

3. ADMINISTRATION. The department of cultural affairs, through the state archives and records program, is the primary agency responsible for providing administrative personnel and services for the board.

4. MEETINGS. The board shall meet at least three times annually and at the call of the chair. At least one meeting annually shall be held outside the state capital or in conjunction with a meeting of a relevant statewide professional organization.

5. EXPENSES. Members of the board shall serve without compensation but may receive their actual expenses incurred in the performance of their duties.

6. RESPONSIBILITIES.

a. The board shall do all of the following:

(1) Serve as the central advisory body for historical records planning in the state and as a coordinating body to facilitate cooperation among historical records repositories and other information agencies within the state.

(2) Serve as a state level review body for grant proposals submitted to the national historical publications and records commission.

b. The board may do all of the following:

(1) Serve in an advisory capacity to the state records commission, the state archives and records program, and other statewide archival or records agencies.

(2) Seek funds from the national historical publications and records commission or other grant-funding bodies for sponsoring and publishing surveys of the conditions and needs of historical records in the state; for developing, revising, and distributing funding priorities for historical records projects in Iowa; for implementing projects to be carried out in the state for the preservation of historical records and publications; or for reviewing through reports and otherwise, the operation and progress of records projects in the state.

Sec. 20. Chapter 304, Code 2003, is repealed.

Sec. 21. Sections 303.12, 303.13, 303.14, and 303.15, Code 2003, are repealed.

Approved April 28, 2003

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## CHAPTER 93

### REGULATION OF PHYSICIAN ASSISTANT SERVICES

H.F. 628

**AN ACT** relating to physician assistant licensure, and providing an effective date.

*Be It Enacted by the General Assembly of the State of Iowa:*

Section 1. Section 147.74, subsection 16, Code 2003, is amended to read as follows:

16. A physician assistant ~~registered or~~ licensed under chapter 148C may use the words "physician assistant" after the person's name or signify the same by the use of the letters "P. A." after the person's name.

Sec. 2. Section 147.80, subsection 5, Code 2003, is amended to read as follows:

5. Application for a license to practice as a physician assistant, issuance of a license to practice as a physician assistant issued upon the basis of an examination given or approved by the

board of physician assistant examiners, issuance of a license to practice as a physician assistant issued under a reciprocal agreement, renewal of a license to practice as a physician assistant, temporary license to practice as a physician assistant, registration of a physician assistant, temporary registration of a physician assistant, renewal of a registration of a physician assistant.

Sec. 3. Section 147.107, subsection 5, Code 2003, is amended to read as follows:

5. Notwithstanding subsection 1 and any other provision of this section to the contrary, a physician may delegate the function of prescribing drugs, controlled substances, and medical devices to a physician assistant licensed pursuant to chapter 148C. When delegated prescribing occurs, the supervising physician's name shall be used, recorded, or otherwise indicated in connection with each individual prescription so that the individual who dispenses or administers the prescription knows under whose delegated authority the physician assistant is prescribing. Rules relating to the authority of physician assistants to prescribe drugs, controlled substances, and medical devices pursuant to this subsection shall be adopted by the board of physician assistant examiners, after consultation with the board of medical examiners and the board of pharmacy examiners, as soon as possible after July 1, 1991. ~~The rules shall be reviewed and approved by the physician assistant rules review group created under subsection 7 and shall be adopted in final form by January 1, 1993. However, the rules shall prohibit the prescribing of schedule II controlled substances which are listed as stimulants or depressants pursuant to chapter 124. If rules are not reviewed and approved by the physician assistant rules review group created under subsection 7 and adopted in final form by January 1, 1993, a physician assistant may prescribe drugs as a delegated act of a supervising physician under rules adopted by the board of physician assistant examiners and subject to the rules review process established in section 148C.7. The board of physician assistant examiners shall be the only board to regulate the practice of physician assistants relating to prescribing and supplying prescription drugs, controlled substances and medical devices, notwithstanding section 148C.6A.~~

Sec. 4. Section 148.13, subsection 1, Code 2003, is amended to read as follows:

1. The board of medical examiners shall adopt rules setting forth in detail its criteria and procedures for determining the ineligibility of a physician to serve as a supervising physician under chapter 148C. ~~The rules shall be adopted as soon as possible after the effective date of this Act and in no event later than December 31, 1988 provide that a physician may serve as a supervising physician under chapter 148C until such time as the board determines, following normal disciplinary procedures, that the physician is ineligible to serve in that capacity.~~

Sec. 5. Section 148.13, subsection 4, Code 2003, is amended by striking the subsection and inserting in lieu thereof the following:

4. The board of medical examiners shall adopt rules requiring a physician serving as a supervising physician to notify the board of the identity of a physician assistant the physician is supervising, and of any change in the status of the supervisory relationship.

Sec. 6. Section 148C.1, subsection 1, Code 2003, is amended by striking the subsection and inserting in lieu thereof the following:

1. "Approved program" means a program for the education of physician assistants which has been accredited by the American medical association's committee on allied health education and accreditation, by its successor, the commission on accreditation of allied health educational programs, or by its successor, the accreditation review commission on education for the physician assistant, or its successor.

Sec. 7. Section 148C.1, subsection 5, Code 2003, is amended to read as follows:

5. "Physician" means a person who is currently licensed in Iowa to practice medicine and surgery, osteopathic medicine and surgery, or osteopathy. Notwithstanding this subsection,

a physician supervising a physician assistant practicing in a federal facility or under federal authority shall not be required to obtain licensure beyond licensure requirements mandated by the federal government for supervising physicians.

Sec. 8. Section 148C.1, subsection 7, Code 2003, is amended by striking the subsection.

Sec. 9. Section 148C.3, Code 2003, is amended by striking the section and inserting in lieu thereof the following:

148C.3 LICENSURE.

1. The board shall adopt rules to govern the licensure of physician assistants. An applicant for licensure shall submit the fee prescribed by the board and shall meet the requirements established by the board with respect to each of the following:

a. Academic qualifications, including evidence of graduation from an approved program. A physician assistant who is not a graduate of an approved program, but who passed the national commission on certification of physician assistants' physician assistant national certifying examination prior to 1986, is exempt from this graduation requirement.

b. Evidence of passing the national commission on the certification of physician assistants' physician assistant national certifying examination or an equivalent examination approved by the board.

c. Hours of continuing medical education necessary to become or remain licensed.

2. Rules shall be adopted by the board pursuant to this chapter requiring a licensed physician assistant to be supervised by physicians. The rules shall provide that not more than two physician assistants shall be supervised by a physician at one time. The rules shall also provide that a physician assistant shall notify the board of the identity of their supervising physician, and of any change in the status of the supervisory relationship.

3. A licensed physician assistant shall perform only those services for which the licensed physician assistant is qualified by training or not prohibited by the board.

4. The board may issue a temporary license under special circumstances and upon conditions prescribed by the board. A temporary license shall not be valid for more than one year and shall not be renewed more than once.

5. The board may issue an inactive license under conditions prescribed by rules adopted by the board.

6. The board shall adopt rules pursuant to this section after consultation with the board of medical examiners.

Sec. 10. Section 148C.4, Code 2003, is amended to read as follows:

148C.4 SERVICES PERFORMED BY PHYSICIAN ASSISTANTS.

1. A physician assistant may perform medical services when the services are rendered under the supervision of the a physician or physicians specified in the physician assistant license approved by the board. A trainee physician assistant student may perform medical services when the services are rendered within the scope of an approved program. For the purposes of this section, "medical services when the services are rendered under the supervision of the physician or physicians specified in the physician assistant license approved by the board" a physician" includes making a pronouncement of death for a patient whose death is anticipated if the death occurs in a licensed hospital, a licensed health care facility, a Medicare-certified home health agency, or a Medicare-certified hospice program or facility, with notice of the death to a physician and in accordance with the directions of a physician.

2. Notwithstanding subsection 1, a physician assistant licensed pursuant to this chapter or authorized to practice in any other state or federal jurisdiction who voluntarily and gratuitously, and other than in the ordinary course of the physician assistant's employment or practice, responds to a need for medical care created by an emergency or a state or local disaster may render such care that the physician assistant is able to provide without supervision as described in this section or with such supervision as is available.

A physician who supervises a physician assistant providing medical care pursuant to this

subsection shall not be required to meet the requirements of rules adopted pursuant to section 148C.3, subsection 2, relating to supervision by physicians. A physician providing physician assistant supervision pursuant to this subsection or a physician assistant, who voluntarily and gratuitously, and other than in the ordinary course of the physician assistant's employment or practice, responds to a need for medical care created by an emergency or a state or local disaster shall not be subject to criminal liability by reason of having issued or executed the orders for such care, and shall not be liable for civil damages for acts or omissions relating to the issuance or execution of the orders unless the acts or omissions constitute recklessness.

Sec. 11. Section 148C.11, Code 2003, is amended to read as follows:  
148C.11 PROHIBITION — CRIME.

A person not registered and licensed as required by this chapter who practices as a physician assistant ~~without having obtained the appropriate approval under this chapter~~, is guilty of a serious misdemeanor.

Sec. 12. PHYSICIAN ASSISTANTS — RULES. The board<sup>1</sup> shall adopt new rules pursuant to chapter 17A to administer chapter 148C, after consultation with the board of medical examiners, no later than January 1, 2004. The rules shall be designed to encourage the utilization of physician assistants in a manner that is consistent with the provision of quality health care and medical services for the citizens of Iowa through better utilization of available physicians and the development of sound programs for the education and training of skilled physician assistants well qualified to assist physicians in providing health care and medical services.

Sec. 13. Sections 148C.2, 148C.5A, 148C.6A, and 148C.7, Code 2003, are repealed.

Sec. 14. EFFECTIVE DATE. This Act, being deemed of immediate importance, takes effect upon enactment.

Approved April 30, 2003

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## CHAPTER 94

### IOWA PUBLIC EMPLOYEES' RETIREMENT SYSTEM — CHIEF EXECUTIVE OFFICER

*S.F. 102*

**AN ACT** relating to the chief executive officer of the Iowa public employees' retirement system and providing an effective and retroactive applicability date.

*Be It Enacted by the General Assembly of the State of Iowa:*

Section 1. Section 97B.3, subsection 1, Code 2003, is amended to read as follows:

1. The administrator of the division is the chief executive officer. The chief executive officer shall be appointed by the governor subject to confirmation by the senate and shall serve a four-year term of office beginning and ending as provided in section 69.19. A vacancy shall be filled for the unexpired portion of the term in the same manner as a full-term appointment is made. The governor may remove the chief executive officer for malfeasance in office, or for any cause that renders the chief executive officer ineligible, incapable, or unfit to discharge the duties of the office. The investment board, under the pay plan applicable to employees of the division, shall set the salary of the chief executive officer.

<sup>1</sup> The "board of physician assistant examiners" probably intended