**South Carolina General Assembly**

124th Session, 2021-2022

**H. 4296**

**STATUS INFORMATION**

General Bill

Sponsors: Rep. G.M. Smith

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Introduced in the House on April 29, 2021

Currently residing in the House Committee on **Medical, Military, Public and Municipal Affairs**

Summary: Certified Medical Assistants

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

4/29/2021 House Introduced and read first time ([House Journal‑page 86](file:///h:\hj\20210429.docx))

4/29/2021 House Referred to Committee on **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 86](file:///h:\hj\20210429.docx))

View the latest [legislative information](http://www.scstatehouse.gov/billsearch.php?billnumbers=4296&session=124&summary=B) at the website

**VERSIONS OF THIS BILL**

[4/29/2021](file:///p:\pprever\2021-22\4296_20210429.docx)

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 40‑47‑196 SO AS TO SPECIFY TASKS THAT MAY BE PERFORMED BY A CERTIFIED MEDICAL ASSISTANT; TO AMEND SECTION 40‑33‑20, AS AMENDED, RELATING TO DEFINITIONS, SO AS TO DEFINE “CERTIFIED MEDICAL ASSISTANT” AND TO AMEND THE DEFINITION OF “UNLICENSED ASSISTIVE PERSONNEL”; TO AMEND SECTION 40‑33‑42, RELATING TO THE DELEGATION OF TASKS TO UNLICENSED ASSISTIVE PERSONNEL, SO AS TO MAKE CONFORMING CHANGES; TO AMEND SECTION 40‑47‑20, AS AMENDED, RELATING TO DEFINITIONS, SO AS TO DEFINE “CERTIFIED MEDICAL ASSISTANT” AND TO AMEND THE DEFINITION OF “UNLICENSED ASSISTIVE PERSONNEL”; TO AMEND SECTION 40‑47‑30, RELATING TO LICENSURE REQUIREMENTS, SO AS TO REMOVE THE PROHIBITION OF LICENSED PHYSICIANS FROM DELEGATING CERTAIN TASKS; AND TO AMEND SECTION 40‑47‑935, AS AMENDED, RELATING TO THE ACTS AND DUTIES OF PHYSICIAN ASSISTANTS, SO AS TO REMOVE THE ABILITY TO DELEGATE CERTAIN TASKS.

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

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

“Section 40‑47‑196. (A) Specific tasks may be delegated to a CMA by a physician, physician assistant if authorized to do so in his scope of practice guidelines, or advanced practice registered nurse if authorized to do so in his practice agreement. The scope of practice guidelines for a physician assistant and the practice agreement for an advanced practice registered nurse must address what tasks may be appropriately delegated to a CMA; provided, however, that the following tasks must not be delegated to a CMA:

(1) administering controlled medications, intravenous medications, contrast agents, or chemotherapy agents;

(2) injecting neurotoxin products, neuro modulatory agents, or tissue fillers;

(3) using lasers or instruments that results in tissue destruction;

(4) placing sutures;

(5) taking radiographs or using any ionizing radiation;

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

(7) triaging patients;

(8) testing for allergies; and

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

(B) A physician, physician assistant, or advanced practice registered nurse may delegate specified tasks to a CMA pursuant to the following requirements:

(1) the task must be delegated directly to the CMA by the physician, physician assistant, or advanced practice registered nurse, and not through another licensed practitioner;

(2) the task must be performed when a physician, physician assistant, or advanced practice registered nurse is present on the premises and in such close proximity as to be immediately available to the CMA if needed;

(3) the physician, physician assistant, or advanced practice registered nurse delegating the task must determine that the task in within the training and competency of the CMA and will not pose a significant risk to the patient if improperly performed;

(4) the task must not involve the verbal transmission of an order or prescription to a licensed person if the licensed person requires the order or prescription to be in writing; and

(5) the CMA must wear an appropriate badge identifying the CMA’s status, which must be clearly visible to the patient at all times.

(C)(1) A physician or physician assistant, pursuant to the physician assistant’s scope of practice guidelines, may delegate nursing tasks to UAP under the supervision of the physician or physician assistant. Such nursing tasks include, but are not limited to, the following:

(a) meeting patients’ needs for personal hygiene;

(b) meeting patients’ needs relating to nutrition;

(c) meeting patients’ needs relating to ambulation;

(d) meeting patients’ needs relating to elimination;

(e) taking vital signs;

(f) maintaining asepsis; and

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

(2) APRNs may delegate nursing tasks to UAP pursuant to Section 40‑33‑42.”

SECTION 2. A. Section 40‑33‑20 of the 1976 Code, as last amended by Act 139 of 2020, is further amended by adding an appropriately numbered item to read:

“( ) ‘Certified medical assistant’ or ‘CMA’ means a person who is a graduate of a post‑secondary medical assisting education program accredited by the National Healthcare Association, or its successor; by the Committee on Allied Health Education and Accreditation of the American Medical Association, or its successor; by the Accrediting Bureau of Health Education Schools, or its successor; or by any accrediting agency recognized by the United States Department of Education. The accredited post‑secondary medical assisting education program must include courses in anatomy and physiology, medical terminology, pharmacology, medical laboratory techniques, and clinical experience. A certified medical assistant must maintain current certification from the certifying board of the American Association of Medical Assistants, the National Center for Competency Testing, the National Certification Medical Association, American Medical Technologists, or any other recognized certifying body approved by the Board of Medical Examiners.”

B. CMAs include medical assistants who are currently employed in that capacity as of the effective date of this act who do not have the certification required by the definition of CMA in Section 40‑33‑20 but who achieve such certification no later than two years after the effective date of this act.

SECTION 3. Section 40‑33‑20(63) of the 1976 Code, as last amended by Act 234 of 2018, is further amended to read:

“(63) ‘Unlicensed assistive personnel’ or ‘UAP’ are persons not currently licensed by the board as nurses or persons who are not certified medical assistants as defined in this section, 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~~ a physician, physician assistant, advanced practice registered nurse, registered nurse, or selected licensed practical nurse. Unlicensed assistive personnel must not administer medications.”

SECTION 4. Section 40‑33‑42(C) of the 1976 Code is amended to read:

“(C) Subject to the rights of licensed physicians and dentists under state law, and except as provided in Section 40‑47‑196 regarding the delegation of tasks to certified medical assistants, the administration of medications is the responsibility of a licensed nurse as prescribed by the licensed physician, dentist, other authorized licensed provider or as authorized in an approved written protocol or guidelines. Unlicensed assistive personnel must not administer medications, except as otherwise provided by law.”

SECTION 5. A. Section 40‑47‑20 of the 1976 Code, as last amended by Act 234 of 2018, is further amended by adding appropriately numbered items to read:

“( ) ‘Certified medical assistant’ or ‘CMA’ means a person who is a graduate of a post‑secondary medical assisting education program accredited by the National Healthcare Association, or its successor; by the Committee on Allied Health Education and Accreditation of the American Medical Association, or its successor; by the Accrediting Bureau of Health Education Schools, or its successor; or by any accrediting agency recognized by the United States Department of Education. The accredited post‑secondary medical assisting education program must include courses in anatomy and physiology, medical terminology, pharmacology, medical laboratory techniques, and clinical experience. A certified medical assistant must maintain current certification from the certifying board of the American Association of Medical Assistants, the National Center for Competency Testing, the National Certification Medical Association, American Medical Technologists, or any other recognized certifying body approved by the Board of Medical Examiners.

( ) ‘Unlicensed assistive personnel’ or ‘UAP’ means persons not currently licensed by the Board of Nursing as nurses, or persons who are not certified medical assistants as defined in this section, who perform routine nursing tasks that do not require a specialized knowledge base or the judgment or skill of a licensed nurse. Nursing tasks performed by unlicensed assistive personnel must be performed under the supervision of a physician, physician assistant, APRN, registered nurse, or licensed practical nurse. Unlicensed assistive personnel must not administer medications.”

B. CMAs include medical assistants who are currently employed in that capacity as of the effective date of this act who do not have the certification required by the definition of CMA in Section 40‑47‑20 but who achieve such certification no later than two years after the effective date of this act.

SECTION 6. Section 40‑47‑30(A) of the 1976 Code is amended to read:

“(A) A person may not practice medicine in this State unless the person is twenty‑one years of age and has been authorized to do so pursuant to the provisions of this article. Nothing in this article may be construed to:

(1) prohibit service in cases of emergency or the domestic administration of family remedies;

(2) apply to those who practice the religious tenets of their church without pretending a knowledge of medicine if the laws, rules, and regulations relating to contagious diseases and sanitary matters are not violated;

(3) prohibit licensed pharmacists from selling, using, and dispensing drugs in their places of business;

(4) allow under any circumstances, physicians’ assistants or optometrists’ assistants to make a refraction for glasses or give a contact lens fitting;

(5) ~~prohibit a licensed physician from delegating tasks to unlicensed personnel in the physician’s employ and on the premises if:~~

~~(a)~~ ~~the task is delegated directly to unlicensed personnel by the physician and not through another licensed practitioner;~~

~~(b)~~ ~~the task is of a routine nature involving neither the special skill of a licensed person nor significant risk to the patient if improperly done;~~

~~(c)~~ ~~the task is performed while the physician is present on the premises and in such close proximity as to be immediately available to the unlicensed person if needed;~~

~~(d)~~ ~~the task does not involve the verbal transmission of a physician’s order or prescription to a licensed person if the licensed person requires the order or prescription to be in writing; and~~

~~(e)~~ ~~the unlicensed person wears an appropriate badge denoting to a patient the person’s status. The unlicensed person shall wear a clearly legible identification badge or other adornment at least one inch by three inches in size bearing the person’s first name at a minimum and staff position. The identification badge must be worn in a manner so that it is clearly visible to patients at all times;~~

~~(6)~~ prohibit the practice of any legally qualified licensee of another state who is employed by the United States government or any department, bureau, division, or agency of the United States government, while in the discharge of official duties;

~~(7)~~(6) prohibit students while engaged in training in a medical school approved by the board;

~~(8)~~(7) prohibit practicing dentistry, nursing, optometry, podiatry, psychology, or another of the healing arts in accordance with state law;

~~(9)~~(8) prohibit the practice of any legally qualified licensee of another state involved in the transport of patients to medical facilities or the lawful procurement of organs or other body parts for medical use.

~~(10)~~(9) prohibit a physician from practicing in actual consultation with a physician licensed in this State concerning an opinion for the South Carolina physician’s consideration in managing the care or treatment of a patient in this State.”

SECTION 7. Section 40‑47‑935 of the 1976 Code, as last amended by Act 32 of 2019, is further amended to read:

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

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

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

(3) telemedicine in accordance with the requirements of Section 40‑47‑37 including, but not limited to, Section 40‑47‑37(C)(6) requiring board authorization prior to prescribing Schedule II and Schedule III prescriptions; Section 40‑47‑113, approved written scope of practice guidelines, and pursuant to all physician supervisory requirements imposed by this chapter.

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

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

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

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

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

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

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

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

(C)~~(1)~~ ~~If provided in the scope of practice guidelines, a PA may delegate the following tasks to unlicensed assistive personnel to be performed under the PA’s supervision:~~

~~(a)~~ ~~meeting patients’ needs for personal hygiene;~~

~~(b)~~ ~~meeting patients’ needs relating to nutrition;~~

~~(c)~~ ~~meeting patients’ needs relating to ambulation;~~

~~(d)~~ ~~meeting patients’ needs relating to elimination;~~

~~(e)~~ ~~taking vital signs;~~

~~(f)~~ ~~maintaining asepsis; and~~

~~(g)~~ ~~observing, recording, and reporting any of the tasks enumerated in this subsection.~~

~~(2)~~ ~~A PA may not delegate the administration of medication to unlicensed assistive personnel.~~

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

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

SECTION 8. This act takes effect sixty days after approval by the Governor.

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