

Please review this legislative update related to Physician's Assistant prescriptive authority for Schedule II drugs. Also, included is an advisory opinion issued by the SC Board of Medical Examiners related to a pharmacist's responsibility regarding verification. Lastly, you will see the provision in the SC Reg 61-4, related to prescriptions issued by out-of-state practitioners.

This expert is from Senate Bill 448:

Permissible medical samples, Schedule II drugs

SECTION 9. Section [40-47-965](#) of the 1976 Code is amended to read:

"Section [40-47-965](#). (A) If the written scope of practice guidelines authorizes the physician's assistant to prescribe drug therapy:

- (1) prescriptions for authorized drugs and devices shall comply with all applicable state and federal laws;
- (2) prescriptions must be limited to drugs and devices authorized by the supervising physician and set forth in the written scope of practice guidelines;
- (3) prescriptions must be signed by the physician assistant and must bear the physician assistant's identification number as assigned by the board and all prescribing numbers required by law. The preprinted prescription form shall include both the physician assistant's and physician's name, address, and phone number and shall comply with the provisions of Section [39-24-40](#);
- (4) drugs or devices prescribed must be specifically documented in the patient record;
- (5) the physician assistant may request, receive, and sign for professional samples of drugs authorized in the written scope of practice guidelines and may distribute professional samples to patients in compliance with appropriate federal and state regulations and the written scope of practice guidelines;
- (6) the physician assistant may authorize prescriptions for an orally administered Schedule II controlled substance, as defined in the federal Controlled Substances Act, pursuant to the following requirements:
 - (a) the authorization to prescribe is expressly approved by the supervising physician as set forth in the physician assistant's written scope of practice guidelines;
 - (b) the physician assistant has directly evaluated the patient;
 - (c) the authority to prescribe is limited to an initial prescription and must not exceed a seventy-two hour supply;
 - (d) any subsequent prescription authorization must be in consultation with and upon patient examination and evaluation by the supervising physician, and must be documented in the patient's chart; and
 - (e) any prescription for continuing drug therapy must include consultation with the supervising physician and must be documented in the patient's chart;
- (7) the physician assistant may authorize a medical order for parenteral administration of a Schedule II controlled substance, as defined in the federal Controlled Substances Act, pursuant to the following requirements:
 - (a) the authorization to write a medical order is expressly approved by the supervising physician as set forth in the physician assistant's written scope of practice guidelines;
 - (b) the physician assistant is providing patient care in a hospital setting, including emergency and outpatient departments affiliated with the hospital;
 - (c) an initial patient examination and evaluation has been performed by the supervising physician, or his delegate physician, and has been documented in the patient's chart; however, in a hospital emergency department, a physician assistant may authorize such a medical order if the supervising or delegate physician is unavailable due to clinical demands, but remains on the premises and is immediately available, and the supervising or delegate physician conducts the patient evaluation as soon as practicable and is documented in the patient's chart;
 - (d) the physician assistant has directly evaluated the patient; and
 - (e) the written medical order may not exceed a one-time administration within a twenty-four hour period.
- (B) When applying for controlled substance prescriptive authority, the applicant shall comply with the following requirements:
 - (1) the physician assistant shall provide evidence of completion of sixty contact hours of education in pharmacotherapeutics acceptable to the board before application;
 - (2) the physician assistant shall provide at least fifteen contact hours of education in controlled substances acceptable to the board;
 - (3) every two years, the physician assistant shall provide documentation of four continuing education contact hours in prescribing controlled substances acceptable to the board;
 - (4) the physician assistant must have a valid Drug Enforcement Administration (DEA) registration and prescribe in accordance with DEA rules; and
 - (5) the physician assistant and supervising physician must read and sign a document approved by the board describing the management of expanded controlled substances prescriptive authority for physician assistants in South Carolina which must be kept on file for review. Within the two-year period, the physician assistant and the supervising physician periodically shall review this document and the physician assistant's prescribing practices to ensure proper prescribing procedures are followed. This review must be documented in writing with a copy kept at each practice site.
- (C) A physician assistant's prescriptive authorization may be terminated by the board if the physician assistant:
 - (1) practices outside the written scope of practice guidelines;
 - (2) violates any state or federal law or regulation applicable to prescriptions; or
 - (3) violates a state or federal law applicable to physician assistants."

Prohibited medical acts, Schedule II drugs

SECTION 10. Section [40-47-970](#) of the 1976 Code is amended to read:

"Section [40-47-970](#). A physician assistant may not:

- (1) perform a medical act, task, or function which has not been listed and approved on the scope of practice guidelines;
- (2) prescribe drugs, medications, or devices not specifically authorized by the supervising physician and documented in the written scope of practice guidelines;
- (3) prescribe, under any circumstances, controlled substances in Schedule II except as authorized in Section [40-47-965](#);
- (4) perform a medical act, task, or function that is outside the usual practice of the supervising physician."

Scope of practice, termination

SECTION 11. Section [40-47-995](#) of the 1976 Code is amended to read:

"Section [40-47-995](#). If the supervisory relationship between a physician assistant and the supervising physician is terminated for any reason, the physician assistant and the supervising physician shall inform the board immediately in writing of the termination, including the reasons for the termination. The approval of the practice setting terminates coterminous with the termination of the relationship, and practice shall cease until new scope of practice guidelines are submitted by a supervising physician and are approved by the board."

Repeal

SECTION 12. Sections [40-47-975](#) and [40-47-980](#) of the 1976 Code are repealed.

Time effective

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

Ratified the 15th day of May, 2013.

Approved the 21st day of May, 2013.

[28] PA PRESCRIBING QUESTION ADVISORY OPINION-The BME does not interpret the language of the PA act as amended to impose an obligation upon the pharmacy in question to verify compliance with 40-47-965. Licensees under the BME, supervising physicians and physician assistants are expected to comply with the medical practice act and are subject to discipline if they do not. Pharmacies may choose to implement their own verification procedures for prescriptions in accordance with the requirements of Pharmacy practice act.

For Out-of-State physician's assistants, please refer to SC 61-4 Section 114. Dispensing of Out-of-State Prescriptions and Orders.

- (a) Prescriptions or orders for controlled substances from out-of-state practitioners may be filled in good faith by dispensers provided:
 - (1) The dispenser knows the recipient; or requires proper ID and notes such on the prescription;
 - (2) The dispenser makes a good faith inquiry concerning whether the order or prescription is legitimate;
 - (3) The prescription or order meets all of the requirements of this regulation and the Act, including whether the order or prescription is for legitimate medical purposes. And is within the regular course of practice of the practitioner;
 - (4) The practitioner who issued the prescription would ordinarily be entitled to issue prescriptions under SC law (i.e., physicians, dentists, veterinarians, and podiatrists are authorized to issue prescriptions; chiropractors, psychologists, etc, are not authorized to prescribe drugs); and
 - (5) The prescribing practitioner holds a valid individual Federal (DEA) controlled substance registration number in the state, district or territory of origin of the prescription, or is exempt from such registration requirement under the provisions of Federal Regulation 21 CFR 1301.24.