### **CHAPTER 20:47:06**

### **FEES**

# Section 20:47:06:01 Fee amounts. 20:47:06:02 Repealed. 20:47:06:03 Repealed. 20:47:06:04 Repealed. 20:47:06:05 Repealed. 20:47:06:06 Repealed.

20:63:06:01. Fee amounts. The fees for physicians and surgeons are as follows:

- (1) Application for the initial license, \$400;
- (2) Biennial renewal of the license, \$400;
- (3) Reinstatement of a forfeited license, \$400;
- (4) Issuance of a locum tenens certificate, \$50;
- (5) Temporary permit for supervised practice in state institutions, \$50;
- (6) Renewal of the temporary permit, \$15;
- (7) Issuance of a resident certificate, \$50; and
- (8) Nonresident physician training registration, \$50.

**Source:** 13 SDR 9, effective August 4, 1986; 22 SDR 60, effective November 5, 1995; 34 SDR 93, effective October 17, 2007; SL 2018, ch 227, § 4, effective July 1, 2018.

General Authority: SDCL 36-4-19, 36-4-20, 36-4-20.2, 36-4-24.1, 36-4-24.2, 36-4-35, <u>36-4-39.1</u>.

Law Implemented: SDCL 36-4-19, 36-4-20, 36-4-20.2, 36-4-24.1, 36-4-24.2, 36-4-39.1.

# 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20:52:01:02	Repealed.			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 collaborative agreement.			
20:52:01:03.01	Supervision of a licensed physician assistant, Repealed.			
20:52:01:03.02	Repealed.			
20:52:01:04	Repealed.			
20:52:01:05	Termination of physician assistant-practice collaborative agreement.			
20:52:01:06	Repealed.			
20:52:01:07	Repealed.			
20:52:01:08	Repealed.			
20:52:01:09	Renewal of physician assistant license.			
20:52:01:10	Repealed.			
20:52:01:11	Fee amounts.			

20:52:01:03. Physician assistant-practice collaborative agreement. A licensed physician

assistant who does not have an approved affidavit attesting to successful completion of six thousand

practice hours on file with the board must have a practice collaborative agreement with a supervising

physician licensed pursuant to SDCL chapter 36-4. The practice collaborative agreement must be

submitted on a form approved by the board that describes the scope of practice of the physician

assistant, any practice location, the plan for physician supervision, and other such information as

may be required by the board.

Upon the expiration of certification by the National Commission on Certification of Physician

Assistants, an affidavit exempting the physician assistant from the collaborative agreement shall be

rendered null and void. The physician assistant may not practice without a collaborative agreement

approved by the board.

Source: SL 1975, ch 16, § 1; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 34 SDR 93,

effective October 17, 2007.

General Authority: SDCL 36-4A-42

Law Implemented: SDCL 26-4A-1.1

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 to discuss patient care and review the physician assistant practice. The supervision plan shall be outlined in the practice agreement and approved by the board Repealed.

Source: 34 SDR 93, effective October 17, 2007; 43 SDR 57, effective October 20, 2016.

- General Authority: SDCL 36-4A-42.

- Law Implemented: SDCL 36 4A-29.

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

physician assistant must notify the board, in writing, of the termination of a practice collaborative

agreement. A physician assistant who is not certified as required by SDCL 36-4A-1.2, and who

does not have an approved practice hours affidavit on file with the board, may not practice without

a-practice collaborative agreement approved by the board.

Source: SL 1975, ch 16, § 1; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 34 SDR 93,

effective October 17, 2007.

General Authority: SDCL 36-4A-42.

Law Implemented: SDCL 36-4A-1.1, 36-4A-1.2.

### **CHAPTER 20:52:02**

### **ETHICS**

### Section

20:52:02:01	Code of ethics.
20:52:02:02	Violations.
20:52:02:03	Ethical considerations, Repealed.

20:52:02:01. Code of ethics. A licensee under Any individual licensed pursuant to SDCL chapter 36-4A shall must comply with the following code of ethics American Academy of Physician Assistants Guidelines for Ethical Conduct for the Physician Assistant Profession, 2018.

# Statement of Values of the Physician Assistant Profession

- Physician assistants hold as their primary responsibility the health, safety, welfare, and dignity of all human beings.
- Physician assistants uphold the tenets of patient autonomy, beneficence, nonmaleficence, and justice.
- Physician assistants recognize and promote the value of diversity.
- Physician assistants treat equally all persons who seek their care.
- Physician assistants hold in confidence the information shared in the course of practicing medicine.
- Physician assistants assess their personal capabilities and limitations, striving always to improve their medical practice.
- Physician assistants actively seek to expand their knowledge and skills, keeping abreast of advances in medicine.

- Physician assistants work with other members of the health care team to provide compassionate and effective care of patients.
- Physician assistants use their knowledge and experience to contribute to an improved community.
- Physician assistants respect their professional relationship with physicians.
- Physician assistants share and expand knowledge within the profession.

# **The PA and Patient**

# PA Role and Responsibilities

Physician assistant practice flows out of a unique relationship that involves the PA, the
physician, and the patient. The individual patient PA relationship is based on mutual respect and
an agreement to work together regarding medical care. In addition, PAs practice medicine with
physician supervision; therefore, the care that a PA provides is an extension of the care of the
supervising physician. The patient PA relationship is also a patient PA physician relationship.
The principal value of the physician assistant profession is to respect the health, safety,
welfare, and dignity of all human beings. This concept is the foundation of the patient-PA
relationship.
Physician assistants have an ethical obligation to see that each of their patients receives
appropriate care. PAs should be sensitive to the beliefs and expectations of the patient. PAs should
recognize that each patient is unique and has an ethical right to self-determination.
Physician assistants are professionally and ethically committed to providing
nondiscriminatory care to all patients. While PAs are not expected to ignore their own personal
values, scientific or ethical standards, or the law, they should not allow their personal beliefs to
restrict patient access to care. A PA has an ethical duty to offer each patient the full range of
information on relevant options for their health care. If personal moral, religious, or ethical beliefs
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prevent a PA from offering the full range of treatments available or care the patient desires, the PA has an ethical duty to refer a patient to another qualified provider. That referral should not restrict a patient's access to care. PAs are obligated to care for patients in emergency situations and to responsibly transfer patients if they cannot care for them.

Physician assistants should always act in the best interests of their patients and as advocates when necessary. PAs should actively resist policies that restrict free exchange of medical information. For example, a PA should not withhold information about treatment options simply because the option is not covered by insurance. PAs should inform patients of financial incentives to limit care, use resources in a fair and efficient way, and avoid arrangements or financial incentives that conflict with the patient's best interests.

### The PA and Diversity

The physician assistant should respect the culture, values, beliefs, and expectations of the patient.

### **Nondiscrimination**

Physician assistants must not discriminate against classes or categories of patients in the delivery of needed health care. Such classes and categories include gender, color, creed, race, religion, age, ethnic or national origin, political beliefs, nature of illness, disability, socioeconomic status, physical stature, body size, gender identity, marital status, or sexual orientation.

# **Initiation and Discontinuation of Care**

In the absence of a preexisting patient PA relationship, the physician assistant is under no ethical obligation to care for a person unless no other provider is available. A PA is morally bound to provide care in emergency situations and to arrange proper follow-up. PAs should keep in mind that contracts with health insurance plans might define a legal obligation to provide care to certain patients.

-A physician assistant and supervising physician may discontinue their professional relationship with an established patient as long as proper procedures are followed. The PA and physician should provide the patient with adequate notice, offer to transfer records, and arrange for continuity of care if the patient has an ongoing medical condition. Discontinuation of the professional relationship should be undertaken only after a serious attempt has been made to clarify and understand the expectations and concerns of all involved parties. If the patient decides to terminate the relationship, they are entitled to a copy of their medical record. **Informed Consent** Physician assistants have a duty to protect and foster an individual patient's free and informed choices. The doctrine of informed consent means that a PA provides adequate information that is comprehendible to a competent patient or patient surrogate. At a minimum, this should include the nature of the medical condition, the objectives of the proposed treatment, treatment options, possible outcomes, and the risks involved. PAs should be committed to the concept of shared decision making, which involves assisting patients in making decisions that account for medical, situational, and personal factors. In caring for adolescents, the PA should understand all of the laws and regulations in his or her jurisdiction that are related to the ability of minors to consent to or refuse health care. Adolescents should be encouraged to involve their families in health care decision making. The PA should also understand consent laws pertaining to emancipated or mature minors. (See the section-on Confidentiality.) When the person giving consent is a patient's surrogate, a family member, or other legally authorized representative, the PA should take reasonable care to assure that the decisions made are

consistent with the patient's best interests and personal preferences, if known. If the PA believes

the surrogate's choices do not reflect the patient's wishes or best interests, the PA should work to resolve the conflict. This may require the use of additional resources, such as an ethics committee.

Confidentiality

Physician assistants should maintain confidentiality. By maintaining confidentiality, PAs respect patient privacy and help to prevent discrimination based on medical conditions. If patients are confident that their privacy is protected, they are more likely to seek medical care and more likely to discuss their problems candidly. - In cases of adolescent patients, family support is important but should be balanced with the patient's need for confidentiality and the PA's obligation to respect their emerging autonomy. Adolescents may not be of age to make independent decisions about their health, but providers should respect that they soon will be. To the extent they can, PAs should allow these emerging adults to participate as fully as possible in decisions about their care. It is important that PAs be familiar with and understand the laws and regulations in their jurisdictions that relate to the confidentiality rights of adolescent patients (See the section on Informed Consent). Any communication about a patient conducted in a manner that violates confidentiality is unethical. Because written, electronic, and verbal information may be intercepted or overheard, the PA should always be aware of anyone who might be monitoring communication about a patient. PAs should choose methods of storage and transmission of patient information that minimize the likelihood of data becoming available to unauthorized persons or organizations. Computerized recordkeeping and electronic data transmission present unique challenges that can make the maintenance of patient confidentiality-difficult. PAs should advocate for policies and procedures that secure the confidentiality of patient information.

The Patient and the Medical Record

Physician assistants have an obligation to keep information in the patient's medical record confidential. Information should be released only with the written permission of the patient or the patient's legally authorized representative. Specific exceptions to this general rule may exist (e.g., workers compensation, communicable disease, HIV, knife/gunshot wounds, abuse, and substance abuse). It is important that a PA be familiar with and understands the laws and regulations in his or her jurisdiction that relate to the release of information. For example, stringent legal restrictions on release of genetic test results and mental health records often exist.

Both ethically and legally, a patient has certain rights to know the information contained in his or her medical record. While the chart is legally the property of the practice or the institution, the information in the chart is the property of the patient. Most states have laws that provide for patient access to their medical records. The PA should know the laws and facilitate patient access to the information.

### **Disclosure**

A physician assistant should disclose to his or her supervising physician information about errors made in the course of caring for a patient. The supervising physician and PA should disclose the error to the patient if such information is significant to the patient's interests and well being.

Errors do not always constitute improper, negligent, or unethical behavior, but failure to disclose them may.

# Care of Family Members and Co-workers

Treating oneself, co-workers, close friends, family members, or students whom the physician assistant supervises or teaches may be unethical or create conflicts of interest. For example, it might be ethically acceptable to treat one's own child for a case of otitis media but it probably is not acceptable to treat one's spouse for depression. PAs should be aware that their judgment might be less than objective in cases involving friends, family members, students, and colleagues and that providing "curbside" care might sway the individual from establishing an

ongoing relationship with a provider. If it becomes necessary to treat a family member or close associate, a formal patient-provider relationship should be established, and the PA should consider transferring the patient's care to another provider as soon as it is practical. If a close associate requests care, the PA may wish to assist by helping them find an appropriate provider. There may be exceptions to this guideline, for example, when a PA runs an employee health center or works in occupational medicine. Even in those situations, the PA should be sure they do not provide informal treatment, but provide appropriate medical care in a formally established patient-provider relationship. Genetic Testing Evaluating the risk of disease and performing diagnostic genetic tests raise significant ethical concerns. Physician assistants should be informed about the benefits and risks of genetic tests. Testing should be undertaken only after proper informed consent is obtained. If PAs order or conduct the tests, they should assure that appropriate pre- and post test counseling is provided. PAs should be sure that patients understand the potential consequences of undergoing genetic tests - from impact on patients themselves, possible implications for other family members, and potential use of the information by insurance companies or others who might have access to the information. Because of the potential for discrimination by insurers, employers, or others, PAs should be particularly aware of the need for confidentiality concerning genetic test results. Reproductive Decision Making Patients have a right to access the full range of reproductive health care services. Physician assistants have an ethical obligation to provide balanced and unbiased clinical information about

reproductive health care.

When the PA's personal values conflict with providing full disclosure or providing certain services, the PA need not become involved in that aspect of the patient's care but must refer the patient to a qualified provider to discuss and facilitate all treatment options. End of Life Among the ethical principles that are fundamental to providing compassionate care at the end of life, the most essential is recognizing that dying is a personal experience and part of the life cycle. Physician Assistants should provide patients with the opportunity to plan for end of life care. Advance directives, living wills, durable power of attorney, and organ donation should be discussed during routine patient visits. PAs should assure terminally ill patients that their dignity is a priority and that relief of physical and mental suffering is paramount. PAs should exhibit non-judgmental attitudes and should assure their terminally ill patients that they will not be abandoned. To the extent possible, patient or surrogate preferences should be honored, using the most appropriate measures consistent with their choices, including alternative and non-traditional treatments. PAs should explain palliative and hospice care and facilitate patient access to those services. End of life care should include assessment and management of psychological, social, and spiritual or religious needs. While respecting patients' wishes for particular treatments when possible, PAs also must weigh their ethical responsibility, in consultation with supervising physicians, to withhold futile treatments and to help patients understand such medical decisions. PAs should involve the physician in all near-death planning. The PA should only withdraw life support with the supervising physician's agreement and in accordance with the policies of the

### The PA and Individual Professionalism

### **Conflict of Interest**

health care institution.

Physician assistants should place service to patients before personal material gain and should avoid undue influence on their clinical judgment. Trust can be undermined by even the appearance of improper influence. Examples of excessive or undue influence on clinical judgment can take several forms. These may include financial incentives, pharmaceutical or other industry gifts, and business arrangements involving referrals. PAs should disclose any actual or potential conflict of interest to their patients.

Acceptance of gifts, trips, hospitality, or other items is discouraged. Before accepting a gift or financial arrangement, PAs might consider the guidelines of the Royal College of Physicians, "Would I be willing to have this arrangement generally known?" or of the American College of Physicians, "What would the public or my patients think of this arrangement?"

# **Professional Identity**

Physician assistants should not misrepresent directly or indirectly, their skills, training, professional credentials, or identity. Physician assistants should uphold the dignity of the PA profession and accept its ethical values.

### Competency

Physician assistants should commit themselves to providing competent medical care and extend to each patient the full measure of their professional ability as dedicated, empathetic health care providers. PAs should also strive to maintain and increase the quality of their health care knowledge, cultural sensitivity, and cultural competence through individual study and continuing education.

### Sexual Relationships

It is unethical for physician assistants to become sexually involved with patients. It also may be unethical for PAs to become sexually involved with former patients or key third parties. Key third parties are individuals who have influence over the patient. These might include spouses or partners, parents, guardians, or surrogates.

Such relationships generally are unethical because of the PA's position of authority and the inherent imbalance of knowledge, expertise, and status. Issues such as dependence, trust, transference, and inequalities of power may lead to increased vulnerability on the part of the current or former patients or key third parties.

# Gender Discrimination and Sexual Harassment

It is unethical for physician assistants to engage in or condone any form of gender discrimination. Gender discrimination is defined as any behavior, action, or policy that adversely affects an individual or group of individuals due to disparate treatment, disparate impact, or the creation of a hostile or intimidating work or learning environment.

It is unethical for PAs to engage in or condone any form of sexual harassment. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:

- Such conduct has the purpose or effect of interfering with an individual's work or academic performance or creating an intimidating, hostile or offensive work or academic environment, or
- Accepting or rejecting such conduct affects or may be perceived to affect professional decisions concerning an individual, or
- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's training or professional position.

# The PA and Other Professionals

# **Team Practice**

Physician assistants should be committed to working collegially with other members of the health care team to assure integrated, well-managed, and effective care of patients. PAs should strive to maintain a spirit of cooperation with other health care professionals, their organizations, and the general public.

### **Hlegal and Unethical Conduct**

Revision Date: July 24th, 2025

Physician assistants should not participate in or conceal any activity that will bring discredit or dishonor to the PA profession. They should report illegal or unethical conduct by health care professionals to the appropriate authorities.

# **Impairment**

Physician assistants have an ethical responsibility to protect patients and the public by identifying and assisting colleagues. "Impaired" means being unable to practice medicine with reasonable skill and safety because of physical or mental illness, loss of motor skills, or excessive use or abuse of drugs and alcohol.

PAs should be able to recognize impairment in physician supervisors, PAs, and other health care providers and should seek assistance from appropriate resources to encourage these individuals to obtain treatment.

# PA-Physician Relationship

Supervision should include ongoing communication between the physician and the physician assistant regarding patient care. The PA should consult the supervising physician whenever it will safeguard or advance the welfare of the patient. This includes seeking assistance in situations of conflict with a patient or another health care professional.

### Complementary and Alternative Medicine

When a patient asks about an alternative therapy, the PA has an ethical obligation to gain a basic understanding of the alternative therapy being considered or being used and how the treatment will affect the patient. If the treatment would harm the patient, the PA should work diligently to dissuade the patient from using it, advise other treatment, and perhaps consider transferring the patient to another provider.

### The PA and the Health Care System

# **Workplace Actions**

Physician assistants may face difficult personal decisions to withhold medical services when workplace actions (e.g., strikes, sick outs, slowdowns, etc.) occur. The potential harm to patients should be carefully weighed against the potential improvements to working conditions and, ultimately, patient care that could result. In general, PAs should individually and collectively work to find alternatives to such actions in addressing workplace concerns.

### PAs as Educators

All physician assistants have a responsibility to share knowledge and information with patients, other health professionals, students, and the public. The ethical duty to teach includes effective communication with patients so that they will have the information necessary to participate in their health care and wellness.

### **PAs and Research**

The most important ethical principle in research is honesty. This includes assuring subjects' informed consent, following treatment protocols, and accurately reporting findings. Fraud and dishonesty in research should be reported so that the appropriate authorities can take action.

Physician assistants involved in research must be aware of potential conflicts of interest. The patient's welfare takes precedence over the desired research outcome. Any conflict of interest should be disclosed.

In scientific writing, PAs should report information honestly and accurately. Sources of funding for the research must be included in the published reports.

Plagiarism is unethical. Incorporating the words of others, both verbatim or by paraphrasing, without appropriate attribution is unethical and may have legal consequences. When submitting a document for publication, any previous publication of any portion of the document must be fully disclosed.

# **PAs as Expert Witnesses**

The physician assistant expert witness should testify to what he or she believes to be the truth. The PA's review of medical facts should be thorough, fair, and impartial. The PA's expert witness should be fairly compensated for time spent preparing, appearing, and testifying. The PA should not accept a contingency fee based on the outcome of a case in which testimony is given or derive personal, financial, or professional favor in addition to compensation. The PA and Society Lawfulness Physician assistants have the dual duty to respect the law and to work for positive change to laws that will enhance the health and well-being of the community. Executions Physician assistants, as health care professionals, should not participate in executions because to do so would violate the ethical principle of beneficence. Access to Care/Resource Allocation Physician assistants have a responsibility to use health care resources in an appropriate and efficient manner so that all patients have access to needed health care. Resource allocation should be based on societal needs and policies, not the circumstances of an individual patient-PA encounter. PAs participating in policy decisions about resource allocation should consider medical need, cost-effectiveness, efficacy, and equitable distribution of benefits and burdens in society. Community Well-Being Physician assistants should work for the health, well-being, and the best interest of both the patient and the community. Sometimes there is a dynamic moral tension between the well-being of the community in general and the individual patient. Conflict between an individual patient's best

interest and the common good is not always easily resolved. In general, PAs should be committed

to upholding and enhancing community values, be aware of the needs of the community, and use

the knowledge and experience acquired as professionals to contribute to an improved community.

Conclusion

The American Academy of Physician Assistants recognizes its responsibility to aid the PA

profession as it strives to provide high quality, accessible health care. Physician assistants wrote

these guidelines for themselves and other physician assistants. The ultimate goal is to honor

patients and earn their trust while providing the best and most appropriate care possible. At the

same time, PAs must understand their personal values and beliefs and recognize the ways in which

those values and beliefs can impact the care they provide.

Source: 41 SDR 180, effective May 21, 2015.

General Authority: SDCL 36-4A-42.

Law Implemented: SDCL 36-4A-37.

Reference: American Academy of Physician Assistants Guidelines for Ethical Conduct for

the Physician Assistant Profession, 2013 2018. Copies may be obtained at no charge from

https://www.aapa.org/WorkArea/DownloadAsset.aspx?id=815 https://www.aapa.org/wp-

content/uploads/2021/11/Guidelines-for-Ethical-Conduct-for-the-PA-Profession-7-1-21.pdf.

20:52:02:03. Ethical considerations. The board may utilize the annotations and opinions included in the guidelines for ethical conduct for the physician assistant profession, 2013 edition as guidance in determining whether a licensee has violated professional ethical standards and conduct Repealed.

**Source:** 41 SDR 180, effective May 21, 2015.

General Authority: SDCL 36-4A-42.

Law Implemented: SDCL 36-4A-37.