

SUMMARY OF THE “PA ACT OF 2019”

OVERVIEW

On May 13, 2019, Governor McMaster signed into law the “PA Act of 2019,” Act No. 32 of 2019 (https://www.scstatehouse.gov/sess123_2019-2020/bills/132.htm), with a 90-day delayed effective date. The new law makes a number of updates to the PA Practice Act, along with corresponding changes to the Medical Practice Act, to facilitate PAs’ ability to practice and to streamline licensing and approval procedures. Act No. 32, however, maintains the close working relationship between PAs and physicians by retaining the physician’s supervisory role. Some of the changes are consistent with changes enacted last session pertaining to APRN practice, such as elimination of the geographic radius, an increase in the supervision ratio, and authorization for PAs to perform certain medical acts unless otherwise provided in their scope of practice guidelines. Other changes, such as updates to Schedule II prescriptive authority, are specific to PA practice.

The new law will take effect August 11, 2019. As the result of passage of Act No. 32, PAs and physicians will need to review their scope of practice guidelines and update them in light of the new law. Updated paperwork should be submitted by August 12, 2019. Please check the Board of Medical Examiners (“BME”) website for updates and instructions on updating scope of practice guidelines: <https://www.llr.sc.gov/POL/Medical/>.

KEY PROVISIONS OF ACT NO. 32

1. Elimination of the Geographic Radius

- The requirement that PAs practice within 60 miles of their supervising physician is eliminated.
- The supervising physician, however, must be actively practicing within the geographical boundaries of the State of South Carolina. This is also true for a physician supervising a PA practicing through telemedicine.

2. Supervising Physician: PA ratio

- A supervising physician may sign scope of practice guidelines for up to a total of 6 full-time equivalents (FTEs) (either PAs, APRNs, or a combination of both).
- A physician may only supervise a total of 6 individuals (PAs, APRNs, or a combination of both) in clinical practice at any one time.
- Physicians signing to be alternate supervising physicians will not have those scope of practice guidelines counted toward their total of 6 FTE agreements.
- The BME may approve exceptions to the ratio requirements.

3. On-site/Off-site Practice Requirements

- The requirement for 6 months of on-site practice with the supervising physician is eliminated, as well as the requirement for BME approval of off-site practice.
- A PA with less than 2 years of continuous practice or who is changing specialties may not practice at a location off site from the supervising physician for at least 60 days. The 60-day period, or a portion of it, may be waived by the supervising physician, with written notice submitted to the BME.
- The supervising physician must review, initial, and date the off-site PA’s charts as specified in the scope of practice guidelines by the supervising physician to ensure quality of care and patient safety. The specific requirement for monthly review of at least 10% of the off-site PA’s charts is eliminated.

4. Approval of Scope of Practice Guidelines by the BME

- The medical acts, tasks, or functions to be performed by a PA, including prescriptive authority, must still be set out in the PA’s scope of practice guidelines and approved by the BME.
- A PA may begin practice 10 business days after submittal of the scope of practice guidelines (or proposed changes) to the BME and until a final determination is made by the Board. A PA may begin practice earlier than 10 business days if approval of the scope of practice guidelines is received prior to that time.

- A PA and physician who begin practice 10 days after submittal to the BME, but before approval by the BME, are not subject to disciplinary action for beginning practice.
- If the BME disapproves the scope of practice guidelines (or proposed changes), it must provide a written explanation of its determination and a suggested remedy, if possible.
- Once the BME issues a final determination, the PA and supervising physician must practice in accordance with the BME's determination.

5. Specified Medical Acts

- Consistent with the APRN law enacted in 2018, Act No. 32 authorizes PAs to perform a specific list of medical acts unless provided otherwise in their scope of practice guidelines:
 - provide non-controlled prescription drugs at an entity that provides free medical care for indigent patients;
 - certify that a student is unable to attend school but may benefit from receiving instruction given in his home or hospital;
 - refer a patient to physical therapy for treatment;
 - 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;
 - issue an order for a patient to receive appropriate services from a licensed hospice as defined in Chapter 71, Title 44;
 - 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
 - execute a do not resuscitate order pursuant to the provisions of Chapter 78, Title 44.
- PAs may also execute Physician Orders for Scope of Treatment (POST) forms if specifically authorized to do so in their scope of practice guidelines.
- PAs may sign specified documents on behalf of their supervising physician or alternate supervising physicians if authorized to do so in their scope of practice guidelines.

6. Delegation of Tasks to Unlicensed Assistive Personnel (*i.e.* Certified Medical Assistants)

- 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:
 - meeting patients' needs for personal hygiene;
 - meeting patients' needs relating to nutrition;
 - meeting patients' needs relating to ambulation;
 - meeting patients' needs relating to elimination;
 - taking vital signs;
 - maintaining asepsis; and
 - observing, recording, and reporting any of the tasks enumerated in this subsection.
- A PA may not delegate the administration of medication to unlicensed assistive personnel.

7. Updates to Prescriptive Authority

- PA prescriptive authority must be authorized by the supervising physician in the scope of the practice guidelines. The bullet points below summarize the changes to PA prescriptive authority enacted in Act No. 32. Please consult the PA Practice Act for other requirements in existing law regarding prescription authority.

- Schedules II-V non-narcotic medications:

Prescriptions must be signed or electronically submitted by the PA and must bear the PA's identification number as assigned by the BME and all prescribing numbers required by law. The preprinted prescription form shall include both the PA and supervising physician's name, address, and phone number and, if possible, the physician through the electronic system, and comply with the provisions of Section 39-24-40. (Some EMRs do not allow the supervising physician to be added in addition to the PA).

- Schedule II narcotic medications:

Oral Dosing

- A PA may write an initial Schedule II narcotic controlled substance for up to 5 days.
- A subsequent prescription for a Schedule II narcotic controlled substance may be written for more than 5 days, but the PA must do so in consultation with and approval by the supervising physician. Such approval must be documented in the patient's chart. The requirement for the patient to be seen by the physician is eliminated.
- The PA must directly evaluate the patient; provided, however, that the PA may authorize a prescription if the PA is assigned to take call for the supervising physician or alternate supervising physician treating the patient.

Intravenous (Parenteral) Dosing

- The PA must directly evaluate the patient; provided, however, that the PA may authorize a medical order if the PA is assigned to take call for the supervising physician or alternate supervising physician treating the patient.
- The written prescription may not exceed a one-time administration within a 24-hour period without the approval of the supervising physician or alternate supervising physician, and such approval must be documented in the patient's chart.

8. Educational Requirements for Controlled Substance Prescriptive Authority

- The PA must provide evidence of education in pharmacotherapeutics as determined by the BME.
- PAs are no longer required to complete 15 contact hours of education in controlled substances in order to apply for their controlled substance prescriptive authority.
- Every 2 years, the PA must provide documentation of 4 continuing education hours related to approved procedures of prescribing and monitoring controlled substances

listed in Schedules II, III, and IV of the schedules provided for in Sections 44-53-210, 44-53-230, and 44-53-250.

- The PA and supervising physician are no longer required to sign and periodically review a document on the management of expanded controlled substance prescriptive authority for PAs.

9. Changes to Improve and Facilitate Physician/PA Team Practice

- In a hospital practice setting, a list of alternate supervising physicians may be submitted to the BME without the signatures of the alternate supervising physicians.
- If a PA is to be employed by a hospital system or provider group with a credentialing committee, then the credentialing committee may begin the credentialing process necessary to employ the PA upon submittal of the proposed scope of practice guidelines to the BME.
- The requirement for a PA to take an examination on the statutes and regulations applicable to PA practice is eliminated.
- The statutory requirement for an in-person interview in every instance is eliminated and left to the discretion of the BME.
- If a supervisory relationship is terminated, a current alternate supervising physician for the PA may serve as a supervising physician under the existing scope of practice guidelines for a period not to exceed 90 days until a new supervising physician is designated and new scope of practice guidelines are approved.
- Fees are eliminated for changing supervisors or adding a primary supervisor for dual employment.

10. Telemedicine

- Act No. 32 does not make any changes to the authorization for PAs to practice through telemedicine enacted in the 2018 session.
- The PA must be authorized to practice telemedicine in his or her scope of practice guidelines.
- The PA must comply with the requirements of Section 40-47-37 including, but not limited to, Section 40-47-37(C)(6) requiring BME authorization to prescribe Schedule II and Schedule III controlled substances.