

South Carolina General Assembly
122nd Session, 2017-2018

A240, R240, H3622

STATUS INFORMATION

General Bill

Sponsors: Reps. Ryhal, Burns, Duckworth, Gagnon, Henegan, Herbkersman, Hill, Hixon, Johnson, V.S. Moss, Ridgeway, Spires, Taylor, Thayer, Yow, Robinson-Simpson, Magnuson, Long and Thigpen
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Introduced in the House on February 1, 2017

Introduced in the Senate on April 9, 2018

Last Amended on May 9, 2018

Passed by the General Assembly on May 10, 2018

Governor's Action: May 17, 2018, Signed

Summary: Podiatrist and Podiatric Surgery

HISTORY OF LEGISLATIVE ACTIONS

Date	Body	Action Description with journal page number
2/1/2017	House	Introduced and read first time (House Journal-page 4)
2/1/2017	House	Referred to Committee on Medical, Military, Public and Municipal Affairs (House Journal-page 4)
2/7/2017	House	Member(s) request name added as sponsor: Yow
5/2/2017	House	Member(s) request name added as sponsor: Robinson-Simpson
2/15/2018	House	Committee report: Favorable Medical, Military, Public and Municipal Affairs (House Journal-page 54)
2/22/2018	House	Member(s) request name removed as sponsor: Kirby
2/22/2018	House	Member(s) request name added as sponsor: Magnuson, Long
2/22/2018	House	Requests for debate-Rep(s). Henderson, Elliott, Bannister, Hiott, Bennett, S Rivers, Kirby, Chumley, Cole, Stringer, VS Moss, Mace, Fry, Stavrinakis, McCoy, Cobb-Hunter, Pendarvis (House Journal-page 16)
2/22/2018	House	Requests for debate removed-Rep(s). S Rivers, Chumley, VS Moss (House Journal-page 51)
2/27/2018	House	Requests for debate removed-Rep(s). Cobb-Hunter, Hiott (House Journal-page 11)
2/27/2018	House	Requests for debate removed-Rep(s). Kirby, Stringer, Elliott (House Journal-page 36)
2/28/2018	House	Requests for debate removed-Rep(s). Pendarvis (House Journal-page 15)
3/7/2018	House	Member(s) request name added as sponsor: Thigpen
3/20/2018	House	Member(s) request name removed as sponsor: Atkinson
4/4/2018	House	Amended (House Journal-page 46)
4/4/2018	House	Read second time (House Journal-page 46)
4/4/2018	House	Roll call Yeas-72 Nays-41 (House Journal-page 54)
4/5/2018	House	Read third time and sent to Senate (House Journal-page 45)
4/9/2018	Senate	Introduced and read first time (Senate Journal-page 7)
4/9/2018	Senate	Referred to Committee on Medical Affairs (Senate Journal-page 7)
4/24/2018	Senate	Committee report: Favorable with amendment Medical Affairs (Senate Journal-page 11)
5/8/2018	Senate	Committee Amendment Amended and Adopted (Senate Journal-page 52)
5/8/2018	Senate	Read second time (Senate Journal-page 52)

5/8/2018	Senate	Roll call Ayes-42 Nays-0 (Senate Journal-page 52)
5/9/2018		Scrivener's error corrected
5/9/2018	Senate	Amended (Senate Journal-page 35)
5/9/2018	Senate	Read third time and returned to House with amendments (Senate Journal-page 35)
5/10/2018	House	Concurred in Senate amendment and enrolled (House Journal-page 66)
5/10/2018	House	Roll call Yeas-102 Nays-0 (House Journal-page 67)
5/14/2018		Ratified R 240
5/17/2018		Signed By Governor
5/30/2018		Effective date 05/17/18
5/31/2018		Act No. 240

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VERSIONS OF THIS BILL

[2/1/2017](#)

[2/15/2018](#)

[4/4/2018](#)

[4/24/2018](#)

[5/8/2018](#)

[5/9/2018](#)

[5/9/2018-A](#)

(A240, R240, H3622)

AN ACT TO AMEND THE CODE OF SOUTH CAROLINA, 1976, BY ADDING SECTION 40-51-67 SO AS TO ESTABLISH THE JOINT PODIATRIC SURGERY ADVISORY COMMITTEE, TO PROVIDE FOR THE PURPOSE, COMPOSITION, TENURE, MANNER OF FILLING VACANCIES, AND DUTIES OF THE COMMITTEE; BY ADDING SECTION 40-51-210 SO AS TO PROVIDE CERTAIN PODIATRIC SURGERY MUST BE PERFORMED IN CERTAIN FACILITIES, TO PROVIDE A PODIATRIST WHO PERFORMS THESE PROCEDURES MUST MEET CERTAIN CRITERIA, TO PROVIDE FOR THE EXTENSION OF PROFESSIONAL PRIVILEGES TO THESE PODIATRISTS BY CERTAIN HEALTH FACILITIES, TO REQUIRE HEALTH FACILITIES IN THIS STATE PROVIDE THE RIGHT TO PURSUE AND PRACTICE FULL CLINICAL AND SURGICAL PRIVILEGES TO PODIATRISTS WHO MEET CERTAIN CRITERIA, TO PROVIDE AN ABILITY TO LIMIT THESE PRIVILEGES IN CERTAIN CIRCUMSTANCES, TO PROVIDE THIS SECTION DOES NOT REQUIRE A HEALTH FACILITY IN THIS STATE TO OFFER A SPECIFIC HEALTH SERVICE NOT OTHERWISE OFFERED, AND TO PROVIDE THAT IF THE FACILITY DOES OFFER A HEALTH SERVICE, IT MAY NOT DISCRIMINATE AMONG CERTAIN HEALTH PROFESSIONALS AUTHORIZED BY LAW TO PROVIDE THESE SERVICES; AND TO AMEND SECTION 40-51-20, RELATING TO DEFINITIONS, SO AS TO REVISE AND ADD CERTAIN DEFINITIONS.

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

Joint Podiatric Surgery Advisory Committee

SECTION 1. Chapter 51, Title 40 of the 1976 Code is amended by adding:

“Section 40-51-67. (A) There is established the Joint Podiatric Surgery Advisory Committee as a committee of the Board of Podiatry Examiners. The purpose of the advisory committee is to assist the board in matters pertaining to podiatrists who perform surgical procedures of the ankle and related soft tissue structures.

(B) The advisory committee is to be composed of five members as follows:

(1) two orthopedic surgeons appointed by the Board of Medical Examiners, at least one of whom must be a foot and ankle specialist;

(2) two podiatrists appointed by the Board of Podiatry Examiners, both of whom must be RRA certified or qualified;

(3) one lay person appointed by the Governor.

(C) The orthopedic surgeons and podiatrists serving on the advisory committee must be licensed in good standing in this State and must be actively practicing within the geographic boundaries of this State.

(D) Members of the advisory committee are appointed for terms of four years and until their successors are appointed and qualify.

(E) Vacancies must be filled in the manner of the original appointment for the unexpired portion of the term. The Board of Podiatry Examiners, after notice and opportunity for hearing, may remove any member of the advisory committee, except for the lay person appointed by the Governor, for negligence, neglect of duty, incompetence, revocation or suspension of license, or other dishonorable conduct. 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.

(F) The advisory committee must meet at least two times yearly and at other times as may be necessary. The advisory committee must provide notice of its meeting pursuant to the Administration Procedures Act.

(G) The advisory committee must adopt rules for its proceedings and elect officers. The advisory committee must keep records and minutes of its meetings as necessary to carry out its functions and must report on its activities at least annually to the Board of Podiatry Examiners and the Board of Medical Examiners and upon request of either board.

(H) The advisory committee shall have the following duties and responsibilities pertaining to podiatrists who perform surgical procedures of the ankle and related soft tissue structures:

(1) recommend policies or regulations to the Board of Podiatry Examiners regarding professional certification and standards of practice;

(2) recommend continuing education requirements to the Board of Podiatry Examiners;

(3) provide expert information and advice to the Board of Podiatry Examiners on issues related to patient safety and standard of care;

(4) assist the Department and the Board of Podiatry Examiners in processing complaints and issues by providing expert analysis and review of such complaints and issues after the department investigation is completed. The advisory committee must provide a comprehensive analysis of whether the standard of care was met and must make recommendations to the Board of Podiatry Examiners regarding

appropriate sanctions if the advisory committee concludes that a violation of this act has occurred; and

(5) perform any other duties or responsibilities assigned by the Board of Podiatry.”

Podiatric surgeries, facilities

SECTION 2. Chapter 51, Title 40 of the 1976 Code is amended by adding:

“Section 40-51-210. (A) Surgery of the ankle and soft tissue structures governing the ankle must be performed in an accredited hospital or ambulatory surgical center. A podiatrist who performs osseous (boney) surgical procedures of the ankle and related soft tissue structures governing the ankle must be board-certified or board-qualified by the American Board of Foot and Ankle Surgery, must have graduated from a three-year residency program in podiatric medicine and reconstructive rear foot and ankle (RRA) surgery accredited by the Council on Podiatric Medical Education or its successor organization at the time of graduation, and shall satisfy all requirements for credentials as outlined by the facility. In addition to granting or denying privileges, the governing body of each hospital or ambulatory surgical center may suspend, revoke, or modify these privileges. An applicant or individual who has privileges shall comply with applicable medical staff bylaws, rules, and regulations, including the policies and procedures governing the qualifications of applicants and the scope and delineation of privileges.

(B) With respect to the practice of podiatry in health facilities throughout this State, medical staff governing documents shall include and provide for the right to pursue and practice full clinical and surgical privileges for holders of a Doctor of Podiatric Medicine (DPM) degree within the scope of his licensure. These rights and privileges only may be limited or restricted on the basis of the demonstrated competence of an individual practitioner. This competence must be determined by health facility rules, regulations, and procedures that are necessary and are applied in good faith, equally and in a nondiscriminatory manner, to all practitioners regardless of their professional degree.

(C) Nothing in this section may be construed to require a health facility to offer a specific health service not otherwise offered by it. If a health service is offered, the facility shall not discriminate among people holding Doctor of Medicine, Doctor of Osteopathy, or Doctor of Podiatric Medicine degrees who are authorized by law to provide these health services.”

Definitions

SECTION 3. Section 40-51-20 of the 1976 Code is amended to read:

“Section 40-51-20. For the purposes of this chapter:

(1) ‘Ankle’ means the distal metaphysis and epiphysis of the tibia and fibula, the articular cartilage of the distal tibia and distal fibula, the ligaments that connect the distal metaphysis and epiphysis of the tibia and fibula and the talus, and the portions of skin, subcutaneous tissue, fascia, muscles, tendons and nerves at or below the level of the myotendinous junction of the triceps surae.

(2) ‘Diagnosis’ means to ascertain a disease or ailment by symptoms and findings and does not confer the right to use X-ray other than for diagnosis.

(3) ‘Medical treatment’ means the application or prescribing of any therapeutic agent or remedy for the relief of foot or ankle ailments, except the medical treatment of any systemic disease causing manifestations in the foot or ankle.

(4) ‘Podiatric ankle surgery’ or ‘surgical treatment of the ankle’ means surgical treatment of the ankle, including the surgical treatment of the anatomical structures of the ankle, as well as the administration and prescription of drugs incidental to the ankle, and the surgical treatment of manifestations of systemic diseases as they appear on the ankle, excluding:

(a) amputation of the leg or foot above the level of the transmetatarsal;

(b) surgical fixation of tibial shaft fractures;

(c) midshaft tibial osteotomy;

(d) total ankle replacement; and

(e) placement of external fixator pins proximal or above the myotendinous junction. Any external fixator pins inserted above the ankle but below the myotendinous junction may only be performed under protocols established between a podiatrist and an institution that has the capability to treat tibia fractures and other complications that may arise from placement of the pin.

(5) ‘Podiatrist’ means:

(a) For podiatrists who are RRA qualified or certified, the diagnosis, surgical, medical, and mechanical treatment of all conditions of the human foot and ankle.

(b) For podiatrists who are not RRA qualified or certified, the diagnosis, surgical, medical, and mechanical treatment of all conditions of the human foot and soft tissue structures.

(c) The practice of podiatry (both RRA certified or qualified and non-RRA certified or qualified) includes the administration of local anesthesia, defined as localized infiltration only, and in conjunction with the practice of podiatry. Excluded from the definition of podiatry is the amputation of the entire foot and the administration of an anesthetic other than local.

(6) 'Podiatry' means, depending on qualifications or certifications as provided in item (5), the diagnosis, surgical, medical, and mechanical treatment of all conditions of the human foot and ankle. The practice of podiatry includes the administration of local anesthesia, defined as localized infiltration only, and in conjunction with the practice of podiatry. Excluded from the definition of podiatry is the amputation of the entire foot and the administration of an anesthetic other than local.

(7) 'Surgical treatment' means the use of a cutting or invasive instrument to treat a disease, ailment, deformity, or condition of the foot or ankle, but does not confer the right to amputate the entire foot."

Time effective

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

Ratified the 14th day of May, 2018.

Approved the 17th day of May, 2018.
