

**PROFESSIONAL LICENSURE DIVISION[645]**

**Amended Notice of Intended Action**

Pursuant to the authority of Iowa Code section 148C.3, the Board of Physician Assistants hereby gives Notice of Intended Action to amend Chapter 327, "Practice of Physician Assistants," Iowa Administrative Code.

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 2417C** on February 17, 2016. An Amended Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 2531C** on May 11, 2016. The Board of Physician Assistants received comments and feedback on its first Amended Notice of Intended Action, which led the Board to file this subsequent Amended Notice of Intended Action. As authorized by 2015 Iowa Acts, Senate File 505, division XXXI, section 113, this second Amended Notice of Intended Action establishes a definition of supervision for physician assistant practice within physician/physician assistant care teams.

After receipt of public comments following the publication of **ARC 2531C** on May 11, 2016, the Board of Physician Assistants concluded it is unable to move forward with adopting the minimum standards as proposed in its first Amended Notice. Feedback received by the Board led to concerns about the impact of the proposed rule on access to care for Iowans.

In addition, the Board reviewed policy from national physician and physician assistant organizations including the American Academy of Family Physicians, American College of Physicians, American Osteopathic Association, Federation of State Medical Boards, American Academy of Physician Assistants, and numerous other national physician organizations for specific guidance for physician/physician assistant collaborative practice.

The Board used these principles which incorporate policies of the organizations above:

Physicians and physician assistants (PAs) working together in a team-oriented collaborative practice provide a proven model for delivering high-quality, cost-effective patient care. Effective teams are best defined by physicians and PAs at the practice level to maximize skills of the providers and meet patient needs. In each practice setting, there should be joint communication and decision-making to best meet the health care needs of patients. Further, health information technology provides a vital link to ensure effective and timely communication between physicians and PAs and enhance patient care.

Each physician/PA medical practice should determine appropriate clinical roles within the medical team, enabling each clinician to work at the fullest extent of their education and expertise. Flexibility in state regulations enables physicians to delegate appropriate duties to PAs based on their own assessment of each PA's knowledge, skills, and abilities within their scope of practice.

The Board of Physician Assistants intends to continue to work with the Board of Medicine to jointly adopt this definition of supervision by rule as required by the 2015 legislation.

Any interested person may make written comments on the proposed amendments no later than December 27, 2016, addressed to Susan Reynolds, Professional Licensure Division, Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319-0075; e-mail [susan.reynolds@idph.iowa.gov](mailto:susan.reynolds@idph.iowa.gov).

A public hearing will be held on January 6, 2017, from 8 to 9 a.m. in the Fifth Floor Board Conference Room 526, Lucas State Office Building, Des Moines, Iowa, at which time persons may present their views either orally or in writing. At the hearing, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the proposed amendments.

After analysis and review of this rule making, the Board of Physician Assistants concludes that the proposed rule will have no impact on jobs.

These amendments are intended to implement Iowa Code chapters 147, 148, 148C, and 272C and 2015 Iowa Acts, Senate File 505, division XXXI, section 113.

The following amendments are proposed.

ITEM 1. Adopt the following new rule 645—327.8(147,148,148C,86GA,SF505):

**645—327.8(147,148,148C,86GA,SF505) Definition of physician supervision of a physician assistant.** This rule establishing a definition of physician supervision of a physician assistant in the state of Iowa is intended to be jointly adopted by the board of medicine and the board of physician assistants in accordance with 2015 Iowa Acts, Senate File 505, division XXXI, section 113.

**327.8(1) Definition of supervision.** Supervision means an ongoing process by which a supervising physician and physician assistant jointly ensure that the medical services provided by the physician assistant are appropriate. A supervising physician retains ultimate responsibility for patient care. 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 physical presence of the supervising physician at the place where such services are rendered except insofar as the physical presence is expressly required by Iowa Code chapter 148C.

**327.8(2) Additional elements of supervision.**

*a.* Supervision must be tailored to the individual practice setting and take into account the experience of both the physician and physician assistant.

*b.* Individual practice requirements must guide how to best use health information technology to enhance patient care by ensuring effective and timely communication between physician and physician assistant.

*c.* The supervising physician and physician assistant must determine appropriate methods of evaluation for each practice. This evaluation may include, but is not limited to, review of delegated services, periodic chart review, and existing evaluation tools as determined by the practice.

*d.* Both the supervising physician and physician assistant must review all of the requirements of physician assistant licensure, practice, supervision and delegation of medical services as set forth in the Iowa Code.

ITEM 2. Amend **645—Chapter 327**, implementation sentence, as follows:

These rules are intended to implement Iowa Code section 147.107 and chapters 148C and 272C and 2015 Iowa Acts, Senate File 505, division XXXI, section 113.