

ARTICLE 20:47

PHYSICIANS AND SURGEONS

Chapter

20:47:01	Definitions, Repealed.
20:47:02	Operation of board, Transferred.
20:47:03	Licensure.
20:47:04	Inspections.
20:47:05	Declaratory rulings, Transferred.
20:47:06	Fees.
<u>20:47:07</u>	<u>Medical record documentation.</u>
20:47:08	Ethics.

CHAPTER 20:47:07

MEDICAL RECORD DOCUMENTATION

Section

<u>20:47:07:01</u>	<u>Standards for medical records when prescribing controlled substances for the treatment of chronic, non-cancer pain.</u>
<u>20:47:07:02</u>	<u>Definition of chronic pain.</u>

20:47:07:01. Standards for medical records when prescribing controlled substances for the treatment of chronic, non-cancer pain. The standards for medical records when a physician prescribes controlled substances for the treatment of chronic non-cancer pain include each of the following listed items:

- (1) Copies of the signed informed consent and any treatment agreement required by the physician;
- (2) The patient's medical and psychosocial history;
- (3) The results of all physical examinations and all laboratory tests;
- (4) Confirmation that the appropriate state prescription drug monitoring programs have been accessed, and the date of that access, or an explanation why they were not accessed; ;
- (5) The results of all risk assessments, including results of any screening instruments used;
- (6) A description of the treatments provided, including all medications prescribed or administered, with the date of prescription or administration, the name and type of the medication, and the dosage and quantity of medication prescribed or administered. The medical records must include all prescription orders for opioid analgesics and other controlled substances, whether written, telephoned, faxed, or electronically transmitted;
- (7) Instructions to the patient, including discussions with the patient and, if appropriate, significant others of the risks and benefits of opioid analgesics, including the risks of addiction, overdose, and death; proper use and storage of medication; proper disposal of unused medications; and the use of naloxone products to reverse overdose;
- (8) Results of ongoing assessments, including, when appropriate, urine drug tests, of patient progress or lack of progress in terms of pain management and functional improvement;
- (9) Notes on any evaluations by and consultations with specialists;

- (10) Any other information used to support the initiation, continuation, revision, or termination of treatment; Any steps taken in response to aberrant medication use by a patient and aberrant behaviors related to a prescription for an opioid analgesic;
- (11) Medical records of past hospitalizations or treatments by other providers, to the extent obtained by the physician;
- (12) Authorization for release of information to other treatment providers; and
- (13) Name, address, and telephone number of the patient's pharmacy.

Source:

General Authority: SDCL 36-4-35.

Law Implemented: SDCL 36-4-29, 36-4-30.

References: Federation of State Medical Boards Model Policy for the Use of Opioid Analgesics in the Treatment of Chronic Pain; Federation of State Medical Boards Model Policy on Data 2000 and Treatment of Opioid Addiction in the Medical Office.

20:47:07:02. Definition of Chronic Pain. For the purposes of section 20:47:07:01, the term, chronic pain, means ongoing, recurrent, or persistent pain lasting beyond the usual course of an acute illness or injury or that is three months or longer in duration.

Source:

General Authority: SDCL 36-4-35.

Law Implemented: SDCL 36-4-29, 36-4-30.

ARTICLE 20:52

PHYSICIAN ASSISTANTS

Chapter

20:52:01 Physician assistant license.

CHAPTER 20:52:01

PHYSICIAN ASSISTANT LICENSE

Section

20:52:01:01 Application for physician assistant license.

20:52:01:02 Repealed.

20:52:01:03 Physician assistant practice agreement.

20:52:01:03.01 Supervision of a licensed physician assistant.

~~20:52:01:03.02 Supervision of a licensed physician assistant — Separate practice location. Repealed.~~

20:52:01:04 Repealed.

20:52:01:05 Termination of physician assistant practice agreement.

20:52:01:06 to 20:52:01:08 Repealed.

20:52:01:09 Renewal of physician assistant license.

20:52:01:10 Repealed.

20:52:01:03.01. Supervision of a licensed physician assistant. A licensed physician assistant shall be supervised by a physician licensed pursuant to SDCL chapter 36-4. The supervising physician shall be available for consultation with the physician assistant at all times while the physician assistant is involved in patient care. The supervising physician and physician assistant shall meet ~~in person at least twice each month~~ to discuss patient care and review the physician assistant practice. ~~The meetings shall be held in person unless it is established in the practice agreement and approved by the board that one of the twice monthly meetings may be held by telecommunication.~~ The supervision plan shall be outlined in the practice agreement and approved by the board. ~~The practice agreement shall also outline provisional supervision plans in the event unforeseen circumstances such as inclement weather or illness prevent the twice monthly meeting supervision requirement.~~

Source: 34 SDR 93, effective October 17, 2007.

General Authority: SDCL 36-4A-42.

Law Implemented: SDCL 36-4A-29.

~~**20:52:01:03.02. Supervision of a licensed physician assistant — Separate practice location.** In addition to the required two meetings per month, the supervising physician must be physically present on-site every ninety days at each physician assistant practice location. This requirement does not apply to locations where health care services are not routine to the setting, including patient homes and school health screening events. Repealed.~~

~~—— **Source:** 34 SDR 93, effective October 17, 2007.~~

~~—— **General Authority:** SDCL 36-4A-42.~~

~~—— **Law Implemented:** SDCL 36-4A-29.~~

ARTICLE 20:82
GENETIC COUNSELORS

Chapter

- 20:82:01 Definitions.
- 20:82:02 Licensure requirements.
- 20:82:03 Ethics.
- 20:82:04 Continuing education.

CHAPTER 20:82:04

CONTINUING EDUCATION

Section

- 20:82:04:01 Continuing education requirements.
- 20:82:04:02 Continuing education confirmation.

20:82:04:01. Continuing education requirements. To qualify for renewal of a license upon its expiration as prescribed in SDCL 36-36-11, an applicant for renewal shall complete twenty-five continuing education hours annually or maintain current certification by the ABGC or ABMGG.

Source

General Authority: 36-36-12

Law Implemented: 36-36-11

20:82:04:02. Continuing education confirmation. Each genetic counselor must sign a statement to confirm compliance with the continuing education requirements of 20:82:04:01. The signed statement must be filed with the board at the time the genetic counselor makes application for renewal of a genetic counseling license. Upon request by the board, the genetic counselor shall submit proof of completion of any continuing education units or proof of current certification by the ABGC or ABMGG.

Source:

General Authority: SDCL 36-36-12

Law Implemented: SDCL 36-36-11