

**147.77 Powers, privileges, rights, or duties provided by rule — applicability to physician assistants.**

1. The following agencies that adopt rules pursuant to [chapter 17A](#) providing a power, privilege, right, or duty to a physician licensed under [chapter 148](#) or other profession licensed under [this subtitle](#) relating to the following subjects shall, consistent with the scope of practice of physician assistants licensed under [chapter 148C](#), and unless otherwise inconsistent with state or federal law, provide the same power, privilege, right, or duty by rule to a physician assistant licensed under [chapter 148C](#):

a. The department of administrative services, with respect to rules relating to the following:

(1) Retroactive conversion of vacation time to sick leave for vacation time spent under the care of a physician.

(2) Certification of a catastrophic illness by a physician for purposes of donation of leave and second medical opinions and updates sought from a physician relating to such certifications.

b. The department of corrections, with respect to rules relating to the following:

(1) That a parolee shall not use, purchase, possess, or transfer any drugs unless prescribed by a physician.

(2) That a serious medical need is one that has been diagnosed by a physician as requiring treatment or is one so obvious that a lay person would easily recognize the necessity for a physician's attention.

(3) That each jail shall have a designated licensed physician, licensed osteopathic physician, or medical resource designated for the medical supervision, care, and treatment of prisoners as deemed necessary and appropriate.

(4) That prescription medication, as ordered by a licensed physician, licensed osteopathic physician, or licensed dentist shall be provided in accordance with the directions of the prescribing physician or dentist. Prisoners with medication from a personal physician, osteopathic physician, or dentist may be evaluated by a physician, osteopathic physician, or dentist selected by the jail administrator to determine if the present medication is appropriate.

(5) That expired drugs or drugs not in unit dose packaging, whose administration had been discontinued by the attending physician, shall be destroyed by the jail administrator or designee in the presence of a witness.

(6) That special diets in jails prescribed by a physician shall be followed and documented, that the physician who prescribes the special diet shall specify a date on which the diet will be reviewed for renewal or discontinuation, and that unless specified by the prescribing physician, a certified dietitian shall develop the menu.

(7) That special diets prescribed by a physician for the care and treatment of juveniles in nonsecure hold shall be followed and documented.

(8) For medical services in temporary holding facilities, that a serious medical need is one that has been diagnosed by a physician as requiring treatment or one that is so obvious that a lay person would easily recognize the necessity for a physician's attention.

(9) For medical resources in temporary holding facilities, that each facility shall have a designated licensed physician, licensed osteopathic physician, or medical resource designated for the medical supervision, care, and treatment of detainees as deemed necessary and appropriate.

(10) Medication procedures in temporary holding facilities, that prescription medication, as ordered by a licensed physician, licensed osteopathic physician, or licensed dentist shall be provided in accordance with the directions of the prescribing physician or dentist. Detainees with medication from a personal physician, osteopathic physician, or dentist may be evaluated by a physician, osteopathic physician, or dentist selected by the facility administrator to determine if the present medication is appropriate.

(11) For medication storage in temporary holding facilities, that expired drugs or drugs not in unit dose packaging, whose administration had been discontinued by the attending

physician, shall be destroyed by the facility administrator or designee in the presence of a witness.

(12) For medical diets in temporary holding facilities, that special diets as prescribed by a physician shall be followed and documented.

(13) For medical care and treatment for juveniles in nonsecure holds in temporary holding facilities, that special diets as prescribed by a physician shall be followed and documented.

c. The economic development authority, with respect to rules relating to the certification of a person with a disability for the purpose of the targeted small business program, that in order to be considered a person with a disability for the purpose of the targeted small business program, the person must qualify and receive certification as having a disability from a licensed medical physician or must have been found eligible for vocational rehabilitation services by the department of workforce development, division of vocational rehabilitation services, or by the department for the blind.

d. The department of education, with respect to rules relating to the following:

(1) For statements relating to medication administration policies, that a statement that persons administering medication shall include authorized practitioners, such as licensed registered nurses and physicians, and persons to whom authorized practitioners have delegated the administration of prescription and nonprescription drugs. Individuals shall self-administer asthma or other airway constricting disease medication or possess and have use of an epinephrine auto-injector with parent and physician consent on file, without the necessity of demonstrating competency to self-administer these medications.

(2) For medication administration courses relating to medication administration policies, that a medication administration course be conducted by a registered nurse or licensed pharmacist and include an annual medication administration procedural skills check completed with a registered nurse or pharmacist.

(3) For school-based youth services programs, that preventive and primary health care services shall be delivered by specifically credentialed providers as specified.

e. The department of health and human services, with respect to rules relating to the following:

(1) That an incident for purposes of accreditation of providers of services to persons with mental illness, intellectual disabilities, or developmental disabilities includes but is not limited to an occurrence involving the individual using the service that results in a physical injury to or by the individual that requires a physician's treatment or admission to a hospital.

(2) That a mental health professional, for purposes of accreditation of providers of services to persons with mental illness, intellectual disabilities, or developmental disabilities, includes a medical professional licensed in this state, provided that the professional otherwise meets all of the conditions to qualify as a mental health professional.

(3) That home health aide services for purposes of disability services management and regional services may include medications specifically ordered by a physician.

(4) That payment relating to the state supplementary assistance program for residential care shall only be made when there is on file an order written by a physician certifying that the applicant or recipient being admitted requires residential care but does not require nursing services.

(5) That a case folder for a facility participating in the state supplementary assistance program must include a physician's statement certifying that a resident does not require nursing services.

(6) That personnel providing psychological evaluations and counseling or psychotherapy services for area education agencies under the medical assistance program include specified professions endorsed, licensed, or registered in this state, provided that the professional otherwise meets all of the conditions to qualify as a mental health professional.

(7) That personnel providing psychological evaluations and counseling or psychotherapy services for providers of infant and toddler program services under the medical assistance program include specified professions endorsed, licensed, or registered in this state, provided that the professional otherwise meets all of the conditions to qualify as a mental health professional.

(8) That personnel providing other services for providers of infant and toddler program

services under the medical assistance program include specified professions recognized, endorsed, or licensed in this state, provided that the professional otherwise meets all of the conditions to qualify as a mental health professional.

(9) That personnel providing psychological evaluations and counseling or psychotherapy services for providers of local education agency services under the medical assistance program include specified professions endorsed, licensed, or registered in this state, provided that the professional otherwise meets all of the conditions to qualify as a mental health professional.

(10) That personnel providing other services for providers of local education agency services under the medical assistance program include specified professions recognized, endorsed, or licensed in this state, provided that the professional otherwise meets all of the conditions to qualify as a mental health professional.

(11) For payment for medically necessary home health agency services under the medical assistance program, that payment shall be approved for medically necessary home health agency services prescribed by a physician in a plan of home health care provided by a Medicare-certified home health agency.

(12) For authorization for medically necessary home health agency services under the medical assistance program, that services shall be authorized by a physician, evidenced by the physician's signature and date on a plan of treatment.

(13) For treatment plans of home health agencies under the medical assistance program, that a member's medical condition shall be reflected by the date last seen by a physician, if available.

(14) For items included in treatment plans of home health agencies under the medical assistance program, that a plan of care shall include a physician's signature and date and that the plan of care must be signed and dated by the physician before the claim for service is submitted for reimbursement.

(15) For skilled nursing services provided by a home health agency under the medical assistance program, that medical documentation shall be submitted justifying the need for continued visits, including the physician's estimate of the length of time that additional visits will be necessary, and that daily skilled nursing visits or multiple daily visits for wound care or insulin injections shall be covered when ordered by a physician and included in the plan of care.

(16) For physical therapy services provided by a home health agency under the medical assistance program, that payment shall be made for physical therapy services when the services follow a treatment plan established by the physician after any needed consultation with the qualified physical therapist.

(17) For occupational therapy services provided by a home health agency under the medical assistance program, that payment shall be made for occupational therapy services when the services follow a treatment plan established by the physician.

(18) For speech therapy services provided by a home health agency under the medical assistance program, that payment shall be made for speech therapy services when the services follow a treatment plan established by the physician.

(19) For home health aide services provided by a home health agency under the medical assistance program, that the service as well as the frequency and duration are stated in a written plan of treatment established by a physician.

(20) For home health aide services provided by a home health agency under the medical assistance program, that services provided for specified durations when ordered by a physician and included in a plan of care shall be allowed as intermittent services.

(21) For home health aide services provided by a home health agency under the medical assistance program, that personal care services include helping the member take medications specifically ordered by a physician.

(22) For private duty nursing or personal care services for persons aged twenty and under, under the medical assistance program, that private duty nursing services are those services which are provided by a registered nurse or a licensed practical nurse under the direction of the member's physician to a member in the member's place of residence or

outside the member's residence, when normal life activities take the member outside the place of residence.

(23) For private duty nursing or personal care services for persons aged twenty and under, under the medical assistance program, that services shall be provided according to a written plan of care authorized by a licensed physician.

(24) For private duty nursing or personal care services for persons aged twenty and under, under the medical assistance program, that personal care services are those services provided by a home health aide or certified nurse's aide and which are delegated and supervised by a registered nurse under the direction of the member's physician to a member in the member's place of residence or outside the member's residence, when normal life activities take the member outside the place of residence, and that these services shall be in accordance with the member's plan of care and authorized by a physician.

(25) For requirements for private duty nursing or personal care services for persons aged twenty and under, under the medical assistance program, that private duty nursing or personal care services shall be ordered in writing by a physician as evidenced by the physician's signature on the plan of care.

(26) For obtaining prescription medications for children in juvenile detention and shelter care homes, that prescription medication provided to residents shall be dispensed only from a licensed pharmacy in this state in accordance with state law, from a licensed pharmacy in another state according to the laws of that state, or by a licensed physician.

(27) For health and dental programs provided by agencies providing foster care services, that a child's physical examination shall be performed by a licensed physician or licensed nurse practitioner.

(28) For health and dental programs provided by agencies providing foster care services, that if documentation of prior immunization is unavailable, immunizations required by the department shall begin within thirty days of placement, unless contraindicated and unless a statement from a physician to that effect is included in the child's medical record, and that a statement from a physician, referring agency, parent, or guardian indicating immunizations are current is sufficient documentation of immunizations.

(29) For the dispensing, storage, authorization, and recording of medications in child care centers, that all medications shall be stored in their original containers, with accompanying physician or pharmacist's directions and label intact and stored so they are inaccessible to children and the public.

(30) For an infants' area in a child care center, that upon the recommendation of a child's physician or the area education agency serving the child, a child who is two years of age or older with a disability that results in significant developmental delays in physical and cognitive functioning who does not pose a threat to the safety of the infants may, if appropriate and for a limited time approved by the department, remain in the infant area.

(31) For facility requirements for a child development home, that the telephone number for each child's physician shall be written on paper and readily accessible by the telephone.

(32) For medications and hazardous materials in a child development home, that medications shall be given only with the parent's or doctor's written authorization, and that each prescribed medication shall be accompanied by a physician's or pharmacist's direction.

(33) For medical reports regarding the health of a family in a family life home, that a medical report shall provide significant findings of a physician, such as the presence or absence of any communicable disease.

(34) For medical reexaminations of a family in a family life home, that medical reexaminations may be required at the discretion of a physician.

(35) For medical examinations of a client in a family life home, that a physician shall certify that the client is free from any communicable disease and does not require a higher level of care than that provided by a family life home.

(36) For the records of a client in a family life home, that the family shall have available at all times, the name, address, and telephone number of the client's physician.

(37) For the facility requirements for a child care home, that the telephone number for each child's physician shall be written on paper and readily accessible by the telephone.

(38) For the administration of medications at a child care home, that medications shall be

given only with the parent's or doctor's written authorization and each prescribed medication shall be accompanied by a physician's or pharmacist's direction.

(39) For payments for foster care, that an intellectual disabilities professional includes specified professions, provided that the professional otherwise meets all of the conditions to qualify as an intellectual disabilities professional.

(40) For payments for foster care, that a mental health professional includes specified professions, provided that the professional otherwise meets all of the conditions to qualify as a mental health professional.

(41) For the subsidized adoption program, that a qualified intellectual disability professional includes specified professions, provided that the professional otherwise meets all of the conditions to qualify as a qualified intellectual disability professional.

(42) For the subsidized adoption program, that a qualified mental health professional includes specified professions, provided that the professional otherwise meets all of the conditions to qualify as a qualified mental health professional.

(43) For the information provided to a foster care provider by a department worker at the time of placement, that the information shall include the names, addresses, and telephone numbers of the child's physician and dentist.

(44) A written order from a physician for an older individual requesting a therapeutic diet, and the interpretation of such orders.

(45) That "*impaired glucose tolerance*", for purposes of outpatient diabetes education programs, means a condition in which blood glucose levels are higher than normal, diagnosed by a physician, and treated with a food plan, exercise, or weight control.

(46) For instructors for programs not recognized by the American diabetes association or accredited by the American association of diabetes educators, that the primary instructors shall be one or more of specified health care professionals who are knowledgeable about the disease process of diabetes and the treatment of diabetes.

(47) For the written form for participation in the prescription drug donation repository program, that the form shall include the name and telephone number of the responsible pharmacist, physician, or nurse practitioner who is employed by or under contract with the pharmacy or medical facility, and shall also include a statement, signed and dated by the responsible pharmacist, physician, or nurse practitioner, indicating that the pharmacy or medical facility meets the eligibility requirements and shall comply with the requirements established by rule.

(48) For the dispensing of donated prescription drugs and supplies, that donated drugs and supplies may be dispensed only if the drugs or supplies are prescribed by a health care practitioner for use by an eligible individual and are dispensed by a licensed pharmacist, physician, or nurse practitioner.

f. The department of inspections, appeals, and licensing, with respect to rules relating to the following:

(1) For the qualifications of an attending physician at a hospice, that the person shall have an active Iowa license to practice medicine.

(2) For residential care facilities for persons with intellectual disabilities, that a qualified intellectual disability professional includes specified professions, provided that the professional otherwise meets all of the conditions to qualify as a qualified intellectual disability professional.

(3) For nursing facilities, that a qualified intellectual disabilities professional includes specified professions, provided that the professional otherwise meets all of the conditions to qualify as a qualified intellectual disabilities professional.

(4) For intermediate care facilities for persons with mental illness, that a qualified mental health professional includes specified professions, provided that the professional otherwise meets all of the conditions to qualify as a qualified mental health professional.

(5) For notifications submitted to the department from a subacute mental health care facility in the event of an accident causing a major injury, including as a major injury an injury which requires consultation with the attending physician or designee of the physician or advanced registered nurse practitioner who determines that an injury is a major injury.

(6) For applications for a license to practice asbestos removal, that except as noted in

rule, only worker and contractor/supervisor license applicants must submit the respiratory protection and physician's certification forms.

(7) For documentation held by persons licensed for asbestos abatement in an area that is subject to a disaster emergency proclamation, that the director of the department of inspections, appeals, and licensing deems an individual contractor, supervisor, or worker to be licensed and authorized for asbestos abatement if the individual, in addition to other specified conditions, makes immediately available on the work site a copy of a physician's statement indicating that, consistent with federal law, a licensed physician has examined the individual within the past twelve months and approved the individual to work while wearing a respirator.

(8) That the contents of an application for an event license for a covered athletic event other than a professional wrestling event shall contain, along with other requirements, a copy of the medical license of the ringside physician and the date, time, and location of the ringside physician's examination of the contestants.

(9) For the responsibilities of the promoter of an athletic event, that the promoter submit test results to the ringside physician no later than at the time of the physical showing that each contestant scheduled for the event tested negative for the human immunodeficiency, hepatitis B, and hepatitis C viruses within the one-year period prior to the event, and that the contestant shall not participate and the physician shall notify the promoter that the contestant is prohibited from participating for medical reasons if specified circumstances occur.

(10) For injuries during a professional boxing match, that if a contestant claims to be injured during the bout, the referee shall stop the bout and request the attending physician to make an examination. If the physician decides that the contestant has been injured as the result of a foul, the physician shall advise the referee of the injury. If the physician is of the opinion that the injured contestant may be able to continue, the physician shall order an intermission, after which the physician shall make another examination and again advise the referee of the injured contestant's condition. It shall be the duty of the promoter to have an approved physician in attendance during the entire duration of all bouts.

(11) For persons allowed in a ring during a professional boxing match, that no person other than the contestants and the referee shall enter the ring during the bout, excepting the seconds between the rounds or the attending physician if asked by the referee to examine an injury to a contestant.

(12) For the weighing of contestants in a professional boxing match, that contestants shall be weighed and examined on the day of the scheduled match by the attending ring physician at a time and place to be determined by the state commissioner of athletics.

(13) For attending ring physicians during a professional boxing match, that when a boxer has been injured seriously, knocked out, or technically knocked out, the referee shall immediately summon the attending ring physician to aid the stricken boxer, and that managers, handlers, and seconds shall not attend to the stricken boxer, except at the request of the physician.

(14) For the keeping of time during a professional boxing match, that the timekeeper shall keep an exact record of time taken out at the request of a referee for an examination of a contestant by the physician.

(15) For the suspension of contestants during a professional boxing match that is an elimination tournament, that a contestant who for specified reasons is not permitted to box in the state for a period of time shall be examined by a physician approved by the state commissioner of athletics before being permitted to fight again.

(16) For the designation of officials for professional kickboxing, that the designation of physicians is subject to the approval of the state commissioner of athletics or designee.

(17) For officials for a mixed martial arts event, that officials shall include a physician.

(18) For the keeping of time for a mixed martial arts event, that the timekeeper shall keep an exact record of time taken out at the request of a referee for an examination of a contestant by the physician.

(19) For persons allowed in the cage during a mixed martial arts event, that a physician may enter the cage to examine a contestant upon the request of the referee.

(20) For the decorum of persons involved in a mixed martial arts event, that a contestant

is exempt from prohibitions on specified conduct while interacting with the contestant's opponent during a round, but if the round is stopped by the physician or referee for a time out, the prohibitions shall apply to the contestant.

(21) For the examination of contestants in a mixed martial arts event, that on the day of the event, at a time and place to be approved by the state commissioner of athletics, the ringside physician shall conduct a rigorous physical examination to determine the contestant's fitness to participate in a mixed martial arts match, and that a contestant deemed not fit by the physician shall not participate in the event.

(22) For injuries during a mixed martial arts event, that if a contestant claims to be injured or when a contestant has been injured seriously or knocked out, the referee shall immediately stop the fight and summon the attending ring physician to make an examination of the stricken fighter. If the physician decides that the contestant has been injured, the physician shall advise the referee of the severity of the injury. If the physician is of the opinion the injured contestant may be able to continue, the physician shall order an intermission, after which the physician shall make another examination and again advise the referee of the injured contestant's condition. Managers, handlers, and seconds shall not attend to the stricken fighter, except at the request of the physician.

g. The racing and gaming commission, with respect to rules relating to the following:

(1) For the grounds for denial, suspension, or revocation of an occupational or vendor license, that a license shall be denied if the applicant has a history of mental illness without demonstrating successful treatment by a licensed medical physician.

(2) For the qualifications for jockeys, that a jockey shall pass a physical examination by a licensed physician affirming fitness to participate as a jockey.

(3) For the regulation of licensees in restricted areas of a racing facility, that licensees whose duties require them to be in a restricted area of a racing facility shall not have present within their systems any controlled substance as listed in schedules I to V of section 202 of the federal Controlled Substances Act, 21 U.S.C. §812, [chapter 124](#), or any prescription drug unless it was obtained directly or pursuant to valid prescription or order from a duly licensed physician who is acting in the course of professional practice.

h. The Iowa law enforcement academy, with respect to rules relating to the following:

(1) For the minimum standards for law enforcement officers, that an officer is examined by a licensed physician or surgeon.

(2) For hiring standards must be reverified if an individual is not hired by an Iowa law enforcement agency during a specified period of time following completion of the course of study, that the individual must be examined by a licensed physician or surgeon.

(3) For the selection or appointment of reserve peace officers, that the person shall be examined by a licensed physician or surgeon.

i. The natural resource commission, with respect to rules relating to the following:

(1) That the grounds for revoking or suspending an instructor license include participation in a course while ingesting prescription medication in a manner contrary to the dosing directions given by the prescribing physician.

(2) For applications for use of a crossbow for deer and turkey hunting by handicapped individuals, that an application must include a statement signed by the applicant's physician declaring that the individual is not physically capable of shooting a bow and arrow.

(3) For authorization for the use of a crossbow for deer and turkey hunting by handicapped individuals, that if a conservation officer has probable cause to believe the person's handicapped status has improved, making it possible for the person to shoot a bow and arrow, the department of natural resources may, upon the officer's request, require the person to obtain in writing a current physician's statement.

(4) For licenses for nonresidents to participate in a special deer hunting season for severely disabled persons, that a nonresident applying for the license must have on file with the department of natural resources either a copy of a disabilities parking permit issued by a state department of transportation or an Iowa department of natural resources form signed by a physician that verifies their disability.

j. The department of public safety, with respect to rules relating to permits to carry weapons, that a person who is an unlawful user of or addicted to any controlled substance

includes any person who is a current user of a controlled substance in a manner other than as prescribed by a licensed physician.

k. The department of transportation, with respect to rules relating to exemptions from motor vehicle window transparency requirements, that a motor vehicle fitted with a front windshield, a front side window, or a front sidewing with less than seventy percent but not less than thirty-five percent light transmittance before July 4, 2012, may continue to be maintained and operated with a front windshield, a front side window, or a front sidewing with less than seventy percent but not less than thirty-five percent light transmittance on or after July 4, 2012, so long as the vehicle continues to be used for the transport of a passenger or operator who documented in the manner specified by the department a medical need for such reduced transparency, which document was signed by the person's physician before July 4, 2012.

l. The Iowa department of veterans affairs, with respect to rules relating to expenses relating to the purchase of durable equipment or services, that individuals requesting reimbursement who need durable equipment as a medical necessity should provide information from a physician.

m. The department of workforce development, with respect to rules relating to the following:

(1) That a voluntary quit shall be presumed to be without good cause attributable to the employer for purposes of unemployment compensation if a claimant left employment because of illness or injury which was not caused or aggravated by the employment or pregnancy and failed to obtain the advice of a licensed and practicing physician, obtain certification of release for work from a licensed and practicing physician, or return to the employer and offer services upon recovery and certification for work by a licensed and practicing physician.

(2) That for purposes of unemployment compensation, it is a reason for a claimant leaving employment with good cause attributable to the employer if the claimant left employment because of illness, injury, or pregnancy upon the advice of a licensed and practicing physician, and upon recovery, when recovery was certified by a licensed and practicing physician, the claimant returned and offered to perform services to the employer, but no suitable, comparable work was available.

(3) That for purposes of unemployment compensation it is a reason for a claimant leaving employment with good cause attributable to the employer if the claimant left employment upon the advice of a licensed and practicing physician for the sole purpose of taking a family member to a place having a different climate and subsequently returned to the claimant's regular employer and offered to perform services, but the claimant's regular or comparable work was not available.

n. The labor services division of the department of inspections, appeals, and licensing, with respect to rules relating to the following:

(1) For the disclosure of a trade secret relating to a hazardous chemical during a medical emergency, that where a treating physician or nurse determines that a medical emergency exists and the specific chemical identity of a hazardous chemical is necessary for emergency or first-aid treatment, the chemical manufacturer, importer, or employer shall immediately disclose the specific chemical identity of a trade secret chemical to that treating physician or nurse, regardless of the existence of a written statement of need or a confidentiality agreement.

(2) For the disclosure of a trade secret relating to a hazardous chemical in a nonemergency situation, that in nonemergency situations, a chemical manufacturer, importer, or employer shall, upon request, disclose a specific chemical identity, otherwise permitted to be withheld by rule, to a specified health professional providing medical or other occupational health services to exposed employees or designated representatives in specified circumstances.

2. [This section](#) shall not be construed to expand, diminish, or otherwise modify the scope of practice of any profession licensed under [this subtitle](#).

3. The rulemaking requirements provided in [this section](#) shall not be construed to prohibit the agencies listed in [subsection 1](#) from engaging in further rulemaking not in conflict with [this section](#) or state or federal law relating to the subject matter of [this section](#)



or to otherwise diminish the authority to engage in rulemaking provided to those agencies by any other statute.

[2022 Acts, ch 1066, §51](#); [2022 Acts, ch 1153, §8, 9](#); [2023 Acts, ch 19, §263, 1910 – 1913](#); [2023 Acts, ch 64, §19](#)