ii) copy of job description;

(iii) policies and procedures that outline the pre‑anesthesia evaluation, induction, intra‑operative maintenance, and emergence from anesthesia.

(iv) evidence of outcome evaluation for anesthesia services.

(3) The original and any amendments to the approved written guidelines must be reviewed at least annually, dated and signed by the CRNA and physician or dentist, and must be made available to the board for review within seventy‑two hours of request. Failure to produce the guidelines is considered misconduct and subjects the licensee to disciplinary action. A random audit of approved written guidelines must be conducted by the board at least biennially.

(4) A person who changes primary practice settings or physician or dentist shall notify the board of this change within fifteen business days and provide verification of approved written guidelines. A CRNA who discontinues his or her practice shall notify the board within fifteen business days.

(5) The physician or dentist responsible for the supervision of a CRNA must be identified on the anesthesia record before administration of anesthesia.”

SECTION 11. Section 40‑47‑20 of the 1976 Code is amended to read:

“Section 40‑47‑20. In addition to the definitions provided in Section 40‑1‑20, as used in this chapter unless the context indicates otherwise:

(1) ‘Active license’ means the status of an authorization to practice that has been renewed for the current period and authorizes the licensee to practice in this State.

(2) ‘Administrative hearing officer’ means a physician designated by the board or director.

(3) ‘Adverse disciplinary action’ means a final decision by a United States or foreign licensing jurisdiction, a peer review group, a health care institution, a professional or medical society or association, or a court, which action was not resolved completely in the licensee’s favor.

(4) ~~‘Agreed to jointly’ means the agreement by the Board of Nursing and Board of Medical Examiners on delegated medical acts that nurses perform and that are promulgated by the Board of Nursing in regulation.~~

~~(5)~~ ~~‘Approved written protocols’ means specific statements developed collaboratively by the physician or the medical staff and the advanced practice registered nurse (NP, CNM, or CNS) that establish physician delegation for medical aspects of care, including the prescription of medications.~~

~~(6)~~ ‘Approved written scope of practice guidelines’ means specific statements developed by a physician or the medical staff and a physician assistant that establish physician delegation for medical aspects of care, including the prescription of medications.

(~~7~~5) ‘Board’ means the State Board of Medical Examiners for South Carolina.

(~~8~~6) ‘Board‑approved credentialing organization’ means an organization that offers a certification examination in a specialty area of practice, establishes scope and standards of practice statements, and provides a mechanism approved by the board for evaluating continuing competency in a specialized area of practice.

(~~9~~7) ‘Business days’ means every day except Saturdays, Sundays, and legal holidays.

(~~10~~8) ‘Cancellation’ means the withdrawal or invalidation of an authorization to practice that was issued to an ineligible person either in error or based upon a false, fraudulent, or deceptive representation in the application process.

(~~11~~9) ‘Certification’ means approval by an established body, other than the board, but recognized by the board, that recognizes the unique, minimal requirements of specialized areas of practice. Certification requires completion of a recognized formal program of study and specialty board examination, if the specialty board exists, and certification of competence in practice by the certifying agency.

(~~12~~10) ‘Criminal history’ means a federal, state, or local criminal history of conviction or a pending charge or indictment of a crime, whether a misdemeanor or a felony, that bears upon a person’s fitness or suitability for an authorization to practice with responsibility for the safety and well‑being of others.

(~~13~~11) ‘Delegated medical acts’ means additional acts delegated by a physician or dentist to a physician assistant, respiratory care practitioner, anesthesiologist’s assistant, or other practitioner authorized by law under approved written scope of practice guidelines or approved written protocols as provided by law in accordance with the applicable scope of professional practice. Delegated medical acts must be performed under the supervision of a physician or dentist who must be readily or immediately available for consultation in accordance with the applicable scope of professional practice. Nothing in this section applies to collaborative practice arrangements among a physician, dentist, medical staff, and APRNs.

~~(14)~~ ~~‘Delegated medical acts to the APRN’ means additional acts delegated by a physician or dentist to the Advanced Practice Registered Nurse (NP, CNM, or CNS) which may include formulating a medical diagnosis and initiating, continuing, and modifying therapies, including prescribing drug therapy, under approved written protocols as provided in Section 40‑33‑34 and Section 40‑47‑195. Delegated medical acts to the APRN (NP, CNM, or CNS) must be agreed to jointly by both the Board of Nursing and the Board of Medical Examiners. Delegated medical acts to the APRN (NP, CNM, or CNS) must be performed under the general supervision of a physician or dentist who must be readily available for consultation.~~

(~~15~~12) ‘Dentist’ means a dentist licensed by the South Carolina Board of Dentistry.

(~~16~~13) ‘Disciplinary action’ means a final decision and sanction imposed at the conclusion of a disciplinary proceeding.

(~~17~~14) ‘Entity’ means a sole proprietorship, partnership, limited liability partnership, limited liability corporation, association, joint venture, cooperative, company, corporation, or other public or private legal entity authorized by law.

(~~18~~15) ‘Final decision’ means an order of the board that concludes a license application proceeding or formal disciplinary proceeding.

(~~19~~16) ‘Formal complaint’ means a formal written complaint charging misconduct by a respondent in violation of this chapter, Chapter 1 of Title 40, or any other provision of law.

(~~20~~17) ‘Immediately available’ for the purpose of supervising unlicensed personnel means being located within the office and ready for immediate utilization when needed.

(~~21~~18) ‘Inactive license’ means the official temporary retirement of a person’s authorization to practice upon the person’s notice to the board that the person does not wish to practice.

(~~22~~19) ‘Incompetence’ means the failure of a licensee to demonstrate and apply the knowledge, skill, and care that is ordinarily possessed and exercised by other practitioners of the same licensure status and required by the generally accepted standards of the profession. Charges of incompetence may be based upon a single act of incompetence or upon a course of conduct or series of acts or omissions that extend over a period of time and that, taken as a whole, demonstrate incompetence. It is not necessary to show that actual harm resulted from the act or omission or series of acts or omissions if the conduct is such that harm could have resulted to the patient or to the public from the act or omission or series of acts or omissions.

(~~23~~20) ‘Independent credentials verification organization’ means an entity approved by the board to provide primary source verification of an applicant’s identity, medical education, postgraduate training, examination history, disciplinary history, and other core information required for licensure in this State.

(~~24~~21) ‘Initial complaint’ means a brief statement that alleges misconduct on the part of a licensee.

(~~25~~22) ‘Initial licensure’ means the first authorization to practice issued to a person by a licensing authority in this State or any other state.

(~~26~~23) ‘Lapsed license’ means an authorization to practice that no longer authorizes practice in this State due to the person’s failure to renew the authorization within the renewal period.

(~~27~~24) ‘Letter of caution or concern’ means a written caution or warning about past or future conduct issued when it is determined that no misconduct has been committed. The issuance of a letter of caution or concern is not a form of discipline and does not constitute a finding of misconduct. The fact that a letter of caution or concern has been issued must not be considered in a subsequent disciplinary proceeding against a person authorized to practice unless the caution or warning contained in the letter of caution or concern is relevant to the misconduct alleged in the proceedings.

(~~28~~25) ‘License’ means a current document authorizing a person to practice.

(~~29~~26) ‘Licensed in good standing’ means that one’s authorization to practice has not been revoked and there are no restrictions or limitations currently in effect. Public reprimands issued less than five years from the date an application is received by the board are considered restrictions upon practice.

(~~30~~27) ‘Limited license’ means a current time‑limited and practice‑limited document that authorizes practice at the level for which one is seeking licensure.

(~~31~~28) ‘Misconduct’ means violation of any of the provisions of this chapter or regulations promulgated by the board pursuant to this chapter or violation of any of the principles of ethics as adopted by the board or incompetence or unprofessional conduct.

(~~32~~29) ‘Osteopathic medicine’ means a complete school of medicine and surgery utilizing all methods of diagnosis and treatment in health and disease and placing special emphasis on the interrelationship of the musculo‑skeletal system to all other body systems.

(~~33~~30) ‘Pending disciplinary action’ means an action or proceeding initiated by a formal complaint.

(~~34~~31) ‘Person’ means a natural person, male or female.

(~~35~~32) ‘Physician’ means a doctor of medicine or doctor of osteopathic medicine licensed by the South Carolina Board of Medical Examiners.

(~~36~~33) ‘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 or 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 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.

(~~37~~34) ‘Practitioner’ means a person who has been issued an authorization to practice in this State. The term does not include persons who have not been issued a license, registration, certification, or other authorization to practice in this State, except as provided by law for persons licensed in another state or jurisdiction.

(~~38~~35) ‘Presiding officer’ means the chairman of the hearing panel or a designee. When no chair of the hearing panel has been designated, the term includes the chairman or vice chairman of the board or a designee. A person designated to act on behalf of the chairman of the board or a hearing panel may not have been involved with the investigation or prosecution of the particular matter.

(~~39~~36) ‘Private reprimand’ means a statement by the board that misconduct was committed by a person authorized to practice which has been declared confidential and which is not subject to disclosure as a public document.

(~~40~~37) ‘Probation’ means the issuance of an authorization to practice conditioned upon compliance with terms and conditions imposed by a licensing board in this State or another state. The holder of the authorization to practice on probation may petition the board for reinstatement to full, unrestricted practice upon compliance with all terms and conditions imposed by the board.

(~~41~~38) ‘Public reprimand’ means a publicly available statement of the board that misconduct was committed by a person authorized to practice.

(~~42~~39) ‘Reactivation’ means the restoration to active status of an authorization from inactive status.

~~(43)~~ ~~‘Readily available’ means the physician must be in near proximity and is able to be contacted either in person or by telecommunications or other electronic means to provide consultation and advice to the practitioner performing delegated medical acts. When application is made for more than the equivalent of three full‑time NPs, CNMs, or CNSs to practice with one physician, or when a NP, CNM, or CNS is performing delegated medical acts in a practice site greater than forty‑five miles from the physician, the Board of Nursing and the Board of Medical Examiners shall review the application to determine if adequate supervision exists.~~

(~~44~~40) ‘Reinstatement’ means an action of the board in a disciplinary matter that authorizes the resumption of practice upon any terms or conditions ordered or agreed to by the board.

(~~45~~41) ‘Relinquish’ means to permanently cancel or invalidate an authorization instead of disciplinary proceedings or final decision by the board. A person whose authorization to practice has been relinquished to the board is permanently ineligible for a license or other authorization of any kind from the board. Relinquishment is irrevocable, an admission of any or all of the allegations of misconduct, and reported and treated as a permanent revocation.

(~~46~~42) ‘Respondent’ means a person charged with responding in a disciplinary or other administrative action.

(~~47~~43) ‘Revocation’ means the permanent cancellation or withdrawal of an authorization issued by the board. A person whose authorization has been permanently revoked by the board is permanently ineligible for an authorization of any kind from the board.

(~~48~~44) ‘Significant disciplinary action’ means a public decision in a disciplinary matter that involves substantial issues of professional or ethical competence or qualification to practice. The board may consider any actions taken by the original board or conduct considered relevant to the applicant’s fitness for licensure to practice in this State.

(~~49~~45) ‘State identification bureau’ means an authorized governmental agency responsible for receiving and screening the results of criminal history records checks in this State or another state.

(~~50~~46) ‘Supervision’ means the process of critically observing, directing, and evaluating another person’s performance, unless otherwise provided by law.

(~~51~~47) ‘Suspension’ means the temporary withdrawal of authorization to practice for either a definite or indefinite period of time ordered by the board. The holder of a suspended authorization to practice may petition the board for reinstatement to practice upon compliance with all terms and conditions imposed by the board.

(~~52~~48) ‘Temporary license’ means a current, time‑limited document that authorizes practice at the level for which one is seeking licensure.

(~~53~~49) ‘Unprofessional conduct’ means acts or behavior that fail to meet the minimally acceptable standard expected of similarly situated professionals including, but not limited to, conduct that may be harmful to the health, safety, and welfare of the public, conduct that may reflect negatively on one’s fitness to practice, or conduct that may violate any provision of the code of ethics adopted by the board or a specialty.

(~~54~~50) ‘Voluntary surrender’ means forgoing the authorization to practice by the subject of an initial or formal complaint pending further order of the board. It anticipates other formal action by the board and allows any suspension subsequently imposed to include this time.

(~~55~~51) ‘Volunteer license’ means authorization of a retired practitioner to provide medical services to others through an identified charitable organization without remuneration.”

SECTION 12. Section 40‑47‑195 of the 1976 Code is amended to read:

“Section 40‑47‑195. (A) A licensee who supervises another practitioner shall hold a permanent, active, unrestricted authorization to practice in this State and be currently engaged in the active practice of their respective profession or shall hold an active unrestricted academic license to practice medicine in this State.

(B) Pursuant to this chapter, only licensed physicians may supervise another practitioner who performs delegated medical acts in accordance with the practitioner’s applicable scope of professional practice authorized by state law. ~~It is the supervising physician’s responsibility to ensure that delegated medical acts to the APRN (NP, CNM, or CNS) or other practitioners are performed under approved written scope of practice guidelines or approved written protocol in accordance with the applicable scope of professional practice authorized by state law.~~ A copy of approved written scope of practice guidelines or approved written protocol, dated and signed by the supervising physician and the practitioner, must be provided to the board by the supervising physician within seventy‑two hours of request by a representative of the department or board.

(C) In evaluating a written guideline or protocol, the board and supervising physician shall consider the:

(1) training and experience of the supervising physician;

(2) nature and complexity of the delegated medical acts being performed;

(3) geographic proximity of the supervising physician to the supervised practitioner; when the supervising physician is to be more than forty‑five miles from the supervised practitioner, special consideration must be given to the manner in which the physician intends to monitor the practitioner, and prior board approval must be received for this practice; and

(4) number of other practitioners the physician supervises. Reference must be given to the number of supervised practitioners, as prescribed by law. When the supervising physician assumes responsibility for more than the number of practitioners prescribed by law, special consideration must be given to the manner in which the physician intends to monitor, and prior board approval must be received for this practice.”

SECTION 13. This act takes effect upon approval by the Governor.

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