

*PHYSICIAN ASSISTANTS*

CHAPTER 325	PHYSICIAN ASSISTANTS
CHAPTERS 326 and 327	RESERVED
CHAPTER 328	CONTINUING EDUCATION FOR PHYSICIAN ASSISTANTS

CHAPTER 325  
PHYSICIAN ASSISTANTS

**645—325.1(148C) General.** A physician assistant is a person qualified by general education and experience to provide medical services under the direction and supervision of a physician. The physician assistant may perform any medical task which is:

1. Delegated by a supervising physician,
2. Within the qualifications of the physician assistant, and
3. Not prohibited by the law or the board.

These rules are not intended to limit a physician's existing right to delegate various medical tasks to aides, assistants or others acting under the physician's supervision or direction, including orthopedic physician's assistant technologists. Aides, assistants, orthopedic physician's assistant technologists or others who perform only those tasks which can be so delegated shall not be required to qualify as physician assistants.

**645—325.2(148C) Definitions.**

*"Approved program"* means a program for the education of physician assistants which has been accredited by the Committee on Allied Health Education and Accreditation or its successor, the Council on Accreditation of Allied Health Educational Programs, or its successor.

*"Board"* means the board of physician assistant examiners of the state of Iowa.

*"Direction"* means authoritative policy or procedural guidance for the accomplishment of a function or activity.

*"Licensee"* means a person licensed by the board as a physician assistant to provide medical services under the supervision of one or more physicians.

*"Locum tenens"* means the temporary substitution of one licensed physician assistant for another.

*"Physician"* means a person who is licensed in Iowa to practice medicine and surgery, osteopathic medicine and surgery, or osteopathy.

*"Physician assistant"* means a person registered or licensed as a physician assistant by the board.

*"Remote clinic"* means a medical clinic for ambulatory patients which is away from the main practice location of a supervising physician and in which a supervising physician is present less than 50 percent of the time the clinic is open. The remote clinic definition will not be applied to nursing homes, patient homes, hospital outpatient departments or at any location at which medical care is incidentally provided (e.g., diet center, free clinic, site for athletic physicals, jail facility).

*"Supervising physician"* means a physician who supervises the medical services provided by the physician assistant and who accepts ultimate responsibility for the medical care provided by the physician/physician assistant team.

*"Supervision"* means that a supervising physician retains ultimate responsibility for patient care, although a physician need not be physically present at each activity of the physician assistant or be specifically consulted before each delegated task is performed. Supervision shall not be construed as requiring the personal presence of a supervising physician at the place where such services are rendered except insofar as the personal presence is expressly required by these rules or by Iowa Code chapter 148C.

“*Supply prescription drugs*” means to deliver to a patient or the patient’s representative a quantity of prescription drugs or devices that are properly packaged and labeled.

**645—325.3(148C) Registration.**

**325.3(1) *Registration.*** An individual may apply for registration as a physician assistant with the board on forms supplied by the board. The applicant shall:

*a.* Present notarized evidence of graduation from an approved program for the education of physician assistants and present notarized evidence of passing the certifying examination for physician assistants conducted by the National Commission on Certification of Physician Assistants or a successor examination approved by the board. The initial examination scores must be included in the application.

*b.* Document the past professional history and work experience applicable to being a physician assistant.

*c.* Submit an initial nonrefundable fee of \$50.

**325.3(2) *Temporary registration.*** Individuals may be granted temporary registration at the discretion of the board if they meet all other requirements for registration and document the following information to the board:

*a.* The physician assistant has taken but not received notification regarding the results of the national certifying examination, or

*b.* The physician assistant has not taken the national certifying examination but is eligible. The applicant must take the physician assistant certifying examination the next time it is offered.

*c.* Submit a nonrefundable fee of \$50.

**645—325.4(148C) Licensure.**

**325.4(1) Licensure.** A physician assistant must be licensed by the board to practice under the supervision of a physician or physicians. Application for licensure of a physician assistant must be made on forms supplied by the board, and

*a.* The applicant shall:

(1) Comply with subrule 325.3(1) for registration. This can be done at the same time as applying for licensure.

(2) Present proof of compliance with the continuing education provisions as set forth in these rules.

(3) Submit a description of how the physician assistant is to function within the practice, including a plan for supervision of the physician assistant.

(4) Describe any limitation on the prescriptive authority of the physician assistant in addition to the limitations set out in 325.7(1)“s”(2).

*b.* In conjunction with the physician assistant’s submission, a supervising physician shall:

(1) Provide evidence that the supervising physician(s) is eligible to supervise a physician assistant.

1. The physician is approved to supervise a physician assistant by the board based on a statement of eligibility from the board of medical examiners.

2. Once approved, the board will consider the physician eligible to supervise a physician assistant until the board receives written notification from the board of medical examiners that the physician has been found to be ineligible along with the reasons for ineligibility.

(2) Submit information about the supervising physician’s or physicians’ professional background, specialty and scope of practice.

c. Submit a nonrefundable fee of \$100. If applying for registration and licensure at the same time, the fee is \$150.

d. The board may modify the proposed functioning of a physician assistant and then approve the application for license as modified.

**325.4(2)** Temporary licensure. Physician assistants may be granted temporary licensure by the board if they meet all requirements and document the following information to the board:

a. Comply with subrule 325.3(2) and obtain temporary registration with the board. Application for temporary registration can be made at the same time as temporary licensure.

b. Comply with 325.4(1)“a”(3) and 325.4(1)“b.”

c. Submit a nonrefundable fee of \$100. If applying for temporary registration and temporary licensure at the same time, the fee is \$150.

**325.4(3)** Locum tenens. The locum tenens physician assistant shall comply with licensure requirements in 325.4(1). No additional fee will be charged for locum tenens.

**325.4(4)** The board shall not approve an application for licensure which would result in a physician supervising more than two physician assistants at one time. A physician assistant may provide medical services under the supervision of one or more physicians as approved by the board.

**325.4(5)** If a supervising physician ceases to function as a supervising physician for any reason, the physician assistant:

a. Must so notify the board on the next business day.

b. May continue to practice with any other supervising physician currently specified in the license; or

c. May submit the information required by 325.4(1)“b” to amend the license to include another supervising physician. There will be no additional fee to amend the physician assistant license.

**325.4(6)** If a physician assistant discontinues working under the supervision of all physicians approved in the physician assistant’s license, the physician assistant shall inform the board by the next business day and the license shall terminate until a new license application is submitted and approved by the board.

**325.4(7)** If a physician assistant with a valid license discontinues working with one physician or group of physicians and chooses to work in a different clinical practice with a different physician or group of physicians, the license must be revised by completion of a new license application. There will be no additional fee to revise the physician assistant license.

**325.4(8)** The physician assistant shall notify the board of any change in home or work address within 30 days of its occurrence.

**325.4(9)** A physician assistant registered or licensed under Iowa Code 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. A person not registered or licensed as required under this chapter who falsely claims to be a “physician assistant” or “P.A.” shall be guilty of a simple misdemeanor.

This rule is intended to implement Iowa Code sections 147.107, 148C.3, 148C.6 and 148C.11.

## **645—325.5(148C) Licensing and registration renewal.**

**325.5(1)** *Licensure and registration.*

a. Initial licensure and registration shall be valid for at least one year and shall expire on the first expiration date (September 30) following the first anniversary of the initial licensure and registration.

b. Each subsequent renewal shall be valid for a period of two years and shall expire on September 30.

c. Licensure and registration shall be renewed by submitting renewal forms within 30 days prior to the expiration date with a nonrefundable fee of \$100 for renewing both licensure and registration or \$5 for registration alone.

d. If the license and registration renewal form and nonrefundable \$100 fee (\$5 for registration alone) are not received by the board within 30 days after the expiration date, the license and registration are lapsed and a new application and nonrefundable fee of \$150 (\$50 for registration alone) must be submitted.

**325.5(2) Temporary licensure and registration.**

a. Temporary licensure and temporary registration may be issued for one year and may, at the discretion of the board, be renewed for one additional year at a fee of \$150 (\$50 for temporary registration alone). The temporary license/registration shall be renewed only upon a showing that through no fault of the physician assistant, the applicant was unable to take the certifying examination recognized by the board.

b. Within 30 days of receipt, the physician assistant shall notify the board of the results of the approved national physician assistant certifying examination and shall submit the examination scores to the board as needed for regular licensure and registration.

c. If the physician assistant fails the examination, the physician assistant must cease practicing as a physician assistant immediately and surrender the temporary license or disciplinary action will be initiated.

d. There will be no additional fee for conversion to a regular license or registration.

**325.5(3) Other fees.**

a. The fee for issuing a duplicate license is \$10.

b. The fee for a certified statement that a physician assistant is licensed or registered in this state is \$10.

c. License renewal fee is \$100.

d. Registration renewal fee is \$5.

e. Lapsed license late fee for registration only is \$45.

**645—325.6(148C) Free medical clinic.**

**325.6(1)** A licensed physician assistant may be supervised at a free medical clinic by a qualified practicing physician.

**325.6(2)** A qualified practicing physician means a physician with a valid license to practice medicine in Iowa and who is providing medical services to the free medical clinic.

**325.6(3)** A licensed physician assistant shall make application on the forms approved by the board to work in a free medical clinic. This application shall include the following:

a. The name and license number of the physician assistant applying to work in the clinic.

b. The name and license numbers of the physician or physicians who will be supervising the physician assistant in the clinic.

**325.6(4)** Approval to work in a free medical clinic shall be renewed at the time the license and registration are renewed. There will be no additional fee for approval to work in a free medical clinic.

**645—325.7(148C) Duties.**

**325.7(1)** The medical services to be provided by the physician assistant are those delegated by a supervising physician. The ultimate role of the physician assistant cannot be rigidly defined because of the variations in practice requirements due to geographic, economic, and sociologic factors. The high degree of responsibility a physician assistant may assume requires that, at the conclusion of the formal education, the physician assistant possess the knowledge, skills and abilities necessary to provide those services appropriate to the practice setting. The physician assistant's services may be utilized in any clinical settings including, but not limited to, the office, the ambulatory clinic, the hospital, the patient's home, extended care facilities and nursing homes. Diagnostic and therapeutic medical tasks common to the physician's practice may be assigned to the physician assistant by a supervising physician after demonstration of proficiency and competence. The medical services to be provided by the physician assistant are those delegated by a supervising physician. These services include, but are not limited to, the following:

- a.* The initial approach to a patient of any age group in any setting to elicit a medical history and perform a physical examination.
- b.* Assessment, diagnosis and treatment of medical or surgical problems and recording the findings.
- c.* Order, interpret, or perform laboratory tests, X-rays or other medical procedures or studies.
- d.* Performance of therapeutic procedures such as injections, immunizations, the suturing and care of wounds, removal of foreign bodies, ear and eye irrigation and other clinical procedures.
- e.* Performance of office surgical procedures including, but not limited to, skin biopsy, mole or wart removal, toenail removal, removal of a foreign body, arthrocentesis, incision and drainage of abscesses.
- f.* Assisting in surgery.
- g.* Prenatal and postnatal care and assisting a physician in obstetrical care.
- h.* Care of orthopedic problems.
- i.* Performing and screening the results of special medical examinations including, but not limited to, electrocardiogram or holter monitoring, radiography, audiometric and vision screening, tonometry, and pulmonary function screening tests.
- j.* Instruction and counseling of patients regarding physical and mental health on matters such as diets, disease, therapy, and normal growth and development.
- k.* Assisting a physician in the hospital setting by performing medical histories and physical examinations, making patient rounds, recording patient progress notes and other appropriate medical records, assisting in surgery, performing or assisting with medical procedures, providing emergency medical services and issuing, transmitting and executing patient care orders of the supervising physician.
- l.* Providing services to patients requiring continuing care (home, nursing home, extended care facilities).
- m.* Referring patients to specialty or subspecialty physicians, medical facilities or social agencies as indicated by the patient's problems.
- n.* Immediate evaluation, treatment and institution of procedures essential to providing an appropriate response to emergency medical problems.
- o.* Order drugs and supplies in the office, and assist in keeping records and in the upkeep of equipment.

- p.* Admit patients to a hospital or health care facility.
- q.* Order diets, physical therapy, inhalation therapy, or other rehabilitative services as indicated by the patient's problems.
- r.* Administer any drug (a single dose).
- s.* Prescribe drugs and medical devices under the following conditions:
- (1) The physician assistant shall have passed the national certifying examination conducted by the National Commission on the Certification of Physician Assistants or its successor examination approved by the board. Physician assistants with a temporary license may order drugs and medical devices only with the prior approval and direction of a supervising physician. Prior approval may include discussion of the specific medical problems with a supervising physician prior to the patient's being seen.
  - (2) The physician assistant may not prescribe Schedule II controlled substances which are listed as stimulants or depressants in Iowa Code chapter 124. The physician assistant may order Schedule II controlled substances which are listed as stimulants or depressants in Iowa Code chapter 124 only with the prior approval and direction of a physician. Prior approval may include discussion of the specific medical problems with a supervising physician prior to the patient's being seen.
  - (3) The physician assistant shall inform the board of any limitation on the prescriptive authority of the physician assistant in addition to the limitations set out in 325.7(1) "s"(2).
  - (4) A physician assistant shall not prescribe substances that the supervising physician does not have the authority to prescribe except as allowed in 325.7(1) "n."
  - (5) The physician assistant may prescribe, supply and administer drugs and medical devices in all settings including, but not limited to, hospitals, health care facilities, health care institutions, clinics, offices, health maintenance organizations, and outpatient and emergency care settings except as limited by 325.7(1) "s"(2).
  - (6) A physician assistant who is an authorized prescriber may request, receive, and supply sample drugs and medical devices except as limited by 325.7(1) "s"(2).
  - (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.
- t.* Supply properly packaged and labeled prescription drugs, controlled substances or medical devices when pharmacist services are not reasonably available or when it is in the best interests of the patient as delegated by a supervising physician.
- (1) When the physician assistant is the prescriber of the medications under 325.7(1) "s," these medications shall be supplied for the purpose of accommodating the patient and shall not be sold for more than the cost of the drug and reasonable overhead costs as they relate to supplying prescription drugs to the patient and not at a profit to the physician or physician assistant.
  - (2) When a physician assistant supplies medication on the direct order of a physician, subparagraph (1) does not apply.
  - (3) A nurse or staff assistant may assist the physician assistant in supplying medications when prescriptive drug supplying authority is delegated by a supervising physician to the physician assistant under 325.7(1) "s."
- u.* May, at the request of the peace officer, withdraw a specimen of blood from a patient for the purpose of determining the alcohol concentration or the presence of drugs.

v. Direct medical personnel, health professionals and others involved in caring for patients in the execution of patient care.

w. May authenticate medical forms by signing the form and including a supervising physician's name.

x. Perform other duties appropriate to a physician's practice.

**325.7(2) Emergency medicine duties.**

a. A physician assistant may be a member of the staff of an ambulance or rescue squad pursuant to Iowa Code chapter 147A.

b. A physician assistant shall document skills, training and education equivalent to that required of a certified advanced emergency medical technician or a paramedic.

c. A physician assistant must apply for approval of advanced care training equivalency on forms supplied by the board of physician assistant examiners.

d. Exceptions to this subrule include:

(1) A physician assistant who accompanies and is responsible for a transfer patient, or

(2) A physician assistant who serves on a basic ambulance or rescue squad service, or

(3) Physician assistants who render aid within their skills during an emergency.

**325.7(3) Supervision.** It shall be the responsibility of the physician assistant with a supervising physician to ensure that the physician assistant is adequately supervised:

a. Patient care provided by the physician assistant shall be reviewed with a supervising physician on an ongoing basis as indicated by the clinical condition of the patient. Although every chart need not be signed nor every visit reviewed, nor the physician be physically present at each activity of the physician assistant, it is the responsibility of the supervising physician and physician assistant to ensure that each patient has received the appropriate medical care.

b. Patient care provided by the physician assistant may be reviewed with a supervising physician in person, by telephone or by other telecommunication devices.

c. When signatures are required, electronic signatures are allowed if:

(1) The signature is transcribed by the signer into an electronic record and is not the result of electronic regeneration, and

(2) A mechanism exists allowing confirmation of the signature and protection from unauthorized reproduction.

d. The physician assistant and a supervising physician are responsible in ensuring that a supervising physician must be readily available in person, by telephone, or by telecommunication to respond to a request of the physician assistant.

e. In the absence of one supervising physician, the physician assistant may carry out those tasks for which approval has been granted if supervision is provided by another physician approved by the board.

f. If the physician assistant is being trained to perform new tasks, the training may be carried out only under the direct, personal supervision of a supervising physician or another qualified individual.

**325.7(4)** Remote medical clinic.

*a.* A physician assistant may provide medical services in a remote medical clinic if:

(1) The physician assistant has a permanent license and at least one year of practice as a physician assistant. The board may waive the requirement for one year of practice experience for a physician assistant if all of the following conditions are met:

1. The physician assistant has a permanent license and at least six months of practice as a physician assistant;

2. The supervising physician and physician assistant worked together at the same location for a period of at least three months prior to the date the physician assistant is to begin practicing in the remote clinic; and

3. Patient care provided by the physician assistant is reviewed by the supervising physician at least weekly and the supervising physician signs all charts on patient care rendered without documented direct consultation with the physician during the first year of the physician assistant's practice.

(2) The physician assistant and supervising physician comply with the supervision requirements outlined in 325.7(3).

(3) A supervising physician must visit a remote clinic to provide additional medical direction, medical services and consultation at least every two weeks or less frequently as specified in special circumstances. When visits are less frequent than every two weeks in unusual or emergency circumstances, the board shall be notified in writing of these circumstances.

*b.* When a physician assistant supplies medications as delegated by a supervising physician in a remote clinic, the physician assistant shall secure the regular advice and consultation of a pharmacist regarding the distribution, storage and appropriate use of prescription drugs, controlled substances, and medical devices.

**325.7(5)** Health care providers shall consider the instructions of the physician assistant to be instructions of a supervising physician if the instructions concern duties delegated to the physician assistant by a supervising physician.

**325.7(6)** The physician assistant shall be identified as a physician assistant to patients and to the public.

**325.7(7)** The physician assistant may treat a patient in consultation with a physician(s) in a recognized medical residency program who holds a permanent license. The ultimate responsibility for supervision of the physician assistant remains with the supervising physicians listed on the physician assistant's license.

**645—325.8(147) Prescription requirements.**

**325.8(1)** Each written prescription drug order issued by a physician assistant shall contain the following:

*a.* The date of issue.

*b.* The name and address of the patient for whom the drug is prescribed.

*c.* The name, strength, and quantity of the drug, medicine, or device prescribed and directions for use.

*d.* A supervising physician's name, the physician assistant's name and their practice address.

*e.* The signature of the physician assistant followed by the initials "P.A."

*f.* Any prescription for controlled substances prescribed by the physician assistant shall contain the Drug Enforcement Administration (D.E.A.) number of the physician assistant.

**325.8(2)** Each oral prescription drug order issued by a physician assistant shall include the same information required for a written prescription, except for the written signature and address of the practitioners.

This rule is intended to implement Iowa Code section 147.107.

**645—325.9(147) Supplying—requirements for containers, labeling, and records.**

**325.9(1) Containers.** A prescription drug shall be supplied in a container which meets the requirements of the Poison Prevention Packaging Act of 1970, 15 U.S.C. §§1471-1476(1976), which relate to childproof closure, unless otherwise requested by the patient. The containers must also meet the requirements of Section 502G of the Federal Food, Drug and Cosmetic Act, 21 U.S.C. §§301 et seq. (1976), which pertain to light resistance and moisture resistance needs of the drug being supplied.

**325.9(2) Labeling.** A label shall be affixed to a container in which a prescription drug is supplied bearing the following information:

- a. The name and practice address of the supervising physician and physician assistant.
- b. The name of the patient.
- c. The date supplied.
- d. The directions for administering the prescription drug and any cautionary statement deemed appropriate by the physician assistant.
- e. The name and strength of the prescription drug in the container.
- f. When supplying Schedule II, III, or IV controlled substances, the federal transfer warning statement must appear on the label as follows: "Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed."

**325.9(3) Samples.** Prescription sample drugs will be provided without additional charge to the patient. Prescription sample drugs supplied in the original container or package shall be deemed to conform to labeling and packaging requirements.

**325.9(4) Records.** A record of prescription drugs supplied by the physician assistant to a patient shall be kept which contains the label information required by subrule 325.9(2). Noting such information on the patient's chart or record is sufficient.

This rule is intended to implement Iowa Code section 147.107.

**645—325.10(148C) Board of physician assistant examiners.**

**325.10(1) Description of board.** The purpose of the board of physician assistant examiners is to administer and enforce the provisions of Iowa Code chapters 147 and 148C, with regard to the registration and licensure of physician assistants to practice under the supervision of a physician or physicians, granting licensure for physician assistants including approval of the plan for supervision of the physician assistant by the physician, and the description of how the physician assistant is to function within the physician's scope of practice, investigating violations and infractions involving the practice of physician assistants, and revoking, suspending or otherwise disciplining a physician assistant who has violated the provisions of the practice of physician assistants.

**325.10(2) Organization of board.** The board is comprised of three members licensed to practice as a physician assistant, one member licensed to practice medicine and surgery who supervises a physician assistant, one member licensed to practice osteopathic medicine and surgery who supervises a physician assistant, and two members from the general public. The members are appointed by the governor and confirmed by the senate. The term of office is for three years. A member may not serve more than three terms or nine years.

**325.10(3) Duties of the board.**

- a. The board is a policy-making body relative to matters involving physician assistant education, registration, licensure, supervision, practice and discipline.
- b. The board conducts business according to established policy as approved by the members.
- c. The board organizes annually and elects a chairperson, vice chairperson and a secretary from its membership. These members comprise the executive committee of the board.

d. The chairperson, with direction from the executive committee, shall appoint members to the review group and other organizational committees that are necessary to assist in accomplishing the board's duties.

e. The board governs its proceedings by Robert's Rules of Order, Revised. A majority of the members of the board shall constitute a quorum. Official action requires a majority vote of the quorum.

**325.10(4)** *Authority of board.* The board has statutory authority to:

a. Administer and enforce the laws and administrative rules relating to the registration and licensure to practice as a physician assistant;

b. Review or investigate, or both, upon written complaint or upon its own motion pursuant to other evidence received by the board, alleged acts or omissions which the board reasonably believes constitute cause under applicable law or administrative rule for licensee discipline;

c. Determine in any case whether an investigation, or further investigation, or a disciplinary proceeding is warranted;

d. Initiate and prosecute disciplinary proceedings;

e. Impose licensee discipline;

f. Petition the district court for enforcement of its authority with respect to licensees or with respect to other persons violating the laws which the board is charged with administering;

g. Establish and register peer review committees;

h. Refer to a registered peer review committee for investigation, review, and report to the board any complaint or other evidence of an act or omission which the board reasonably believes constitutes cause for licensee discipline;

i. Determine and administer registration and licensure renewals;

j. Establish and administer rules for continuing education requirements as a condition for renewal licenses.

**325.10(5)** *Address.* All official communications, including submissions and requests, should be addressed to the Board of Physician Assistant Examiners, Professional Licensure, Lucas State Office Building, Des Moines, Iowa 50319-0075. The office is open for public business from 8 a.m. to 4:30 p.m., Monday through Friday of each week, except holidays.

**325.10(6)** *Meetings.* The board will meet as often as necessary to carry out statutory responsibilities. Information concerning the dates and locations for meetings may be obtained from the board's office.

**325.10(7)** *Public meetings.* All meetings of the board shall be open and public, and all citizens of Iowa shall be permitted to attend any meeting, except as otherwise provided by statute.

**325.10(8)** *Promulgation of administrative rules.*

a. The board is responsible for the promulgation, amendment and repeal of administrative rules relating to the practice of physician assistants in accordance with Iowa Code chapter 17A.

b. The review group as specified in Iowa Code section 148C.7 shall review and approve or disapprove rules proposed for adoption by the board of physician assistant examiners. A rule shall not become effective without the approval of a simple majority of the review group.

c. Proposed 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.

**325.10(9)** *Petition to promulgate, amend, or repeal a rule.*

*a.* An interested person or other legal entity may petition the board requesting the promulgation, amendment or repeal of a rule.

*b.* The petition shall be in writing, signed by or on behalf of the petitioner and shall contain a detailed statement of:

(1) The rule that the petitioner is requesting the board to promulgate, amend or repeal. Where amendment of an existing rule is sought, the rule shall be set forth in full with the matter proposed to be deleted enclosed in brackets and proposed additions shown by underlining or boldface.

(2) Facts in sufficient detail to show the reasons for the proposed action.

(3) All propositions of law to be asserted by petitioner.

*c.* The petition shall be in typewritten or printed form, captioned BEFORE THE IOWA BOARD OF PHYSICIAN ASSISTANT EXAMINERS and shall be deemed filed when received by the board offices.

*d.* Upon receipt of the petition, the board staff shall:

(1) Within 20 days mail a copy of the petition to any parties named therein. The petition shall be deemed served on the date of mailing to the last known address of the party being served.

(2) Advise petitioner that petitioner has 30 days within which to submit written views.

At the board chairperson's direction, the board staff may schedule oral presentation of petitioner's view.

*e.* The review group shall review and approve or disapprove the proposed rules prior to the board's final decision to deny the petition or to initiate rule-making proceedings.

*f.* The petitioner will be notified, within 60 days after the date of submission of the petition, of the board's decision to deny the petition or to initiate rule-making proceedings in accordance with Iowa Code chapter 17A.

**325.10(10)** *Declaratory rulings.* Upon petition filed by any individual, partnership, corporation, association, governmental subdivision, private or public organization or state agency, the board may issue a declaratory ruling as to the applicability of statutes and rules, policy statements, decisions and orders under its jurisdiction.

*a.* A petition for a declaratory ruling shall be typewritten or printed and at the top of the first page shall appear in capitals the words: PETITION FOR DECLARATORY RULING BEFORE THE BOARD OF PHYSICIAN ASSISTANT EXAMINERS.

*b.* The petition shall include the name and official title, if any, address and telephone number of each petitioner. If the request is at the request of an entity mentioned in this subrule, it shall name the entity.

*c.* The body of the petition shall contain:

(1) A detailed statement of facts upon which petitioner requests the board to issue its declaratory ruling.

(2) The statute, rule, policy statement, decision or order for which a ruling is sought.

(3) The exact words, passages, sentences or paragraphs which are the subject of inquiry.

(4) The specific questions presented for declaratory ruling.

(5) A consecutive numbering of each multiple issue presented for declaratory ruling.

*d.* The petition shall be filed either by serving it personally at the board office or by mailing it to the Board of Physician Assistant Examiners, Professional Licensure, Lucas State Office Building, Des Moines, Iowa 50319-0075.

*e.* The board chairperson shall acknowledge receipt of petitions or at the direction of the board return petitions not in substantial conformity with the above rules.

*f.* The board may decline to issue a declaratory ruling for any of the following reasons:

- (1) A lack of jurisdiction.
- (2) A lack of clarity of the issue presented.
- (3) The issue or issues presented are pending resolution by a court of Iowa or by the attorney general.
- (4) The issues presented have been resolved by a change in circumstances or by other reasons.
- (5) The issues are under investigation for the purpose of formal adjudication.
- (6) The petition does not comply with the requirements imposed by 325.10(10)“c.”
- (7) When a ruling would necessarily determine the legal rights of other parties not represented in the proceeding.

*g.* In the event the board declines to make a ruling, the board chairperson shall notify the petitioners of this fact and the reasons for the refusal.

*h.* When the petition is in proper form and has not been declined, the board shall issue a ruling disposing of the petition within a reasonable time after its filing.

*i.* Rulings shall be mailed to petitioners and to other parties at the discretion of the board chairperson. Rulings shall be indexed and available for public inspection.

This rule is intended to implement Iowa Code section 17A.9.

#### **645—325.11(148C,272C) Grounds for discipline.**

**325.11(1)** Methods of discipline. Rescinded IAB 6/16/99, effective 7/21/99.

**325.11(2)** Discretion of board. Rescinded IAB 6/16/99, effective 7/21/99.

**325.11(3)** Grounds for disciplinary action. The board may impose any of the discipline set forth in rule 645—13.1(272C) when the board determines the licensee is guilty of the following:

*a.* The use of presigned prescriptions, or the use of a rubber stamp to affix a signature to a prescription. A person who is unable, due to a physical handicap, to make a written signature or mark, however, may substitute in lieu of a signature, a rubber stamp which is adopted by the handicapped person for all purposes requiring a signature and which is affixed by the handicapped person or affixed by another person upon the request of the handicapped person and in their presence.

*b.* Fraud in procuring registration or licensure to practice as a physician assistant.

*c.* Knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of a professional or engaging in unethical conduct or practice harmful or detrimental to the public. Proof of actual injury need not be established.

*d.* Failure to possess and exercise that degree of skill, learning, and care expected of a reasonably prudent physician assistant acting in the same or similar circumstances.

*e.* The excessive use of alcohol, drugs, narcotics, chemicals, or other substances which may impair a physician assistant's ability to practice the profession with reasonable skill and safety.

*f.* Conviction of a felony related to the profession or the conviction of a felony that would affect the ability to practice within this profession. A copy of the record of conviction or pleas of guilty shall be clear and convincing evidence.

*g.* Willful or repeated violations of the provisions of these rules and Iowa Code chapter 148C.

*h.* Failure to report a licensure, registration or certification revocation, suspension, or other disciplinary action taken by a licensing authority of another state, territory, or country.

*i.* Inability to practice as a physician assistant with a reasonable degree of skill and safety due to a mental or physical impairment or substance abuse.

- j.* Willful or repeated violation of a lawful rule or regulation promulgated by the board.
  - k.* Violating a lawful order of the board previously entered by the board in a disciplinary hearing.
  - l.* Being adjudged mentally incompetent by a court of competent jurisdiction.
  - m.* Making suggestive, lewd, lascivious or improper remarks or sexual advances to a patient.
  - n.* Knowingly submitting a false report of continuing education.
  - o.* Failure to notify the board within 30 days after occurrence of any judgment or settlement of a malpractice claim or action.
  - p.* Failure to file a report concerning acts or omissions committed by another physician assistant. No licensee shall be required to report information which is deemed to be confidential communication as the result of a physician-patient relationship or which is prohibited by state or federal statute. The report shall include the name and address of the licensee and the date, time and place of the incident.
  - q.* Willful or repeated gross malpractice.
  - r.* Willful or gross negligence.
  - s.* Obtaining any fee by fraud or misrepresentation.
  - t.* The performance of medical functions without approved supervision except in cases requiring performance of evaluation and treatment procedures essential to providing an appropriate response to emergency situations.
  - u.* Knowingly or willingly performing a medical function or task prohibited by the board or for which the assistant is not qualified by training to perform.
  - v.* Violating a statute or law of the state, another state, or the United States, without regard to its designation as either felony or misdemeanor, which statute or law related to the practice of a physician assistant.
  - w.* Habitual intoxication or addiction to drugs.
  - x.* Failure to comply with the recommendations for preventing transmission of human immunodeficiency virus and hepatitis B virus to patients during exposure-prone invasive procedures issued by the Centers for Disease Control of the United States Department of Health and Human Services, or with the recommendations of the expert review panel established pursuant to Iowa Code section 139C.2(3), and applicable hospital protocols established pursuant to Iowa Code section 139C.2(1).
- 325.11(4)** The board may refuse to grant licensure to practice as a physician assistant for any of the grounds set out in subrule 325.11(3).
- This rule is intended to implement Iowa Code sections 148C.5A and 148C.6A.

**645—325.12(272C) Peer review committee.** Rescinded IAB 6/16/99, effective 7/21/99.

**645—325.13(148C) Disciplinary procedure.** Rescinded IAB 6/16/99, effective 7/21/99.

**645—325.14(148C) Disciplinary hearing fees and costs.** Rescinded IAB 6/16/99, effective 7/21/99.

**645—325.15(148C) Physician assistant trainee.**

**325.15(1)** Any person who is enrolled as a trainee (student) in an approved program shall comply with the rules set forth in this chapter. A trainee (student) is exempted from licensure requirements.

**325.15(2)** Notwithstanding any other provisions of these rules, a trainee (student) may perform medical services when they are rendered within the scope of an approved program.

**645—325.16(148C) Application for program approval.**

**325.16(1)** Application for program approval for the education and training of physician assistants shall be made on forms supplied by the board and shall be signed by the medical director or the program director.

**325.16(2)** Application forms submitted to the board shall be completed in every detail. Every supporting document required by the application form shall be submitted with each application.

**325.16(3)** A fee of \$50 shall be submitted with the application for program approval. This rule is intended to implement Iowa Code chapter 148C.

**645—325.17(148C) Essential requirements of an approved program.** An educational program for the instruction of a physician assistant shall meet the essential requirements and criteria as established by the Committee on Allied Health Education and Accreditation or its successor, the Council on Accreditation of Allied Health Educational Programs, or its successor agency. Any educational program for the instruction of a physician assistant which is not currently accredited by the Council on Accreditation of Allied Health Educational Programs, or its successor agency, does not meet the definition of an approved program.

**645—325.18(148C) Prohibition.** No physician assistant shall be permitted to prescribe lenses, prisms or contact lenses for the aid, relief or correction of human vision. No physician assistant shall be permitted to measure the visual power and visual efficiency of the human eye, as distinguished from routine visual screening, except in the personal presence of a supervising physician at the place where these services are rendered.

**645—325.19(148C) Continuing education.** Rescinded IAB 2/7/01, effective 3/14/01.

These rules are intended to implement Iowa Code chapters 148C and 272C and Iowa Code section 147.107.

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CHAPTER 326  
CHILD SUPPORT NONCOMPLIANCE

Rescinded IAB 6/16/99, effective 7/21/99

CHAPTER 327  
IMPAIRED PRACTITIONER REVIEW COMMITTEE

Rescinded IAB 6/16/99, effective 7/21/99

NOTE: History prior to IAB 7/12/89 transferred from 653—Chapter 20, IAB 11/14/90.

\*Effective date of 11/14/84 delayed 70 days by the Administrative Rules Review Committee. Delay lifted by Committee on 1/9/85.

\*\*Effective date of 325.7(3) "a" and 325.7(4) "a"(1), (3) delayed 70 days by the Administrative Rules Review Committee at its meeting held August 16, 1995.