

INSPECTIONS AND APPEALS DEPARTMENT[481]

Regulatory Analysis

Notice of Intended Action to be published: 782.3(2)
“Continuing Education for Physician Associates”

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: 2026 Iowa Acts, House File 2676

Public Hearing

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

October 7, 2026
9 a.m.

6200 Park Avenue
Des Moines, Iowa

Public Comment

Any interested person may submit written comments concerning this Regulatory Analysis, which must be received by the Department of Inspections, Appeals, and Licensing no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

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Des Moines, Iowa 50321
Email: michele.christiansen@dia.iowa.gov

Purpose and Summary

This proposed rulemaking sets a requirement for license holders in health-related professions to complete a minimum of one hour of continuing education on nutrition and metabolic health every four years as a condition of license renewal. This rulemaking implements the changes enacted in 2026 Iowa Acts, House File 2676.

Analysis of Impact

1. Persons affected by the proposed rulemaking:

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

Licensed physician associates have to pay for the costs of completing the continuing education course. Staff at the Board of Physician Associates’ office will have to verify completion of the required continuing education course. Licensing fees are paid into the Licensing and Regulation Fund to cover the costs of staff.

• Classes of persons that will benefit from the proposed rulemaking:

The public and professionals benefit from the proposed amendment. Establishing minimum continuing education requirements ensures that practitioners are competent to practice. Without having an established threshold for ongoing education, individuals who are not appropriately trained could cause serious harm to the public during their practice. Physician associates 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 associates to obtain their license in the State of Iowa. 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 educational requirements.

- **Qualitative description of impact:**

Establishing minimum requirements for licensure ensures safety for the licensee and consumer. The cost of inaction would be an increase to 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 for 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 Licensing and Regulation Fund. 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 this rule are paid by individual licensees or establishments, not the State. There is no anticipated impact on this rule to State revenues. Staff salaries to support the work of the Board are covered by the Licensing and Regulation Fund. 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:

Establishing minimum licensing requirements ensures that practitioners are competent to practice.

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

Licensed physician associates in Iowa are already required to have ongoing continuing education. This amendment affects just one of those hours every four years. This is now required under 2026 Iowa Acts, House File 2676.

6. Alternative methods considered by the agency:

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

The Board believes all current requirements ensure public safety and that 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.

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

The Board believes all current requirements ensure public safety and that 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.

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 amendment relates to high-stakes public safety concerns that are present whether the business is a small business or a large organization. The amendment is meant to ensure public safety in terms of licensing requirements for physician associates. While some physician associates 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 this rule 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.

Text of Proposed Rulemaking

ITEM 1. Amend subrule 782.3(2) as follows:

782.3(2) *Specific criteria.* Continuing education requirements are as follows:

- a. and b. No change.
- c. A licensee shall complete a minimum of one hour of continuing education on nutrition and metabolic health every four years.
- ~~e.~~ d. Licensees who maintain certification by the NCCPA may show proof of meeting the board's CME requirements by providing proof of current certification by the NCCPA for the time period being reviewed or audited.
- ~~f.~~ e. A licensee who has prescribed opioids to a patient during the renewal cycle will complete a minimum of two hours of continuing education regarding the guidelines for prescribing opioids for chronic pain, as issued by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, including recommendations on limitations on dosages and the length of prescriptions, risk factors for abuse, and nonopioid and nonpharmacologic therapy options, as a condition of license renewal. These hours may count toward the 100 hours of continuing education required for license renewal. The licensee will maintain documentation of these hours, which may be subject to audit.