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# 2025 South Dakota Legislature

# **Senate Bill 102**

Introduced by: Senator Reed

- 1 An Act to revise provisions related to the practice of physician assistants.
- 2 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF SOUTH DAKOTA:
- 3 Section 1. That § 36-4A-1 be AMENDED:
- 4 **36-4A-1.** Terms—as used in this chapter mean:
  - (1) "Board," the State Board of Medical and Osteopathic Examiners;
- 6 (2) "Collaborating physician," a physician licensed in accordance with chapter 36-4,
  7 who has signed a collaborative agreement with a physician assistant;
  - (3) "Collaboration," the act of overseeing the activities of, interacting with, consulting with, and accepting responsibility for the medical services rendered by, a physician assistant as a member of the health care team; and
  - (4) "Physician assistant," a health—professional care provider who meets the qualifications—defined set forth in this chapter and is licensed by the board;
  - (3) "Supervising physician," a doctor of medicine or doctor of osteopathy licensed by the board who supervises a physician assistant;
- 15 (4) "Supervision," the act of overseeing the activities of, and accepting responsibility
  16 for, the medical services rendered by a physician assistant.

#### Section 2. That § 36-4A-1.1 be AMENDED:

- **36-4A-1.1.** The term, <u>practice "collaborative</u> agreement," as used in this chapter, means a <u>written agreement authored</u> contract that:
- 20 <u>(1)</u> Is jointly agreed to and signed by the <u>a</u> physician assistant and the supervising <u>a</u>
  21 physician. The practice agreement shall prescribe, licensed in accordance with
  22 chapter 36-4;
- 23 (2) Prescribes the delegated activities which that the physician assistant may perform, 24 consistent with § 36-4A-26.1; and contain such

(3) Contains other information as required by the board to describe the physician assistant's level of competence and the <u>supervision</u> collaboration provided by the physician.

To enter or maintain a collaborative agreement, a physician must be free from any disciplinary action or other restriction that would restrict the physician's ability to collaborate.

A signed copy of the <u>practice\_collaborative</u> agreement <u>shall\_must</u> be kept on file at the physician assistant's primary practice site and be filed with and approved by the board prior to <u>the physician assistant</u> beginning practice. No physician assistant may practice without <u>an approved practice</u> a board-approved collaborative agreement.

#### Section 3. That § 36-4A-4 be AMENDED:

**36-4A-4.** Except as provided in §§ 36-4A-5 and 36-4A-6, any—<u>person\_individual</u> who practices as a physician assistant in this state without a license issued by the board and a—<u>practice\_collaborative</u> agreement approved by the board is guilty of a Class 1 misdemeanor. Each violation—<u>shall be considered is</u> a separate offense.

## Section 4. That § 36-4A-20.1 be AMENDED:

**36-4A-20.1.** The board may not approve any practice agreement that includes abortion as a permitted procedure Nothing in this chapter authorizes a physician assistant to effectuate an abortion.

## Section 5. That § 36-4A-26.1 be AMENDED:

- **36-4A-26.1.** A physician assistant—shall be considered is an agent of the supervising collaborating physician in the performance of all practice-related activities delegated to the physician assistant in the collaborative agreement. A physician assistant may provide those medical services that are delegated by the supervising collaborating physician pursuant to § 36-4A-1.1 if the service is within the physician assistant's skills, forms a component of the physician's scope of practice, and is provided with—supervision collaboration, including:
- (1) Initial medical diagnosis and institution of a plan of therapy or referral;
- (2) Prescribing and provision of drug samples or a limited supply of labeled medications, including controlled substances listed on Schedule II in chapter 34-20B for one period of not more than thirty days, for treatment of causative factors

and symptoms. Medications or sample drugs provided to patients shall be
accompanied with written administration instructions and appropriate
documentation shall be entered in the patient's record. Physician assistants may
request, receive, and sign for professional samples of drugs provided by the
manufacturer;

- (3) Responding to emergencies and the institution of emergency treatment measures: including the writing of
- (4) Writing a chemical or physical restraint order when the patient may do personal harm or harm others;
- (4)(5) Completing and signing of official documents such as birth and death certificates and similar other official documents required by law;
- (5)(6) Taking X rays x-rays and performing radiologic procedures; and
- (6)(7) Performing physical examinations for participation in athletics and certifying that the patient is healthy and able to participate in athletics.

If a physician assistant provides medications or sample drugs to a patient, the physician assistant must ensure that the medications or sample drugs are accompanied by written administration instructions, and that appropriate documentation is entered in the patient's record. A physician assistant may request, receive, and sign for professional samples of drugs provided by the manufacturer.

#### Section 6. That § 36-4A-26.2 be AMENDED:

**36-4A-26.2.** A—<u>If a physician assistant, licensed in this state—or, licensed or authorized to practice in any other United States jurisdiction, or—who is credentialed as a physician assistant by a federal employer—who, is responding to a need for medical care created by an emergency or a state or local disaster—(, not—to be defined as including an emergency situation—which that occurs in the physician assistant's place of—one's employment), that physician assistant may render—such the care that—he or she the physician assistant is able to provide, without—supervision as it is defined in this chapter collaboration, or with such supervision as is—available collaboration.</u>

No-A physician who supervises collaborating with a physician assistant providing medical care in response to such an emergency or state or local disaster is not required to meet the requirements set forth in this chapter for a supervising collaborating physician.

### Section 7. That § 36-4A-26.3 be AMENDED:

**36-4A-26.3.** No—A physician assistant licensed in this state, or licensed or authorized to practice in—other states another state or territory of the United States, who voluntarily and gratuitously, and other than in the ordinary course of employment or practice, renders emergency medical assistance, is not liable for civil damages for any personal injuries—which that result from the physician assistant's acts or omissions—by those persons in rendering emergency care—which constitute ordinary negligence. This section does not apply to any acts or omissions that occur in the ordinary course of employment or practice.

The immunity granted by this section does not apply to acts or omissions constituting willful, or wanton negligence—or, and does not apply if the medical assistance is rendered at any hospital, physician's office, or other health care delivery entity where those services are the assistance is normally rendered.

No A physician who supervises collaborating with a physician assistant who voluntarily and gratuitously providing renders emergency care, as described in this section, is not liable for civil damages for any personal injuries which that result from acts or omissions by the physician assistant rendering the emergency care.

# Section 8. That § 36-4A-29 be AMENDED:

36-4A-29. The physician, by supervision, continuous monitoring, and evaluation accollaborating physician accepts initial and continuing responsibility for the physician assistant or assistants responsible to the physician for all practice-related activities delegated to the physician assistant, until such relationship the collaborative agreement is terminated. Supervision may be by direct personal contact, or by a combination of direct personal contact and contact via telecommunication, as may be required by the board. If the office of a physician assistant is separate from the main office of the supervising physician, the supervision shall include on site personal supervision by a supervising physician as required by the board. A physician assistant who is issued a temporary license pursuant to § 36-4A-8.1 shall initially receive thirty days of on site, direct supervision by a supervision physician. Thereafter, and until expiration of the temporary license, the supervision shall include at least two one half business days per week of on site personal supervision by a supervising physician

The collaborating physician must ensure that the collaborating physician, or a physician approved by the collaborating physician, is:

(1) Physically present at the location at which services are rendered or tasks are performed by the physician assistant; or

(2) Immediately available through the use of telecommunications or other electronic means to ensure the proper care of the patient, if the collaborating physician, or a physician approved by the collaborating physician, is not physically present at the location at which services are rendered or tasks are performed by the physician assistant.

## Section 9. That § 36-4A-29.1 be AMENDED:

**36-4A-29.1.** The board may authorize modifications—in\_to the method and frequency of supervision of a physician assistant\_methods of collaboration required by § 36-4A-29 that it considers appropriate, based upon its finding of adequate supervision collaboration, training, and proficiency.

A supervising physician may apply to the board for permission to supervise sign a collaborative agreement with more than one physician assistant. A physician assistant may sign a collaborative agreement with more than one physician. The board shall establish the number of physician assistants, up to four FTE, to be supervised by with whom a supervising physician based upon its finding may sign a collaborative agreement, to ensure that adequate supervision collaboration will exist under the arrangement proposed by the supervising physician.

The board may consider a joint application for both <u>the</u> modification of <u>supervision</u> <u>collaboration</u> and the number of physician assistants <u>supervised as provided in this section</u> with whom a physician may sign a collaborative agreement.

### Section 10. That § 36-4A-37 be AMENDED:

- **36-4A-37.** The board may deny the issuance or renewal of a license. The board may deny the issuance or renewal of a physician assistant license, or suspend, or revoke a license, or impose other disciplinary actions upon the license of any physician assistant issued under this chapter action on a licensee, upon satisfactory proof, in compliance with chapter 1-26, of the applicant's or licensee's:
- (1) Professional incompetence or unprofessional or dishonorable conduct, as defined in §§ 36-4-29 and 36-4-30;
- (2) Violation of this chapter in any respect;
- 30 (3) Failure to maintain on file with the board a copy of each—<u>practice\_collaborative</u>
  31 agreement containing—the current information regarding the <u>licensee's physician</u>
  32 assistant's practice status as required by the board;

1	(4)	Rendering of medical services beyond those delegated to the physician assistant in
2		the practice collaborative agreement; or
3	(5)	Rendering of medical services without supervision of collaboration with a physician
4		as required by law and the rules of the board.
5	Section	11. That § 36-4A-42 be AMENDED:
6		<b>36-4A-42.</b> The board shall promulgate rules pursuant to chapter 1-26 pertaining
7	to <del>-fee</del>	<del>s, licensure</del> :
8	<u>(1)</u>	Fees;
9	<u>(2)</u>	The licensure of physician assistants; and supervision requirements
10	(3)	Requirements pertaining to collaboration and collaborative agreements.
11	Section	12. That § 36-4A-29.2 be REPEALED.
12		In order to supervise a physician assistant, a physician shall:
13	(1)	Be licensed as a physician by the board pursuant to chapter 36-4;
14	<del>(2)</del>	Be free from any restriction on his or her ability to supervise a physician assistant
15		that has been imposed by board disciplinary action; and
16	<del>(3)</del>	Maintain a written practice agreement with the physician assistant as described in

§ 36-4A-1.1.

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