

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 rule 325.19(148C).

(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) Licensure 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 60 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.

**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) Discipline—denial, suspension, revocation.**

**325.11(1)** Methods of discipline. The board may impose any of the following sanctions:

- a.* Denial of license or registration.
- b.* Revocation of license.
- c.* Suspension of license until further order of the board or for a specified period.
- d.* Prohibit until further order of the board or for a specified period, the engaging in specified procedures, methods or acts.
- e.* Probation.
- f.* Require additional education or training.
- g.* Require a reexamination.
- h.* Order a physical or mental examination.
- i.* Impose a civil penalty not to exceed \$1000.
- j.* Issue citation and warning.
- k.* Other sanctions allowed by law as may be appropriate.

**325.11(2)** Discretion of board. The following factors may be considered by the board in determining the nature and severity of the disciplinary sanction to be imposed.

- a.* The relative seriousness of the violation as it relates to ensuring a high standard of professional care.
- b.* The facts of the particular violation.
- c.* Any extenuating circumstances or other countervailing considerations.
- d.* Number and seriousness of prior violations or complaints.
- e.* Whether remedial action has been taken.
- f.* Other factors which reflect upon the competency, ethical standards and professional conduct of the assistant.

**325.11(3)** Grounds for disciplinary action. The board may impose any of the discipline set forth above 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.** The board may establish and register peer review committees consisting of three physician assistants who shall be appointed by the board.

**325.12(1)** A complaint made to the board by any person relating to the license of a physician assistant or concerning the professional conduct of a physician assistant licensed by the board may be assigned to a peer review committee at the discretion of the board.

**325.12(2)** The board may provide investigatory and related services to the peer review committee upon request.

**325.12(3)** A peer review committee may determine the method to be used in making its investigation or that it is unable to investigate the report upon a complaint, and return the complaint together with an explanation to the board.

**325.12(4)** The peer review committee shall observe the requirements of confidentiality imposed by Iowa Code section 272C.6.

**325.12(5)** Members of the peer review committee shall not be liable for acts, omissions or decisions made in connection with service on the peer review committee. However, immunity from civil liability shall not apply if an act is done with malice.

**325.12(6)** The peer review committee shall thoroughly investigate all complaints assigned except as specified in subrule 325.12(3) and make written recommendations to the board.

a. Written recommendations shall contain a statement of facts, the recommendation for disposition, and the rationale supporting the recommendation.

b. The written recommendations shall be signed by the members of the peer review committee concurring in the report.

**325.12(7)** The board shall consider and act upon the recommendations of the peer review committee at the next board meeting held after submission of the written recommendations provided the recommendations are received in the board office 20 days prior to the scheduled date of the next regular meeting of the board. If the board finds that probable cause exists for disciplinary action, it shall proceed to a hearing on the matter in accordance with the procedural process set out in rule 325.13(148C).

**645—325.13(148C) Disciplinary procedure.**

**325.13(1) Proceeding.** The proceeding for disciplinary action against a licensee or the denial of a license or registration shall be substantially in accord with the following procedures which are an alternative to or in addition to the procedures stated in Iowa Code sections 147.58 through 147.71.

**325.13(2) Investigations.** The board shall, upon receipt of the complaint in writing, or may upon its own motion, pursuant to other evidence received by the board, review and investigate alleged acts or omissions which the board reasonably believes constitute cause under applicable law or administrative rule for licensee discipline.

**325.13(3)** *Form and content of the written complaint.* The complaint may be in writing and signed by at least one complainant or an authorized representative of the complainant. The complaint shall contain the following information:

- a. The full name and address of the complainant.
- b. The full name, address and telephone number, if known, of the respondent.
- c. A concise statement of the facts which clearly and accurately apprise the board of the allegations against the respondent.

**325.13(4)** *Place and time of filing.* The complaint may be delivered personally or by mail to the office of the board. The current address of the board is: Board of Physician Assistant Examiners, Professional Licensure, Lucas State Office Building, Des Moines, Iowa 50319-0075.

**325.13(5)** *Investigation of allegations.*

a. Complaints shall be initially reviewed by the board. The board may decide to take one of the following actions:

- (1) Direct the case to be investigated by the department of inspections and appeals;
- (2) Direct a board member to investigate the facts of the complaint;
- (3) Refer the complaint to a registered peer review committee for investigation, review and report to the board;
- (4) Reject the case and list the reasons for this recommendation.

b. The board member who investigates the facts of the case would be ineligible to serve on a hearing panel of the board if the case goes to a hearing.

c. The board chairperson may direct that an immediate investigation be made in cases that may present an imminent danger to the public after consulting with the board.

d. The licensee named in the complaint may be furnished with information concerning the complaint and given the opportunity to informally present a position or defense respecting the allegations of the complaint prior to the commencement of a contested case. This position or defense may be submitted in writing; but a personal conference with the board, a designated board member, or peer review committee may be had at the discretion of the board or peer review committee.

e. A physician assistant under investigation by the board may request that the complaint be referred to a registered peer review committee for investigation, review and report to the board. The board shall retain the right to grant or deny this request.

**325.13(6)** *Investigation report.*

a. Any investigation of a complaint involving a physician assistant shall be done by investigators approved by the board.

b. Upon completion of the investigation, the investigator shall prepare a report for the board's consideration. Upon the receipt of the report, the board shall decide whether probable cause exists for further proceedings.

c. Before any disciplinary proceeding is initiated, the board shall send the investigative report of a physician assistant complaint and any proposed action to the chair of the board of medical examiners or designee for comment and recommendations by the board of medical examiners on the case. The board of medical examiners shall respond in six weeks or sooner if the issues warrant it. The board shall consider the recommendations of the board of medical examiners. If the board disagrees with the recommendations, they shall outline the reasons for their decision and inform the board of medical examiners of their decision.

**325.13(7) Review of the complaint investigation.**

*a. Rejection.* If a determination is made by the board to reject the case, the complainant shall be informed of the reasons for rejection. A letter of explanation concerning the decision of the board may be sent to the licensee involved.

*b. Requirement of further inquiry.* If determination is made by the board to order further inquiry, the complaint and recommendations by the investigator(s) shall be returned to the investigator(s) along with a statement specifying the information deemed necessary.

*c. Acceptance of the case.* If a determination of probable cause is made by the board to initiate disciplinary action, the board may file a complaint and statement of charges.

**325.13(8) Informal settlement.** The board chairperson or designee may request that an informal conference be held to determine whether licensee discipline can be resolved in a just manner and in furtherance of the public interest. Neither the board chairperson nor the respondent is required to use this informal procedure. If the board chairperson and respondent agree to negotiate a settlement, the various points of a proposed settlement, including a stipulated statement of facts, shall be set forth in writing. The proposed settlement shall be binding if approved by the board and signed by both the board chairperson (or member designated by the chairperson) and the respondent.

**325.13(9) Order for hearing.** The board may issue an order setting the time and place for hearing. A written notice of hearing together with a statement of the charges shall be served upon the licensee at least 30 days before the hearing by personal service or by certified mail, return receipt requested.

**325.13(10) Notice of publication.** If the physician assistant has left the state, the notice and statement of the charges shall be so served at least 30 days before the date of the hearing, wherever the physician assistant may be found. If the whereabouts of the physician assistant are unknown, service may be had by publication as provided in the Rules of Civil Procedure upon filing the required affidavit. In case the physician assistant fails to appear, either in person or by counsel, at the time and place designated in the notice, the board shall proceed with the hearing as hereinafter provided.

**325.13(11) Statement of charges.** The statement of charges shall set forth in ordinary and concise language the acts or omissions with which the licensee is charged and shall be in sufficient detail to enable the efficient preparation of the licensee's defense. The statement of charges shall specify the statute(s) and any rule(s) which are alleged to have been violated, and may also include the additional information which the board deems appropriate to the proceeding.

**325.13(12) Legal representation.** Every statement of charges and notice of hearing prepared by the board shall be reviewed and approved by the office of the attorney general, which shall be responsible for the legal representation of the public interest in all proceedings before the board.

**325.13(13) Notice of hearing.** The notice of hearing shall state:

- a.* The date, time and place of hearing.
- b.* A statement that the party may be represented by legal counsel at the hearing.
- c.* A statement of the legal authority and jurisdiction under which the hearing is to be held.
- d.* A reference to the statutes and rules involved.
- e.* A short and plain statement of the matter asserted.
- f.* A statement that the licensee has the right to appear at the hearing and be heard.
- g.* A statement requiring the licensee to submit an answer of the type specified in subrule 325.13(14) within 14 days after receipt of the notice of hearing.
- h.* A statement requiring the licensee within a period of 14 days after receipt of the notice of hearing to:

- (1) Acknowledge receipt of the notice of hearing;
- (2) State whether or not the licensee will be present at the hearing;
- (3) State whether the licensee will require an adjustment of date and time of the hearing; and
- (4) Furnish the board with a list of witnesses the licensee intends to have called.

**325.13(14) *Form of answer.*** The answer shall show venue as “Before the Iowa Board of Physician Assistant Examiners” and shall be captioned “Answer”. The answer shall contain the following information:

- a. The name, address and telephone number of the licensee.
- b. Specific statement regarding any or all allegations in the complaint which shall be in the form of admissions, denials, explanations, remarks or statements of mitigating circumstances.
- c. Any additional facts or information the licensee deems relevant to the complaint and which may be of assistance in the ultimate determination of the case.

**325.13(15) *Request for a more definitive statement.*** The licensee may at any time request the board to make the statement of charges more definite and certain by submitting to the board a written request indicating the matters concerning which a more definite statement is necessary in order to facilitate the preparation of the licensee’s defense. The board will respond to a request for a more definite statement within ten days of its receipt.

**325.13(16) *Prehearing conferences.*** The presiding officer, either on the officer’s own motion or at the request of either the board chairperson or the licensee, may hold a prehearing conference which shall be scheduled not less than two days prior to the hearing. Notice by ordinary mail shall be given to each party of the date, time and place of the prehearing conference.

**325.13(17) *Appearance.*** The licensee shall have the right to appear in person or be represented by an attorney before the board at the licensee’s expense.

**325.13(18) *Subpoena powers.*** The board is authorized by law to subpoena books, papers, records and any other real evidence whether or not privileged or confidential under law.

a. Board subpoenas for books, papers, records and other real evidence will be issued to a party upon request. Application should be made to the board chairperson or designee specifying the evidence sought. Subpoenas for witnesses may also be obtained. The board chairperson or designee shall issue all subpoenas for both parties upon request.

b. Discovery procedures applicable to civil actions are available to the parties in a proceeding under these rules.

c. Evidence obtained by subpoena or through discovery shall be admissible at the hearing if it is otherwise admissible under subrule 325.13(24) or by statute.

d. The evidence outlined in Iowa Code section 17A.13(2), where applicable and relevant, shall be available to a party upon request.

**325.13(19) *Refusal to obey subpoena.*** In the event of a refusal to obey a subpoena, the board may petition the district court for its enforcement.

**325.13(20) *Failure by licensee to appear.*** If a licensee, upon whom a proper notice of hearing has been served, fails to appear either in person or by counsel at the hearing, the board or hearing panel shall proceed with the conduct of the hearing, and the licensee shall be bound by the results of such hearing to the same extent as if the licensee were present.

**325.13(21) *Record of proceedings.*** Oral proceedings shall be recorded either by mechanical or electrical means, or by certified shorthand reporters. Any part of oral proceedings shall be transcribed at the request of any party with the expense of the transcription charged to the requesting party. Any recording or stenographic notes of oral proceedings or their transcription shall be filed and maintained for at least five years from the date of decision. Any party to a proceeding may record, at their own expense, stenographically or electronically, any portion or all of the proceedings.

**325.13(22) Hearings.** A hearing may be conducted before the board or before a three-member hearing panel appointed by the board chairperson in accordance with Iowa Code section 272C.6.

a. When, in the opinion of a majority of the board, it is desirable to obtain specialists within an area of practice of the profession when holding disciplinary hearings, the board may appoint a panel of not less than three specialists not having a conflict of interest to make findings of fact and to report to the board. Findings shall not include any recommendation for or against licensee discipline.

b. When a hearing is held before the board or a three-member hearing panel, the board chairperson or someone designated by the chairperson shall act as the presiding officer. The presiding officer shall be in control of the proceedings and shall have the authority to administer oaths, to admit or exclude testimony or other evidence and to rule on all motions and objections.

c. The presiding officer and other board members have the right to conduct a direct examination at the outset of a witness's testimony or later. Direct examination and cross-examination by board members are subject to objections properly raised in accordance with the Rules of Evidence noted in subrule 325.13(24).

d. The hearing shall be open to the public unless the licensee or the licensee's attorney requests that the hearing be closed to the public.

**325.13(23) Order of proceedings.** Before testimony is presented, the record shall show the identity of any board members present, hearing panel, and the identity of the primary parties and their representatives, and of the fact that all testimony is being recorded. Hearings before the board or a panel of the board shall generally follow the order established by these rules, subject to modification at the discretion of the board or of the panel of the board conducting the proceedings.

a. The presiding officer or designee shall read the specification of charges and the answer to them, or other responsive pleadings, filed by the respondent prior to the hearing.

b. The assistant attorney general representing the public interest before the board shall make an opening statement.

c. The respondent or respondents shall each be offered the opportunity to make an opening statement. A respondent may elect to reserve the opening statement until just prior to the presentation of evidence by the respondent.

d. The presentation of evidence on behalf of the public.

e. The presentation of evidence on behalf of the respondent(s).

f. Rebuttal evidence on behalf of the public.

g. Rebuttal evidence on behalf of the respondent(s).

h. Closing arguments, first on behalf of the public, then on behalf of the respondent, and then on behalf of the public.

**325.13(24) Rules of evidence—documentary evidence—official notice.**

a. Irrelevant, immaterial and unduly repetitious evidence should be excluded. A finding will be based upon the kind of evidence upon which reasonable, prudent persons are accustomed to rely for the conduct of their serious affairs and may be based upon this evidence even if it would be inadmissible in a jury trial.

b. Objections to evidential offers may be made and shall be noted in the record. Motions and offers to amend the pleadings may also be made at the hearing and shall be noted in the record together with the rulings on them.

c. Subject to the above requirements, when a hearing will be expedited and the interests of the parties will not be prejudiced substantially, any part of the evidence may be required to be submitted in verified written form.

*d.* Documentary evidence may be received in the form of copies or excerpts, if the original is not readily available. Upon request, parties shall be given the opportunity to compare the copy with the original, if available. Accurate copies of the document offered at the hearing shall be furnished to those members of the board sitting at the hearing and to opposing parties.

*e.* Witnesses at the hearing, or persons whose testimony has been submitted in written form if available, shall be subject to cross-examination by any party as necessary for a full and true disclosure of the facts.

*f.* Official notice may be taken of all facts of which judicial notice may be taken and of other facts within the specialized knowledge of the board. Parties shall be notified at the earliest practicable time, either before or during the hearing, or by reference in preliminary reports, preliminary decisions or otherwise, of the facts proposed to be noticed and their source, including any staff memoranda or data, and the parties shall be afforded an opportunity to contest the facts before the decision is announced unless the board determines as part of the record or decision that fairness to the parties does not require an opportunity to contest the facts.

**325.13(25) Decision.** When four or more members of the board preside over the reception of the evidence at the hearing, its decision is a proposed decision.

*a.* When a panel of three specialists presides over the reception of the evidence at the hearing, a transcript of the proceedings, together with exhibits presented and the findings of fact of the panel, shall be considered by the board at the earliest practicable time. The licensee or the licensee's attorney upon notice prescribed by the board shall have the opportunity to appear personally to present the licensee's position and arguments to the board. The decision of the board is a proposed decision.

*b.* If the hearing is conducted by a three-member hearing panel as specified in subrule 325.13(22), the decision shall be considered by the board at the earliest practicable time. The board shall review the transcript of the proceedings together with any exhibits and the findings of the panel. The decision of the board is a proposed decision.

*c.* A proposed or final decision shall be in writing and shall consist of the following parts:

(1) A concise statement of the facts which support the finding of fact.

(2) Findings of fact. A party may submit proposed findings of fact and where this is done, the decision shall include a ruling on each proposed finding.

(3) Conclusions of law which shall be supported by cited authority or reasoned opinion.

(4) The decision or order which sets forth the action to be taken or the disposition of the case.

*d.* Any discipline shall be imposed on the affirmative vote of at least four members of the board.

**325.13(26) Confidentiality.** At no time prior to the release of the decision by the board shall any portion of the whole be made public or be distributed to any persons other than the parties.

**325.13(27) Notification of decision.** All parties to a proceeding shall be promptly furnished with a copy of any final or proposed decision or order either in person or by first-class mail, or by telephone if necessary to ensure that the parties learn of the decision or order first. The supervising physician and the board of medical examiners shall be notified of any disciplinary action taken against a licensee.

**325.13(28) Appeal of proposed decisions.** Pursuant to Iowa Code section 17A.15, the decision of the board is a proposed decision and shall become a final decision unless appealed to the board of medical examiners within ten days of receipt of the written decision. Appeals shall be in writing and sent to: Board of Medical Examiners, Executive Hills West, Des Moines, Iowa 50319-0075. A copy of the appeal shall also be sent to the board of physician assistant examiners.

**325.13(29) Judicial review.** Judicial review may be sought in accordance with Iowa Code section 17A.19.

**325.13(30) Rehearing.** Within 20 days after issuance of a final decision, any party may file an application for a rehearing. The application shall state the specific grounds for rehearing and the relief sought. Copies shall be mailed to all other parties. The application shall be deemed denied if not granted within 20 days after service on the board. Rehearing of the board of medical examiners decision will be pursuant to rules of the board of medical examiners.

*a.* Upon a rehearing, the board shall consider facts not presented in the original proceedings if either:

- (1) The facts arose subsequent to the original proceedings;
- (2) The party offering evidence could not reasonably have provided it at the original proceedings;

or

(3) The party offering the additional evidence was misled by any party as to the necessity for offering the evidence at the original proceeding.

*b.* The decision made upon a rehearing may incorporate by reference any and all parts of the decision made upon the conclusion of the original proceeding.

**325.13(31) Disciplinary decision.** A decision to discipline a licensee shall remain in force and effect until an appeal is finally determined and disposed of upon its merits.

**325.13(32) Rules of general applicability.** Ex parte communication, separation of functions, judicial review and appeals shall be in accordance with the terms of the Iowa administrative procedure Act.

**325.13(33) Publication of decisions.** Final decisions of the board relating to disciplinary procedures shall be transmitted to the appropriate professional association(s), Federation of State Medical Boards, board of medical examiners and a newspaper(s) of general circulation to be selected by the board.

**325.13(34) Reinstatement.** Any person whose license to practice has been revoked or suspended by the board may apply to the board for reinstatement in accordance with the terms and conditions of the order of revocation or suspension.

*a.* If the order of revocation or suspension did not establish terms and conditions upon which reinstatement might occur, or if the license was voluntarily surrendered, an initial application for reinstatement may not be made until one year has elapsed from the date of the order or the date of voluntary surrender.

*b.* All proceedings for reinstatement shall be initiated by the respondent, who shall file with the board an application for the reinstatement of the license to be supervised by a physician. The application shall be docketed in the original case in which the license was revoked, suspended, or relinquished. All proceedings upon the petition for reinstatement, including all preliminary and ancillary matters thereto, shall be subject to the same rules of procedure as other cases before the board.

*c.* An application for reinstatement shall allege facts which, if established, will be sufficient to enable the board to determine that the basis for the revocation or suspension of the respondent's license no longer exists and that it will be in the public interest for the license of the physician assistant supervised by a physician to be reinstated. The burden of proof to establish facts shall be on the respondent.

*d.* An order of reinstatement shall be based upon a decision which incorporates findings of facts and conclusions of law, and must be based upon the affirmative vote of not fewer than four members of the board. This order will be published as provided for in subrule 325.13(33).

**325.13(35) License denial.** Any request to have a hearing before the board concerning the denial of a license shall be submitted by the applicant in writing to the board at the address in subrule 325.13(4) by mail or personal service on the board office, within 30 days of a mailing of a notice of denial of license.

This rule is intended to implement Iowa Code sections 17A.22 and 272C.5 and chapter 148C.

**645—325.14(148C) Disciplinary hearing fees and costs.**

**325.14(1)** The board may charge a fee not to exceed \$75 for conducting a disciplinary hearing which results in disciplinary action taken against the licensee by the board. An order assessing a fee shall be included as part of the board's final decision. The order shall direct the licensee to deliver payment directly to the department of public health as provided in 325.14(9).

**325.14(2)** In addition to this fee, the board may also recover from the licensee the costs for transcripts, witness fees and expenses, depositions, and medical examination fees. The board may assess these costs in the manner it deems most equitable.

**325.14(3) Transcript.**

*a.* The cost of the transcript includes the transcript of the original contested case hearing before the board as well as transcripts of any other formal proceedings before the board which occur after the notice of the contested case hearing is filed.

*b.* In the event of an appeal to the full board from a proposed decision, the appealing party shall timely request and pay for the transcript necessary for use in the agency appeal process. The board may assess the transcript costs against the licensee pursuant to Iowa Code section 272C.6(6) or against the requesting party pursuant to Iowa Code section 17A.12(7).

**325.14(4) Witness fees and expenses.**

*a.* The parties in a contested case shall be responsible for any witness fees and expenses incurred by witnesses appearing at the contested case hearing.

*b.* The board may assess a licensee the witness fees and expenses incurred by witnesses called to testify on behalf of the state of Iowa.

*c.* The costs for lay witnesses shall be determined in accordance with Iowa Code section 622.69. For purposes of calculating the mileage expenses allowed under this section, the provisions of Iowa Code section 625.2 do not apply.

*d.* The costs for expert witnesses shall be determined in accordance with Iowa Code section 622.72. For purposes of calculating the mileage expenses allowed under this section, the provisions of Iowa Code section 625.2 do not apply.

*e.* The provisions of Iowa Code section 622.74 regarding advance payment of witness fees and the consequences of failure to make such payment are applicable with regard to witnesses who are subpoenaed by either party to testify at the hearing.

*f.* The board may assess as costs the meal and lodging expenses necessarily incurred by witnesses testifying at the request of the state of Iowa. Meal and lodging costs shall not exceed the reimbursement employees of the state of Iowa receive for these expenses under the department of revenue and finance guidelines in effect on July 1, 1993.

**325.14(5) Depositions.**

*a.* The cost for depositions includes the cost of transcripts, the daily charge of the court reporter for attending and transcribing the deposition, and all mileage and travel time charges of the court reporter for traveling to and from the deposition which are charged in the ordinary course of business.

*b.* Deposition costs for purposes of allocating costs against a licensee include only those deposition costs incurred by the state of Iowa. The licensee is directly responsible for the payment of deposition costs incurred by the licensee.

*c.* If the deposition is of an expert witness, the deposition cost includes a reasonable expert witness fee. This fee shall not exceed the expert's customary hourly or daily fee, and shall include the time reasonably and necessarily spent in connection with such depositions, including the time spent in travel to and from the deposition, but excluding time spent in preparation for that deposition.

**325.14(6)** Medical examination fees. All costs of physical or mental examinations ordered by the board pursuant to Iowa Code section 272C.9(1) as part of an investigation of a pending complaint or as a sanction following a contested case hearing shall be paid directly by the licensee.

**325.14(7)** Within ten days after conclusion of a contested case hearing and before issuance of any final decision assessing costs, the designated staff person shall certify any reimbursable costs to the board. The designated staff person shall calculate the specific costs, certify the cost calculated and file the certification as part of the record in the contested case. A copy of the certification shall be served on each party of record at the time of filing.

**325.14(8)** A final decision of the board imposing disciplinary action against a licensee shall include the amount of any fee assessed which shall not exceed \$75. If the board also assesses costs against the licensee, the final decision shall include a statement of costs delineating each category of costs and the amount assessed. The board shall specify the time period in which the fees and costs must be paid by the licensee.

*a.* A party must file an objection to any fees or costs imposed in a final decision in order to exhaust administrative remedies. An objection must be filed in the form of an application for rehearing pursuant to Iowa Code section 17A.16(2).

*b.* The application will be resolved by the board consistent with the procedures for ruling on an application for rehearing. Any dispute regarding the calculations of any fees or costs to be assessed may be resolved by the board upon receipt of the parties' written objections.

**325.14(9)** All fees and costs assessed pursuant to this chapter shall be in the form of a check or money order made payable to the State of Iowa and delivered by the licensee to the department of public health.

**325.14(10)** Failure of a licensee to pay a fee and costs within the time specified in the board's decision shall constitute a violation of an order of the board and shall be grounds for disciplinary action.

#### **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.**

**325.19(1)** Continuing education means the education which is obtained by a physician assistant in order to maintain, improve, or expand skills and knowledge obtained prior to initial certification or to develop new and relevant skills and knowledge.

**325.19(2)** Category I continuing education.

*a.* A Category I continuing education activity shall be qualified for approval if it constitutes an organized program of learning which contributes directly to the professional competency of the physician assistant; it pertains to subject matter which integrally relates to the practice of medicine and surgery, osteopathic medicine and surgery or osteopathy; and it is conducted by individuals who have special education, training and experience by reason of which they should be considered experts concerning the subject matter of the program.

*b.* Category I continuing education means continuing education that has been approved by the American Academy of Physician Assistants, American Academy of Family Physicians, American Osteopathic Association, or those organizations accredited by the Accreditation Council on Continuing Medical Education (ACCME), which includes the American Medical Association. The program's publicity will specify the accrediting organization(s) and the number of approved Category I hours.

**325.19(3)** Category II continuing education.

*a.* Category II continuing education means continuing education which is acquired on an hour-for-hour basis of time spent participating in professional or medical educational activities that have not been approved for a specific number of Category I hours.

*b.* Category II continuing education is approved for Category II credit by the American Academy of Physician Assistants.

**325.19(4)** Continuing education requirements.

*a.* A person licensed as a physician assistant shall complete a minimum of 100 hours of approved continuing education every two years. Of these 100 hours, a minimum of 40 hours shall be earned in Category I, and the remaining 60 hours may be obtained in Category II or a combination of Categories I and II.

*b.* The continuing education compliance year shall extend from July 1 to June 30, during which period attendance at approved continuing education programs may be used as evidence of fulfilling continuing education requirements for the physician assistant's license renewal.

*c.* If satisfactory completion of 100 hours of continuing education is not reported by the date for license renewal, the board shall notify the physician assistant of the deficiency. The physician assistant may request an extension for satisfactory completion of the required hours if just cause is determined by the board.

*d.* In lieu of the continuing education requirements, the board shall accept a current certificate of continuing education from the American Academy of Physician Assistants or the National Commission on the Certification of Physician Assistants and will consider approval of other programs as they are developed.

*e.* It is the responsibility of physician assistants to finance their costs of continuing education.

**325.19(5) Hearing.** In the event of denial, in whole or part of credit, for continuing education activity, the physician assistant shall have the right, within ten days after the sending of the notification of the denial by ordinary mail, to request a hearing which shall be held within 45 days after receipt of the request for hearing. The hearing shall be conducted by the board. The hearing shall be conducted in substantial compliance with the hearing procedure in subrule 325.13(22) and Iowa Code chapters 17A and 272C. The decision of the board shall be final.

**325.19(6) Reporting continuing education.**

*a.* The physician assistant shall submit with the license renewal every two years evidence of compliance with the continuing education requirements. This evidence may be a current certificate from the National Commission on the Certification of Physician Assistants which requires 100 hours of continuing education to maintain, documentation of 100 hours of continuing education from the American Academy of Physician Assistants, or a report signed by the physician assistant which lists the continuing education hours completed in the preceding two years.

*b.* The board relies upon the integrity of physician assistants in certifying their compliance with the continuing education requirements. Each licensed physician assistant shall keep evidence of attendance at approved continuing education programs for three years. The board may audit this information on a random basis and the physician assistant shall produce the documentation of continuing education activities at the request of the board.

**325.19(7) Reinstatement.** A physician assistant who applies for reinstatement of license by the board after allowing the license to lapse shall satisfy the following requirements:

*a.* Furnish evidence of completion of a total number of hours of accredited continuing education computed by multiplying 50 by the number of years since the physician assistant license was valid, of which at least 40 percent of the hours completed shall be in Category I, or

*b.* Successfully complete the requirements of the National Commission on the Certification of Physician Assistants for recertification, conducted within one year immediately prior to the submission of application for licensure.

**325.19(8) Exemptions for continuing education requirements.**

*a.* A physician assistant shall be deemed to have complied with the continuing education requirements in the following instances:

(1) During periods served honorably on active duty in the military services,

(2) During periods of residency in another state or district having a continuing education requirement for the profession and where the physician assistant had met all requirements of that state or district,

(3) For periods that the physician assistant is a government employee working in the profession and assigned to duty outside of the United States, or

(4) For other periods of active employment and absence from the state approved by the board.

*b.* The board may, in individual cases involving physical disability or illness, grant waivers of the minimum education requirements or extensions of time within which to fulfill them or make the required reports. No waiver or extension of time shall be granted unless written request to the board for this extension is made by the physician assistant. Waivers of the minimum educational requirements may be granted by the board for any period of time not to exceed one calendar year. In the event that the physical disability or illness upon which a waiver has been granted continues beyond the period of waiver, the physician assistant shall reapply for an extension of the waiver. The board may, as a condition of any waiver granted, require the applicant to make up a certain portion or all of the minimum educational requirements waived.

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

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