

**MEDICINE BOARD[653]**

**Adopted and Filed**

**Rule making related to supervision of physician assistants**

The Medicine Board hereby amends Chapter 21, “Physician Supervision of a Physician Assistant,” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is adopted under the authority provided in Iowa Code chapters 147, 148 and 272C.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code chapters 147, 148 and 272C.

*Purpose and Summary*

This rule making amends the minimum requirements for a physician who supervises a physician assistant at a remote medical site.

*Public Comment and Changes to Rule Making*

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on September 12, 2018, as **ARC 3992C**. A public hearing was held on October 3, 2018, at 10 a.m. at the Board’s office, Suite C, 400 S.W. Eighth Street, Des Moines, Iowa. No one attended the public hearing. The public comments are posted on the Board’s website.

The current rules for the Iowa Board of Medicine and the Iowa Board of Physician Assistants require that each supervising physician physically visit a remote medical site to provide additional medical direction, medical services and consultation at least every two weeks or less frequently as specified in unusual or emergency circumstances. The proposed rules would allow the supervising physician to physically visit the remote medical site or communicate with a physician assistant at the remote medical site via electronic communications, at least every two weeks. The proposed rules would require that at least one supervising physician meet in person with the physician assistant at the remote medical site at least once every six months to evaluate and discuss the medical facilities, resources, and medical services provided at the remote medical site. The proposed rules are intended to lessen the burden on the supervising physicians by only requiring at least one supervising physician to physically visit the remote medical site every six months, rather than every two weeks. Several physician assistants and physician assistant groups requested that the meetings at least once every six months be allowed to occur via any form of secure communication, rather than in person. The Iowa Board of Medicine believes that an in-person meeting between at least one supervising physician (not each supervising physician) and the physician assistant at the remote medical site is essential to maintaining an effective supervisory relationship so that the supervising physician is familiar with the medical facilities, resources, and medical services provided at the remote medical site. The Iowa Board of Physician Assistants has indicated that it supports the rules and has initiated rule making that essentially mirrors the rules.

No changes from the Notice have been made.

*Adoption of Rule Making*

This rule making was adopted by the Board on October 26, 2018.

### *Fiscal Impact*

This rule making will likely reduce the administrative costs associated with the supervision of a physician assistant at a remote medical site and increase access to health care services provided at remote medical sites. The rule making will likely have a positive fiscal impact, which is difficult to measure at this time.

### *Jobs Impact*

This rule making will likely reduce the administrative burdens associated with the supervision of a physician assistant at a remote medical site and increase access to health care services provided at remote medical sites. The rule making will likely have a positive jobs impact, which is difficult to measure at this time.

### *Waivers*

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Board for a waiver of the discretionary provisions, pursuant to 653—Chapter 3 and rule 653—21.8(17A,147,148,272C).

### *Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

### *Effective Date*

This rule making will become effective on February 6, 2019.

The following rule-making action is adopted:

Amend subrule 21.4(6) as follows:

**21.4(6) Remote medical site.** ~~The supervisory agreement shall include a provision which ensures that the supervising physician visits a remote medical site to provide additional medical direction, medical services and consultation at least every two weeks or less frequently as specified in unusual or emergency circumstances. When visits are less frequent than every two weeks in unusual or emergency circumstances, the physician shall notify the board in writing of these circumstances within 30 days. "Remote medical site" means a medical clinic for ambulatory patients which is away from the main practice location of a the supervising physician and in which a the supervising physician is present less than 50 percent of the time when the remote medical site is open. "Remote medical site" will not apply to nursing homes, patient homes, hospital outpatient departments, outreach clinics, or any location at which medical care is incidentally provided (e.g., diet center, free clinic, site for athletic physicals, jail facility). The supervisory agreement shall include a provision which ensures that the supervising physician visits the remote medical site, or communicates with a physician assistant at the remote medical site via electronic communications, at least every two weeks to provide additional medical direction, medical services and consultation specific to the medical services provided at the remote medical site. For purposes of this subrule, communication may consist of, but shall not be limited to, in-person meetings or two-way, interactive communication directly between the supervising physician and the physician assistant via the telephone, secure messaging, electronic mail, or chart review. The supervisory agreement shall also include a provision which ensures that at least one supervising physician meets in person, and documents the meeting, with the physician assistant at the remote medical site at least once every six months to evaluate and discuss the medical facilities, resources, and medical services provided at the remote medical site.~~ The board shall only grant a waiver or variance

of this provision if substantially equal protection of public health, safety, and welfare will be afforded by a means other than that prescribed in this rule.

[Filed 12/3/18, effective 2/6/19]

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 1/2/19.