

Regulatory Analysis

Notice of Intended Action to be published: 481—Chapter 780
“Licensure of Physician Assistants”

Iowa Code section(s) or chapter(s) authorizing rulemaking: 147.36, 147.76, 148C.3, 148C.5, 272C.3, and 272C.4

State or federal law(s) implemented by the rulemaking: Iowa Code chapters 17A, 147, 148C, and 272C

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

March 25, 2025
8:30 a.m.

6200 Park Avenue
Des Moines, Iowa

Information on virtual participation will be available on the Department of Inspections, Appeals, and Licensing’s website prior to the hearing.

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department no later than 4:30 p.m. on March 25, 2025. Comments should be directed to:

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Purpose and Summary

These proposed rules set minimum standards for licensure as a physician assistant in Iowa. Iowa residents, licensees, and employers benefit from the rules since the rules articulate the processes by which individuals apply for licensure as directed in statute. This includes the process for initial licensure, renewal, and reinstatement. These requirements ensure public safety by ensuring that any individual entering the profession has minimum competency.

The rules also incorporate provisions directed by 2023 Iowa Acts, House File 424, now codified as Iowa Code section 148C.3(2), which includes the joint rulemaking with the Iowa Board of Medicine for rules on the independent practice of physician assistants.

Analysis of Impact

1. Persons affected by the proposed rulemaking:

• Classes of persons that will bear the costs of the proposed rulemaking:

The licensee bears the costs of the proposed rulemaking through the application fees, renewal fees and education and examination requirements. The Board did a comparative analysis of surrounding states during the 2023 Red Tape Review pursuant to Executive Order 10. During that analysis, the Board found that Iowa’s \$120 application fee was comparable to the surrounding states. For instance, Nebraska’s application fee is \$150 and Minnesota’s application fee is \$280.50. There is generally no cost to the public for this rulemaking.

The licensee would also have costs related to educational requirements and examination requirements. The Board has not identified an exact cost of education for this field since it varies depending on the school the licensee chooses to attend to meet those requirements.

The cost to the Board to implement and enforce these rules include staff time to process the applications, answer questions about the process and gather the necessary documents from licensees. Staff salaries are paid from the Licensing and Regulation Fund established in 2024 Iowa Acts, Senate File 557. Licensing fees go into the fund to cover the costs of the Board's regulations.

- **Classes of persons that will benefit from the proposed rulemaking:**

The public and professionals benefit from the proposed rules. Establishing minimum licensing requirements ensures that practitioners are competent to practice. Without having an established threshold for entry into the profession, individuals who are not appropriately trained could cause serious harm to the public during their practice. Physician assistants are medical providers who require certain skills and training to effectively help and treat their patients.

2. Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:

- **Quantitative description of impact:**

Educational institutions provide the academic training for physician assistants to obtain their license in the state of Iowa. Additional private industries and educational institutions provide examinations and materials for preparation for the examination. Because the cost of education is so variable depending on the institution the person attends, the Board is unable to put an exact cost on the cost of education or examination preparation.

Licensing fees are \$120 for an initial license and \$120 for each biannual renewal period.

- **Qualitative description of impact:**

Establishing minimum requirements for licensure ensures safety for the licensee and consumer. The cost of inaction would increase the potential for injury to the public by a licensee who is not qualified to perform the work in the field.

3. Costs to the State:

- **Implementation and enforcement costs borne by the agency or any other agency:**

Costs to the agency are the staff time needed to manage Board activities, which include managing applications for initial licenses, renewals and reinstatements. Staff salaries to support the work of the Board are covered by the fund established in Senate File 557. Licensing fees go to the fund to cover the operations of the regulated professional licensing boards.

- **Anticipated effect on state revenues:**

Costs associated with implementing these rules are paid by individual licensees or establishments, not the State. There is no anticipated impact from these rules on state revenues.

Staff salaries to support the work of the Board are covered by the fund established in Senate File 557. Licensing fees go to the fund to cover the operations of the regulated professional licensing boards.

4. Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:

The Board believes all current requirements ensure public safety and ensure a minimum competency of care is provided to Iowans. Licensure requirements could be reduced or eliminated for the purpose of lowering the bar of entry into the profession, but the Board would be concerned about the public safety of Iowans in that scenario. In addition, the rules provide consistency related to the licensure of physician assistants in other states, which makes obtaining licensure in multiple states simpler for applicants.

The proposed joint rulemaking allows for the independent practice of physician assistants in a safe and collaborative manner thereby ensuring the safety and well-being of Iowans.

5. Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:

The Board has not identified a more cost-effective alternative to the licensure of physician assistants. The Board believes all current requirements ensure public safety and ensure a minimum competency of care is provided to Iowans. Licensure requirements could be reduced or eliminated for the purpose of lowering the bar of entry into the profession; however, the Board would be concerned about the public safety of Iowans in that scenario. Doing so would also place Iowa out of line with the rest of the country. The regulation and licensure of physician assistants is consistent across the country.

Due to state government realignment, this Board is now part of the Department of Inspections, Appeals, and Licensing. The DIAL-Licensing Division continues to assess and implement opportunities to increase efficiencies and standardize board processes across all professional licensing boards. These proposed rules support this effort. The Department is actively pursuing a single licensing platform to assist in standardizing licensing.

6. Alternative methods considered by the agency:

• **Description of any alternative methods that were seriously considered by the agency:**

The Board has not identified a more cost-effective alternative to the licensure of physician assistants. The Board believes all current requirements ensure public safety and ensure a minimum competency of care is provided to Iowans. Licensure requirements could be reduced or eliminated for the purpose of lowering the bar of entry into the profession; however, the Board would be concerned about the public safety of Iowans in that scenario. Doing so would also place Iowa out of line with the rest of the country. The regulation and licensure of physician assistants is consistent across the country.

• **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

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Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

The proposed rules relate to high-stakes public safety concerns that are present whether the business is a small business or a large organization. The rules are meant to ensure public safety in terms of licensing requirements for physician assistants. While some physician assistants may be running a small business of their own, some also work for large corporations and hospitals. To exempt a small business from adhering to these rules would jeopardize any member of the public who sought services from that small business. The risk to the public is greater than the potential harm or cost to the small business.

If the individual licensee finds a rule to be overly burdensome where the goals of which could be achieved in a manner that results in less impact on the small business, the licensee may utilize the Department's established waiver process.

Text of Proposed Rulemaking

ITEM 1. Rescind 481—Chapter 780 and adopt the following new chapter in lieu thereof:

CHAPTER 780
LICENSURE OF PHYSICIAN ASSISTANTS

481—780.1(148C) Definitions. In addition to the definitions herein, and unless otherwise stated, the board adopts by reference the definitions found in Iowa Code section 148C.1.

“Active license” means a license that is current and has not expired.

“Approved program” means a program for the education of physician assistants that has been accredited by the Accreditation Review Commission on Education for the Physician Assistant, or its successor, or, if accredited prior to 2001, either by the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs.

“CME” means continuing medical education.

“Collaboration” means consultation with or referral to the appropriate physician or other health care professional by a physician assistant as indicated by the patient's condition; the education, competencies, and experience of the physician assistant; and the best practice guidelines.

“Direction” means authoritative policy or procedural guidance for the accomplishment of a function or activity.

“Grace period” means the 30-day period following expiration of a license when the license is still considered to be active. In order to renew a license during the grace period, a licensee is required to pay a late fee.

“HIPAA” means the Health Insurance Portability and Accountability Act of 1996, PL 104-191, August 21, 1996, 110 Stat 1936.

“Inactive license” means a license that has expired because it was not renewed by the end of the grace period. The category of “inactive license” may include licenses formerly known as lapsed, inactive, delinquent, closed, or retired.

“Licensee” means a person licensed by the board as a physician assistant to provide medical services.

“Licensure by endorsement” means the issuance of an Iowa license to practice as a physician assistant to an applicant who is or has been licensed in another state.

“Locum tenens” means the temporary substitution of one licensed physician assistant for another.

“Mandatory training” means training on identifying and reporting child abuse or dependent adult abuse required of physician assistants who are mandatory reporters. The full requirements on mandatory reporting of child abuse and the training requirements are found in Iowa Code section 232.69. The full requirements on mandatory reporting of dependent adult abuse and the training requirements are found in Iowa Code section 235B.16.

“NCCPA” means the National Commission on Certification of Physician Assistants.

“*Opioid*” means a drug that produces an agonist effect on opioid receptors and is indicated or used for the treatment of pain or opioid use disorder.

“*Other health care provider*” means a person licensed as a physician assistant under Iowa Code chapter 148C or an advanced registered nurse practitioner licensed under Iowa Code chapter 152.

“*Physician*” means a person who is currently licensed in Iowa to practice medicine and surgery or osteopathic medicine and surgery. A physician supervising a physician assistant practicing in a federal facility or under federal authority will not be required to obtain licensure beyond licensure requirements mandated by the federal government for supervising physicians.

“*Prescription monitoring program database*” or “*PMP database*” means the Iowa prescription monitoring program database administered by the board of pharmacy pursuant to Iowa Code chapter 124, subchapter VI, and 657—Chapter 37.

“*Reactivate*” or “*reactivation*” means the process as outlined in rule 481—780.9(17A,147,272C) by which an inactive license is restored to active status.

“*Reinstatement*” means the process as outlined in rule 481—506.31(272C) by which a licensee who has had a license suspended or revoked or who has voluntarily surrendered a license may apply to have the license reinstated, with or without conditions. Once the license is reinstated, the licensee may apply for active status.

“*Supervising physician*” means a physician who supervises the medical services provided by the physician assistant engaged in independent practice consistent with the physician assistant’s education, training, or experience. Supervision shall not be construed as a requirement to be applied to those physician assistants who (1) are not engaged in an independent practice arrangement, (2) have already met the requirements to practice independently, or (3) are not required by law to be supervised. 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.

481—780.2(148C) Initial licensure.

780.2(1) The following criteria shall apply to the initial licensure of physician assistants:

a. The applicant for licensure will complete an online application packet and pay the nonrefundable application fee.

b. The applicant for licensure will successfully pass the certifying examination conducted by the NCCPA or a successor examination approved by the board. The applicant will request the NCCPA, or its successor agency, to send a copy of the initial certification to the board office.

c. The applicant for licensure will request the approved program for education of physician assistants to submit official copies of the applicant’s transcript to the board office.

EXCEPTION: An applicant who is not a graduate of an approved program but who passed the NCCPA initial certification examination prior to 1986 is exempt from the graduation requirement.

d. In lieu of paragraphs 780.2(1)“*b*” and “*c*,” an applicant for licensure may provide documentation from the Federation Credentials Verification Service (FCVS) of the Federation of State Medical Boards as primary source verification for identity, education and national certification information.

780.2(2) If licensed in another jurisdiction, an applicant for licensure will:

a. Complete the licensure by endorsement application;

b. Submit a license verification document that discloses any disciplinary action taken in all jurisdictions where the applicant was previously licensed; and

c. Submit proof of completion of 100 CME hours for each biennium since the licensee was initially certified.

780.2(3) An applicant for licensure who is licensed in another jurisdiction who cannot satisfy the requirements of licensure by endorsement may apply for licensure by verification, if eligible, in accordance with rule 481—501.1(272C).

780.2(4) An application not completed according to guidelines will not be reviewed by the board.

780.2(5) Incomplete applications that have been on file in the board office for more than two years will be:

- a. Considered invalid and destroyed; or
- b. Maintained upon written request from the applicant for licensure.

481—780.3(148C) Temporary licensure.

780.3(1) A temporary license may be issued for an applicant for licensure who has not taken the NCCPA initial certification examination or successor agency examination or is waiting for the results of the examination.

780.3(2) An applicant for licensure must comply with subrule 780.2(1), with the exception of paragraphs 780.2(1) “b” and “c.”

780.3(3) A temporary license will be valid for one year from the date of issuance.

780.3(4) The temporary license will be renewed only once upon an applicant for licensure’s showing proof that, through no fault of the applicant, the applicant was unable to take the certification examination recognized by the board. Proof of inability to take the certification examination will be submitted to the board office with written request for renewal of a temporary license, accompanied by the temporary license renewal fee.

780.3(5) If the temporary licensee fails the certification examination, the temporary licensee must cease practice immediately and surrender the temporary license by the next business day.

780.3(6) There is no additional fee for converting temporary licensure to permanent licensure.

780.3(7) An applicant for licensure will ensure that certification of completion is sent to the board directly from an approved program for the education of physician assistants. The certification of completion must be signed by a designee from the approved program.

481—780.4(148C) Physician supervision not required. A physician assistant is not required to be supervised by a physician when:

780.4(1) The physician assistant is licensed in the state of Iowa or eligible to become licensed in the state of Iowa; and

780.4(2) The physician assistant has previously practiced under a supervising physician or in collaboration with an Iowa-licensed physician or other licensed health care professional for a period of at least two years; or

780.4(3) The physician assistant is not practicing in an independent practice arrangement as defined in Iowa Code section 148C.1(5).

481—780.5(148C) Physician supervision required.

780.5(1) A physician assistant is required to be supervised by a physician when the physician assistant is practicing in an independent practice arrangement as defined in Iowa Code section 148C.1(5) and the physician assistant has not previously practiced under a supervising physician or in collaboration with the appropriate physician or other health care professional for a period of at least two years.

780.5(2) Requirements for a physician assistant and supervising physician.

a. A physician assistant will use the jointly approved board forms to notify the board of the identity of the physician assistant’s supervising physician prior to beginning practice in Iowa. The physician assistant will notify the board of the identity of each of the physician assistant’s supervising physicians and of any change in the status of the supervisory relationships during the physician assistant’s required supervisory biennium.

b. A physician assistant and a supervising physician will utilize the board form to show a mutual understanding of the physician assistant's scope of practice, identified medical procedures and the areas of medicine performed.

c. A physician assistant will maintain documentation of current supervising physicians, which will be made available to the board upon request.

d. It shall be the joint responsibility of a physician assistant and a supervising physician to ensure the physician assistant is adequately supervised. Upon agreeing to supervise the physician assistant, the supervising physician will be advised that the physician's name will be listed with the board as a supervising physician. The physician assistant and the supervising physician are each responsible for knowing and complying with the supervision provisions of these rules.

e. Patient care provided by a physician assistant will be reviewed with a supervising physician determined at the practice level, ensuring each patient has received the appropriate medical care.

f. Patient care provided by a physician assistant may be reviewed with a supervising physician in person, by telephone or by other means of telecommunication and determined at the practice level.

481—780.6(148C) Physician eligibility to supervise physician assistants. Information on physician eligibility to supervise physician assistants is contained in 653—subrules 21.1(1) through 21.1(4).

481—780.7(148C) Collaborative practice.

780.7(1) After the conclusion of two years of practice under a supervising physician as required by rule 481—780.5(148C), a physician assistant will continue collaboration with a physician or other health care provider as defined in rule 481—780.1(148C), which will be determined at the practice level. This rule shall not be construed to apply to physician assistants in independent practice who did not previously meet the criteria of rule 481—780.5(148C).

780.7(2) A collaborating physician or other health care provider defined in rule 481—780.1(148C) and a physician assistant should follow best practice guidelines and discuss cases as determined at the practice level. If there are any deficiencies in care noted, the collaborating health care provider will educate the physician assistant on best practice guidelines.

780.7(3) The scope of practice for a physician assistant shall be limited to medical care that is within the physician assistant's education, training, and experience.

780.7(4) Documentation of the collaboration between a physician assistant and a physician or other health care provider shall be kept by the physician assistant and provided to the board upon request.

780.7(5) Eligibility of other health care provider for collaboration. During the two-year period of collaboration, the other health care provider as defined in rule 481—780.1(148C) shall be a provider who has been in practice for a minimum of five years and is not subject to discipline by the provider's respective licensing authority.

481—780.8(148C) License renewal.

780.8(1) The license renewal period for a license to practice will begin on October 1 and end on September 30 two years later. The licensee is responsible for renewing the license prior to its expiration. Failure of the licensee to receive notice from the board does not relieve the licensee of the responsibility for renewing the license.

780.8(2) An individual who was issued a license within six months of the license renewal date will not be required to renew the license until the subsequent renewal date two years later.

780.8(3) A licensee applying for renewal will:

a. Meet the continuing education requirements of 481—Chapter 782 and the mandatory reporting requirements of subrule 780.8(4). A licensee whose license was reactivated during the current renewal compliance period may use continuing education credit earned during the compliance period for the first renewal following reactivation; and

b. Complete the online renewal application, pay the fee, and attach certificate of completion of continuing education hours before the expiration date.

780.8(4) Mandatory reporter training requirements.

a. A licensee who, in the scope of professional practice or in the licensee's employment responsibilities, examines, attends, counsels or treats children in Iowa will indicate on the renewal application completion of training in child abuse identification and reporting as required by Iowa Code section 232.69(3)"*b*" in the previous three years or condition(s) for waiver of this requirement as identified in paragraph 780.8(4)"*e*."

b. A licensee who, in the course of employment responsibilities, examines, attends, counsels or treats adults in Iowa will indicate on the renewal application completion of training in dependent adult abuse identification and reporting as required by Iowa Code section 235B.16(5)"*b*" in the previous three years or condition(s) for waiver of this requirement as identified in paragraph 780.8(4)"*e*."

c. The course(s) will be the curriculum provided by the department of health and human services.

d. The licensee will maintain written documentation for three years after mandatory training as identified in paragraphs 780.8(4)"*a*" through "*c*," including program date(s), content, duration, and proof of participation.

e. The requirement for mandatory training for identifying and reporting child and dependent adult abuse will be suspended if the board determines that suspension is in the public interest or that a person at the time of license renewal:

(1) Is engaged in active duty in the military service of this state or the United States.

(2) Holds a current waiver by the board based on evidence of significant hardship in complying with training requirements.

f. The board may select licensees for audit of compliance with the requirements in paragraphs 780.8(4)"*a*" through "*e*."

780.8(5) Upon receiving the information required by this rule and the required fee, a two-year license will be issued. In the event the board receives adverse information on the renewal application, the board will issue the renewal license but may refer the adverse information for further consideration or disciplinary investigation.

780.8(6) A person licensed to practice as a physician assistant will keep the license certificate and renewal displayed in a conspicuous public place at the primary site of practice.

780.8(7) Late renewal. The license will become late when the license has not been renewed by the expiration date on the renewal. A licensee will be assessed a late fee as specified in 481—subrule 507.14(4). To renew a late license, the licensee will complete the renewal requirements and submit the late fee within the grace period.

780.8(8) Inactive license. A licensee who fails to renew the license by the end of the grace period has an inactive license. A licensee whose license is inactive continues to hold the privilege of licensure in Iowa but may not practice as a physician assistant in Iowa until the license is reactivated. A licensee who practices as a physician assistant in the state of Iowa with an inactive license may be subject to disciplinary action by the board, injunctive action pursuant to Iowa Code section 147.83, criminal sanctions pursuant to Iowa Code section 147.86, and other available legal remedies.

481—780.9(17A,147,272C) Requirements for reactivation. To apply for reactivation, a licensee will:

780.9(1) Complete an online reactivation application and pay the nonrefundable reactivation fee.

780.9(2) Provide verification of current competence to practice as a physician assistant by satisfying one of the following criteria:

a. If the license has been on inactive status for five years or less, an applicant must:

(1) Submit a license verification document that discloses if disciplinary action was taken in the jurisdiction where the applicant was most recently licensed.

(2) Submit proof of completing 100 hours of continuing education within two years of application for reactivation or NCCPA or successor agency certification.

b. If the license has been on inactive status for more than five years, an applicant must:

(1) Submit a license verification document that discloses if disciplinary action was taken against the applicant from every jurisdiction in which the applicant has been licensed.

(2) Submit proof of completing 200 hours of continuing education within two years of application for reactivation, of which at least 40 percent of the hours completed will be in Category I, or NCCPA or successor agency certification.

481—780.10(17A,147,272C) License reinstatement. A licensee whose license has been revoked, suspended, or voluntarily surrendered must apply for and receive reinstatement of the license in accordance with rule 481—506.31(272C) and must apply for and be granted reactivation of the license in accordance with rule 481—780.9(17A,147,272C) prior to practicing as a physician assistant in this state.

481—780.11(148C) Use of title. A physician assistant 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 “PA.” A person who meets the qualifications for licensure under Iowa Code chapter 148C but does not possess a current license may use the title “PA” or “physician assistant” but may not act or practice as a physician assistant unless licensed under Iowa Code chapter 148C.

481—780.12(148C) Address change. A physician assistant will notify the board of any change in permanent address within 30 days of its occurrence.

481—780.13(148C) Student physician assistant.

780.13(1) Any person who is enrolled as a student in an approved program will comply with the rules set forth in this chapter. A student is exempted from licensure requirements.

780.13(2) Notwithstanding any other provisions of these rules, a student may perform medical services when the medical services are rendered within the scope of an approved program.

These rules are intended to implement Iowa Code chapters 17A, 147, 148C and 272C.