ARTICLE 7.

SOUTH CAROLINA PHYSICIAN ASSISTANTS PRACTICE ACT

SECTION 40-47-905. Short title.

This article may be cited as the "South Carolina Physician Assistants Practice Act".

HISTORY: 2000 Act No. 359, Section 1.


As used in this article:

(1) "Alternate physician supervisor" or "alternate supervising physician" means a South Carolina licensed physician currently possessing an active, unrestricted permanent license to practice medicine in South Carolina who accepts the responsibility to supervise a physician assistant's activities in the absence of the supervising physician and this physician is approved by the physician supervisor in writing in the scope of practice guidelines.

(2) "Board" means the Board of Medical Examiners of South Carolina.

(3) "Committee" means the Physician Assistant Committee as established by this article as an advisory committee responsible to the board.

(4) "Immediate consultation" means a supervising physician must be available for direct communication by telephone or other means of telecommunication.

(5) "NCCPA" means the National Commission on Certification of Physician Assistants, Inc., the agency recognized to examine and evaluate the education of physician assistants, or its successor organization as recognized by the board.

(6) "Physician assistant" means a health care professional licensed to assist in the practice of medicine with a physician supervisor.

(7) "Physician supervisor" or "supervising physician" means a South Carolina licensed physician currently possessing an active, unrestricted permanent license to practice medicine in South Carolina who is approved to serve as a supervising physician for no more than three full-time equivalent physician assistants. The physician supervisor is the individual who is responsible for supervising a physician assistant's activities.

(8) "Supervising" means overseeing the activities of, and accepting responsibility for, the medical services rendered by a physician assistant as part of a physician-led team in a manner approved by the board.

HISTORY: 2000 Act No. 359, Section 1; 2006 Act No. 244, Section 1; 2013 Act No. 28, Section 2, eff May 21, 2013.

SECTION 40-47-915. Application of article.

This article does not apply to a person:

(1) who is employed as a physician assistant by the United States Government, where such services are provided solely under the direction or control of the United States Government.

(2) pursuing a course of study leading to a degree or certificate to practice as a physician assistant in a program approved by the Commission on Accreditation of Allied Health Education Programs or its successor agency, where such activities and services constitute a part of a supervised course of study; however, the person must be clearly identified by a badge or other adornment with that person's name and the words "Physician Assistant-Student" clearly legible. The badge or adornment must be at least one inch by three inches in size.
SECTION 40-47-920. Authority to employ staff.

The Director of the Department of Labor, Licensing and Regulation may employ additional staff as necessary for the performance of the department's duties under this article.

SECTION 40-47-925. Physician Assistant Committee; membership; term; filling vacancies; meetings; duty to receive and account for monies collected under article.

(A) There is created the Physician Assistant Committee as an advisory committee to the board which consists of nine members to be appointed by the Board of Medical Examiners. Three of the members must be licensed physician assistants with a minimum of three years of patient care experience in this State. Two members must be consumers, and three members must be physicians who are licensed to practice in this State. Of the three physician members, at least one must regularly employ a physician assistant. One member of the Board of Medical Examiners shall serve on the committee ex officio. All organizations, groups, or interested individuals may submit recommendations to the board of at least two individuals for each position to be filled on the committee.

(B) The members shall serve for terms of four years and until their successors are appointed and qualify, except the initial term of two physician assistants, the consumer member, and one physician are for two years. Vacancies must be filled in the manner of the original appointment for the unexpired portion of the term. The board, after notice and opportunity for hearing, may remove any member of the committee for negligence, neglect of duty, incompetence, revocation or suspension of license, or other dishonorable conduct. Members of the committee shall receive mileage, subsistence, and per diem as provided by law for members of state boards, commissions, and committees for each meeting attended. No member may serve more than two full four-year terms consecutively, but may be eligible for reappointment four years from the date the last full four-year term expired.

(C) The committee shall meet at least two times yearly and at other times as may be necessary. A quorum for all meetings shall consist of five members. At its initial meeting, and at the beginning of each year thereafter, the committee shall elect from its membership a chairman, vice-chairman, and secretary to serve for a term of one year.

(D) The committee shall receive and account for all monies under the provisions of this article and shall pay all monies collected to the board for deposit with the State Treasurer as provided for by law.

SECTION 40-47-930. Powers and duties of committee and board.

(A) The committee shall evaluate the qualifications and supervise the examinations of applicants for licensure and make recommendations to the board.

(B) The board may issue subpoenas, examine witnesses, and administer oaths and may investigate allegations of practices violating the provisions of this article.

(C) The committee:

(1) may recommend regulations to the board relating to professional conduct to carry out the provisions of this article including, but not limited to, professional certification and the establishment of ethical standards of practice for persons holding a license to practice as physician assistants in this State;

(2) shall conduct hearings and keep records and minutes necessary to carry out its functions;
(3) shall provide notice of all hearings authorized under this article pursuant to the Administrative Procedures Act;
(4) shall determine the qualifications and make recommendations regarding the issuance of licenses to qualified physician assistants;
(5) shall recommend to the board whether to issue or renew licenses under those conditions prescribed in this article;
(6) may recommend requirements to the board for continuing professional education of physician assistants to the board;
(7) shall keep a record of its proceedings and a register of all licensees, including their names and last known places of employment and residence. The board shall annually compile and make available a list of physician assistants authorized to practice in this State. An interested person may obtain a copy of this list upon application to the board and payment of an amount sufficient to cover the cost of printing and mailing;
(8) shall report annually to the board on duties performed, actions taken, and recommendations;
(9) shall hear disciplinary cases and recommend findings of fact, conclusions of law, and sanctions to the board. The board shall conduct a final hearing at which it shall make a final decision;
(10) shall perform such duties and tasks as may be delegated to the committee by the board.

HISTORY: 2000 Act No. 359, Section 1.

SECTION 40-47-935. Act and duties physician assistant authorized to perform; agency relationship to supervising physician.

Physician assistants may perform:
(1) medical acts, tasks, or functions with 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. However, only physician assistants holding a permanent license may prescribe drug therapy as provided in this article.

A physician assistant is an agent of his or her supervising physician in the performance of all practice related activities including, but not limited to, the ordering of diagnostic, therapeutic, and other medical services.

HISTORY: 2000 Act No. 359, Section 1; 2006 Act No. 244, Section 2.

SECTION 40-47-938. Supervisory relationships.

(A) A physician currently possessing an active, unrestricted permanent license to practice medicine under the provisions of this chapter, who accepts the responsibility to supervise a physician assistant's activities, must enter into a supervisory relationship with a physician assistant licensed pursuant to this article, subject to approval of scope of practice guidelines by the board. The physician must notify the board, in writing, of the proposed supervisory relationship and include the proposed scope of practice guidelines for the relationship. Upon receipt of board approval, the physician assistant may begin clinical practice with the named supervising physician and alternate physicians.

(B) A supervising physician may determine that there are additional medical acts, tasks, or functions for which a physician assistant under the physician's supervision needs additional training or education to meet the needs of the physician's practice and that the physician would like to incorporate into the physician assistant's scope of practice guidelines. The physician must determine, in consultation with the physician assistant, the means of educating the physician assistant, which may include training under the direct supervision of the physician, education, or certification of proposed practices or other appropriate educational methods. The physician must notify the board in writing of the requested changes to the
physician assistant's scope of practice guidelines and must provide documentation to the board of the
cOMPETENCE of the physician assistant to perform the additional medical acts, tasks, or functions. Upon
receipt of board approval of the requested changes, the physician assistant may incorporate these
additional medical acts, tasks, or functions into practice.

(C) The board shall review and determine whether to approve these proposed scope of practice
guidelines or requested changes to the scope of practice guidelines within ten business days after receipt
of notice from the supervising physician as required by subsections (A) and (B). If the board needs
additional information or clarification, a physician member of the board must contact the supervisory
physician within ten business days of receipt of the physician's notice. If the board requests additional
information or clarification to consider approval of scope of practice guidelines or changes to these
guidelines, the supervising physician shall provide it in a timely manner; and upon receipt, a
determination regarding approval must be made within ten business days.

HISTORY: 2013 Act No. 28, Section 1, eff May 21, 2013.

SECTION 40-47-940. Application for license; appearance before committee; temporary and permanent
licenses.

(A) An application must be submitted to the board on forms supplied by the board. The application
must be complete in every detail before licensure may be granted and must be accompanied by a
nonrefundable fee. As part of the application process, the supervising physician and physician assistant
must specify clearly in detail those medical acts, tasks, or functions for which approval is being sought.
The specific medical acts, tasks, or functions must be included in the scope of practice guidelines, and the
scope of practice guidelines must accompany the application.

(B) When a board member or board designee or the administrative staff of the board has reviewed the
entire application for completeness and correctness and has determined the eligibility or appropriateness
of the application a temporary authorization may be issued immediately. At the next board meeting the
application may be recommended for approval for a permanent license or other authorization consistent
with this article. If a temporary authorization is not considered appropriate, the application must be
reviewed by the committee and may be recommended to the board for approval as presented to or
modified by the committee.

HISTORY: 2000 Act No. 359, Section 1; 2006 Act No. 244, Section 3; 2013 Act No. 28, Section 3, eff
May 21, 2013.

SECTION 40-47-945. Conditions for granting permanent license.

(A) Except as otherwise provided in this article, an individual shall obtain a permanent license from the
board before the individual may practice as a physician assistant. The board shall grant a permanent
license as a physician assistant to an applicant who has:

1) submitted a completed application on forms provided by the board;
2) paid the nonrefundable application fees established in this article;
3) successfully completed an educational program for physician assistants approved by the
Accreditation Review Commission on Education for the Physician Assistant or its predecessor or
successor organization;
4) successfully completed the NCCPA certifying examination and provide documentation that the
applicant possesses a current, active, NCCPA certificate;
5) certified that the applicant is mentally and physically able to engage safely in practice as a
physician assistant;
(6) no licensure, certificate, or registration as a physician assistant under current discipline, revocation, suspension, probation, or investigation for cause resulting from the applicant's practice as a physician assistant;  
(7) good moral character;  
(8) submitted to the board other information the board considers necessary to evaluate the applicant's qualifications;  
(9) appeared before a board member or board designee with all original diplomas and certificates and demonstrated knowledge of the contents of this article. A temporary authorization to practice may be issued as provided in Section 40-47-940 pending completion of this requirement and subject to satisfactory interview as provided below; and  
(10) successfully completed an examination administered by the committee on the statutes and regulations regarding physician assistant practice and supervision.

(B) Not later than ninety days from the date a temporary authorization is issued, each applicant shall appear before a board member or board designee with all original diplomas and certificates and demonstrate knowledge of the contents of this article. Failure to appear within the prescribed time automatically results in the immediate invalidation of the authorization to practice pending compliance and further order of the board. If approved, a permanent license may be issued immediately. If not approved, the application must be reviewed by the committee and may be recommended to the board for approval as presented to or modified by the committee.

(C) The supervising physician of a limited licensee physically must be present on the premises at all times when the limited licensee is performing a task.

HISTORY: 2000 Act No. 359, Section 1; 2006 Act No. 244, Section 4; 2013 Act No. 28, Section 4, eff May 21, 2013.

SECTION 40-47-950. Limited physician assistant license; conditions for issuance; duration; responsibilities of supervising physician.

(A) The board may issue a limited physician assistant license to an applicant who has:  
(1) submitted a completed application on forms provided by the board;  
(2) paid the nonrefundable application fees established by this regulation;  
(3) successfully completed an educational program for physician assistants approved by the Accreditation Review Commission on Education for the Physician Assistant or its predecessor or successor organization;  
(4) never previously failed two consecutive NCCPA certifying examinations and has registered for, or intends to register to take the next offering of, the NCCPA examination;  
(5) certified that the applicant mentally and physically is able to engage safely in practice as a physician assistant;  
(6) no licensure, certificate, or registration as a physician assistant under current discipline, revocation, suspension, probation, or investigation for cause resulting from the applicant's practice as a physician assistant;  
(7) good moral character;  
(8) submitted to the board any other information the board considers necessary to evaluate the applicant's qualifications;  
(9) appeared before a board member or board designee with all original diplomas and certificates and demonstrated knowledge of the contents of this article; and  
(10) successfully completed an examination administered by the committee on the statutes and regulations regarding physician assistant practice and supervision.

(B) A limited license is not renewable and is valid only until the results of a limited licensee's two consecutive NCCPA certifying examinations are reported to the board. When a limited licensee has failed two consecutive NCCPA certifying examinations, or fails one exam and does not take the NCCPA certifying examination at the next opportunity or, after applying for a limited license, fails to register for
the next offering of the examination, the limited license immediately is void and the applicant is no longer eligible to apply for further limited licensure.

(C) The supervising physician of a limited licensee physically must be present on the premises at all times when the limited licensee is performing a task.

HISTORY: 2000 Act No. 359, Section 1; 2006 Act No. 244, Section 5; 2013 Act No. 28, Sections 5, 6, eff May 21, 2013.

SECTION 40-47-955. Scope of physician assistant's practice; physical presence requirements of supervising physician; practices in separate locations; granting of exceptions.

(A) The supervising physician is responsible for all aspects of the physician assistant's practice. Supervision must be continuous but must not be construed as necessarily requiring the physical presence of the supervising physician at the time and place where the services are rendered, except as otherwise required for limited licensees. The supervising physician shall identify the physician assistant's scope of practice and determine the delegation of medical acts, tasks, or functions. Medical acts, tasks, or functions must be defined in written scope of practice guidelines which must be appropriate to the physician assistant's ability and knowledge.

(B) Pursuant to scope of practice guidelines, a physician assistant may practice in a public place, a private place, or a facility where the supervising physician regularly sees patients, may make house calls, perform hospital duties, and perform any functions performed by the supervising physician if the physician assistant is also qualified to perform those functions.

(C) A physician assistant must have six months of clinical experience with the current supervising physician before being permitted to practice at a location off site from the supervising physician, except that a physician assistant who has at least two years continuous practice in the same specialty may practice at a location off site from the supervising physician after three months clinical experience with the supervising physician and upon request of the supervising physician. This three-month requirement may be waived for experienced physician assistants and supervisors upon recommendation of the committee and approval by the board. The off-site location may not be more than sixty miles of travel from the supervising physician or alternate supervising physician without written approval of the board. Notice of off-site practice must be filed with the administrative staff of the board before off-site practice may be authorized. The supervising physician or alternate must review, initial, and date the off-site physician assistant's charts periodically as provided in the written scope of practice guidelines, provided the supervising physician must review and verify the adequacy of clinical practice of ten percent of these charts monthly.

(D) A supervising physician may simultaneously supervise no more than three physician assistants providing clinical service at one time.

(E) Upon written request, and recommendation of the committee, the board may authorize exceptions to the requirements of this section.

HISTORY: 2000 Act No. 359, Section 1; 2006 Act No. 244, Section 6; 2013 Act No. 28, Section 7, eff May 21, 2013.

SECTION 40-47-960. Scope of practice guidelines; signature and filing requirements; contents.

A physician assistant practicing at all sites shall practice pursuant to written scope of practice guidelines signed by all supervisory physicians and the physician assistant. Copies of the guidelines must be on file at all practice sites. The guidelines shall include at a minimum the:

(1) name, license number, and practice addresses of all supervising physicians;
(2) name and practice address of the physician assistant;
(3) date the guidelines were developed and dates they were reviewed and amended;
(4) medical conditions for which therapies may be initiated, continued, or modified;
(5) treatments that may be initiated, continued, or modified;
(6) drug therapy, if any, that may be prescribed with drug-specific classifications; and
(7) situations that require direct evaluation by or immediate referral to the physician, including Schedule II controlled substance prescription authorization as provided for in Section 40-47-965.

HISTORY: 2000 Act No. 359, Section 1; 2013 Act No. 28, Section 8, eff May 21, 2013.

SECTION 40-47-965. Requirements for writing prescriptions for drugs, controlled substances, and medical devices.

(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.

HISTORY: 2000 Act No. 359, Section 1; 2006 Act No. 244, Section 7; 2013 Act No. 28, Section 9, eff May 21, 2013.

SECTION 40-47-970. Limitations on permissible medical act, task, or function physician assistant may perform.

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.

HISTORY: 2000 Act No. 359, Section 1; 2006 Act No. 244, Section 8; 2013 Act No. 28, Section 10, eff May 21, 2013.

SECTIONS 40-47-975, 40-47-980. Repealed by 2013 Act No. 28, Section 12, eff May 21, 2013.

SECTIONS 40-47-975, 40-47-980. Repealed by 2013 Act No. 28, Section 12, eff May 21, 2013.

SECTION 40-47-985. Inspection of office or facility employing physician assistant.
The board or a person designated by the board may make unscheduled inspections of any office or facility employing a physician assistant.

HISTORY: 2000 Act No. 359, Section 1.

SECTION 40-47-990. Identification as physician assistant; badge size and content.

A physician assistant must clearly identify himself or herself as a physician assistant to ensure that the physician assistant is not mistaken or misrepresented as a physician. A physician assistant shall wear a clearly legible identification badge or other adornment at least one inch by three inches in size bearing the physician assistant's name and the words "Physician Assistant".

HISTORY: 2000 Act No. 359, Section 1.

SECTION 40-47-995. Termination of supervisory relationship; notice to board.

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.

HISTORY: 2000 Act No. 359, Section 1; 2013 Act No. 28, Section 11, eff May 21, 2013.

SECTION 40-47-1000. Unlicensed person holding himself out as physician assistant; penalty; investigation; desist and refrain order; injunction; privileged communications; due process rights of respondent protected.

(A) It is unlawful for a person who is not licensed under this article to hold himself out as a physician assistant. A person who holds himself out as a physician assistant without being licensed under this article, during a period of suspension, or after his license has been revoked by the board is guilty of a misdemeanor and, upon conviction, must be fined not more than three hundred dollars or imprisoned for not more than ninety days, or both.

(B) For the purpose of any investigation or proceeding under the provisions of this article, the board or a person designated by the board may administer oaths and affirmations, subpoena witnesses, take testimony, and require the production of any documents or records which the board considers relevant to the inquiry.

(C) If the board has sufficient evidence that a person is violating a provision of this article, the board, in addition to all other remedies, may order the person to immediately desist and refrain from this conduct. The board may apply to an administrative law judge as provided under Article 5 of Chapter 23 of Title 1 for an injunction restraining the person from this conduct. An administrative law judge may issue a temporary injunction ex parte and upon notice and full hearing may issue any other order in the matter it considers proper. No bond may be required of the board by an administrative law judge as a condition to the issuance of any injunction or order contemplated by the provisions of this section.

(D) Investigations and disciplinary proceedings under this article must be conducted in accordance with the provisions of Article 1.

(E) No provision of this article may be construed as prohibiting the respondent or his legal counsel from exercising the respondent's constitutional right of due process under the law or prohibiting the respondent from normal access to the charges and evidence filed against him as a part of due process under the law.
SECTION 40-47-1005. Misconduct mandating revocation or denial of license.

Misconduct constituting grounds for revocation, suspension, probation, reprimand, restrictions, or denial of a license must be found when a physician assistant:

1. has knowingly allowed himself or herself to be misrepresented as a physician;
2. has filed or has had filed on his or her behalf with the board any false, fraudulent, or forged statement or documents;
3. has performed any work assignment, task, or other activity which is not on the physician assistant scope of practice guidelines;
4. misuses alcohol or drugs to such a degree to render him or her unfit to practice as a physician assistant;
5. has been convicted of a felony or a crime involving moral turpitude or drugs;
6. has sustained any physical or mental disability which renders further practice dangerous to the public;
7. has engaged in any dishonorable or unethical conduct that is likely to deceive or harm patients;
8. has used or made any false or fraudulent statement in any document connected with practice or licensure as a physician assistant;
9. has obtained or assisted another person in obtaining fees under dishonorable, false, or fraudulent circumstances;
10. has violated or conspired with another person to violate any provision of this article; or
11. otherwise demonstrates a lack of the ethical or professional competence required to act as a physician assistant.

HISTORY: 2000 Act No. 359, Section 1.

SECTION 40-47-1010. Renewal of license.

A license issued pursuant to this chapter may be renewed biennially or as otherwise provided by the board and department. A person who has not demonstrated continuing education, as required by this article, is not eligible for issuance or renewal of an authorization to practice.

HISTORY: 2000 Act No. 359, Section 1; 2006 Act No. 244, Section 11.

SECTION 40-47-1015. Fees for licensure.

(A) Fees for physician assistant licensure are established as follows:
1. initial licensing fee, not to exceed five hundred dollars;
2. renewal of license fee, not to exceed one hundred and fifty dollars;
3. late renewal fee, not to exceed the renewal fee doubled;
4. reactivation application fee, not to exceed two hundred dollars;
5. change in supervisor fee, not to exceed one hundred and fifty dollars;
6. additional primary supervisor for dual employment fee, not to exceed one hundred and fifty dollars.
(B) Fees may be adjusted biennially pursuant to Section 40-1-50 to ensure that they are sufficient but not excessive to cover expenses including the total of the direct and indirect costs to the State for the operations of the committee.

HISTORY: 2000 Act No. 359, Section 1; 2006 Act No. 244, Section 12.
SECTION 40-47-1020. Third party reimbursement to physician assistant.

Nothing in this article may be construed to require third party reimbursement directly to a physician assistant for services rendered.

HISTORY: 2000 Act No. 359, Section 1.