**South Carolina General Assembly**

126th Session, 2025-2026

**S. 360**

**STATUS INFORMATION**

General Bill

Sponsors: Senators Hutto and Ott

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Introduced in the Senate on February 19, 2025

Currently residing in the Senate Committee on **Medical Affairs**

Summary: Certified Registered Nurse Anesthetists

**HISTORY OF LEGISLATIVE ACTIONS**

 Date Body Action Description with journal page number

 2/19/2025 Senate Introduced and read first time (Senate Journal‑page 4)

 2/19/2025 Senate Referred to Committee on **Medical Affairs** (Senate Journal‑page 4)

View the latest  [legislative information](https://www.scstatehouse.gov/billsearch.php?billnumbers=360&session=126&summary=B)  at the website

**VERSIONS OF THIS BILL**

[02/19/2025](https://www.scstatehouse.gov/sess126_2025-2026/prever/360_20250219.docx)

A bill

TO AMEND THE SOUTH CAROLINA CODE OF LAWS BY AMENDING SECTION 40‑33‑20, RELATING TO DEFINITIONS IN THE NURSE PRACTICE ACT, SO AS TO REMOVE DEFINITIONS CONCERNING APPROVED WRITTEN GUIDELINES FOR PRACTICE BY CERTIFIED REGISTERED NURSE ANESTHETISTS; BY AMENDING SECTION 40‑33‑34, RELATING TO PRACTICE REQUIREMENTS FOR ADVANCED PRACTICE REGISTERED NURSES, SO AS TO REVISE PROVISIONS CONCERNING CERTIFIED REGISTERED NURSE ANESTHETISTS BY REMOVING SUPERVISED PRACTICE REQUIREMENTS AND PROVIDE PRESCRIPTIVE PRACTICE AUTHORITY, AMONG OTHER THINGS; AND BY REPEALING SECTION 40‑47‑197 RELATING TO SUPERVISION OF CERTIFIED REGISTERED NURSE ANESTHETISTS BY PHYSICIANS AND DENTISTS.

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

SECTION 1. Section 40‑33‑20(9) and (19) of the S.C. Code is amended to read:

 (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 grantedReserved.

 (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 a minimum of 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.

SECTION 2. Section 40‑33‑34(H) of the S.C. Code is amended to read:

 (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.A CRNA who applies for prescriptive authority:

 (a) must be licensed by the board as a CRNA;

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

 (c) shall submit the required fee;

 (d) shall provide evidence of:

 (i) completion of forty‑five contact hours of education in pharmacology acceptable to the board within two years before application or during the time of the organized educational program; or

 (ii) prescriptive authority in another state meeting twenty hours in pharmacology 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 CRNA 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 CRNA initially is applying to prescribe in Schedules II through V controlled substances.

 (3) The board shall issue an identification number to the CRNA 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 CRNA license.

 (4) 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 pharmacology. For a CRNA with controlled substance prescriptive authority, two of the twenty hours must be related to prescribing controlled substances.

 (5) Authorized prescriptions or institutional facility orders by a CRNA with prescriptive authority:

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

 (b) are limited to drugs, therapies, and devices used to treat medical problems within the specialty field of the CRNA;

 (c) may include Schedules III through V controlled substances;

 (d) may include Schedule II nonnarcotic substances; provided, however, each such prescription may not exceed a thirty‑day supply;

 (e) may include Schedule II narcotic substances; provided, however, that the prescription or order must not exceed a twenty‑four hour supply and another prescription or order must not be written unless the patient is post operative or a patient of a chronic pain practice;

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

 (g) must be signed or electronically submitted by the CRNA with the prescriber’s identification number assigned by the board and all prescribing numbers required by law. Written prescription forms must include the name, address, and phone number of the CRNA. Electronic prescription forms must include the name, address, and phone number of the CRNA. 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.

 (6) A CRNA who holds prescriptive authority may request, receive, and sign for professional samples, including controlled substances, and may distribute professional samples to patients subject to federal and state regulations.

 (7) Prescriptive authorization may be terminated by the board if a CRNA with prescriptive authority has:

 (a) not maintained certification in the specialty field;

 (b) failed to meet the education requirements for pharmacology;

 (c) prescribed outside the scope of the advanced practice specialty;

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

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

 (8) A person whose primary practice settings change shall notify the board of this change within fifteen business days. A CRNA who discontinues his or her practice shall notify the board within fifteen business days.

 (9) A CRNA is prohibited from:

 (a) supervising an anesthesiologist assistant student;

 (b) participating in the clinical education of an anesthesiologist assistant student;

 (c) proctoring an anesthesiologist assistant student; or

 (d) training an anesthesiologist assistant student.

SECTION 3. Section 40‑47‑197 of the S.C. Code is repealed.

SECTION 4. This act takes effect upon approval by the Governor.

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