

CHAPTER 148C

PHYSICIAN ASSISTANTS

Referred to in §90A.1, 124E.2, 135.24, 135.61, 135.105D, 135.194, 135B.7, 135G.1, 135J.1, 135P.1, 136C.3, 137.105, 142C.7, 144.29A, 144D.1, 147.74, 147.76, 147.77, 147.136A, 147A.13, 148F.7, 148H.4, 216.8C, 249A.4, 272C.1, 280.16, 321.34, 321.186, 321.446, 321L.2, 514C.11, 514C.13, 514C.17, 514C.18, 514C.20, 514C.25, 702.8, 702.17, 708.3A, 714H.4

Enforcement, §147.87, 147.92

Penalty, general, §147.86

Drug dispensing, supplying, and prescribing; limitations, rules,
see §147.107

148C.1	Definitions.	148C.6	Reserved.
148C.2	Approved programs. Repealed by 2003 Acts, ch 93, §13, 14.	148C.6A	and 148C.7 Repealed by 2003 Acts, ch 93, §13, 14.
148C.3	Licensure.	148C.8	Right to delegate.
148C.4	Services performed by physician assistants.	148C.9	Eye examination restricted.
148C.5	Supervising physicians — board of medicine — rulemaking requirements.	148C.10	Applicability of other provisions of law.
148C.5A	Initiating disciplinary proceedings — advice from board of medical examiners. Repealed by 2003 Acts, ch 93, §13, 14.	148C.11	Prohibition — crime.
		148C.12	Annual report. Repealed by 2023 Acts, ch 73, §26.
		148C.13	Investigators for physician assistants.

148C.1 Definitions.

1. “*Approved program*” means a program for the education of physician assistants which 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.

2. “*Board*” means the board of physician assistants created under [chapter 147](#).

3. “*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 standard of care.

4. “*Department*” means the department of inspections, appeals, and licensing.

5. “*Independent practice*” means the practice of a physician assistant that is organized as a professional corporation under [chapter 496C](#) or a professional limited liability company under [chapter 489](#).

6. “*Physician*” means a person who is currently licensed in Iowa to practice medicine and surgery or osteopathic medicine and surgery.

7. “*Physician assistant*” or “*P.A.*” means a person who meets the qualifications under [this chapter](#) and is licensed to practice medicine by the board.

8. “*Supervising physician*” means a physician who supervises the medical services provided by a physician assistant engaged in independent practice consistent with the physician assistant’s education, training, and experience.

[C73, 75, 77, 79, §148B.1; C81, §148C.1]

88 Acts, ch 1225, §15; 2003 Acts, ch 93, §6 – 8, 14; 2004 Acts, ch 1101, §23; 2007 Acts, ch 10, §105; 2008 Acts, ch 1088, §141; 2020 Acts, ch 1020, §4, 12; 2023 Acts, ch 19, §1625; 2023 Acts, ch 73, §9 – 11

Referred to in §228.1, 237A.5, 321J.11, 462A.14A, 514F.6

148C.2 Approved programs. Repealed by 2003 Acts, ch 93, §13, 14.

148C.3 Licensure.

1. The board shall adopt rules to govern the licensure of physician assistants. An applicant for licensure shall submit the fee prescribed by the board and shall meet the requirements established by the board with respect to each of the following:

a. Academic qualifications, including evidence of graduation from an approved program. A physician assistant who is not a graduate of an approved program, but who passed the national commission on certification of physician assistants' national certifying examination prior to 1986, is exempt from this graduation requirement.

b. Evidence of passing the national commission on the certification of physician assistants' national certifying examination or an equivalent examination approved by the board.

c. Hours of continuing medical education necessary to become or remain licensed.

2. a. Joint rules shall be adopted by the board and the board of medicine pursuant to [this chapter](#) requiring a licensed physician assistant to be supervised by a physician during the first two years of independent practice if 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. The rules shall determine the terms of collaboration for a physician assistant engaged in independent practice after the conclusion of two years of practice under a supervising physician. The rules shall also provide that a physician assistant shall notify the board of the identity of the physician assistant's supervising physician and of any change in the status of the supervisory relationship.

b. For purposes of [this chapter](#), "supervision" does not require the personal presence of the physician at the place where medical services are rendered except insofar as the personal presence is expressly required by [this chapter](#) or by rules of the board adopted pursuant to [chapter 17A](#).

3. A licensed physician assistant shall perform only those services for which the licensed physician assistant is qualified by training or education and which are not prohibited by the board.

4. The board may issue a temporary license under special circumstances and upon conditions prescribed by the board. A temporary license shall not be valid for more than one year and shall not be renewed more than once.

5. The board may issue an inactive license under conditions prescribed by rules adopted by the board.

6. The board shall adopt rules pursuant to [this section](#) after consultation with the board of medicine.

[C73, 75, 77, 79, §148B.3; C81, §148C.3; 82 Acts, ch 1005, §5]

88 Acts, ch 1225, §17; 2003 Acts, ch 93, §9, 14; 2004 Acts, ch 1101, §24; 2007 Acts, ch 10, §106; 2012 Acts, ch 1037, §1; 2020 Acts, ch 1020, §5, 12; 2023 Acts, ch 73, §12

Referred to in §272C.2C

148C.4 Services performed by physician assistants.

1. A physician assistant may provide any legal medical service for which the physician assistant has been prepared by the physician assistant's education, training, or experience and is competent to perform. For the purposes of [this section](#), "legal medical service for which the physician assistant has been prepared by the physician assistant's education, training, or experience and is competent to perform" includes but is not limited to making a pronouncement of death for a patient whose death is anticipated if the death occurs in a licensed hospital, a licensed health care facility, a correctional institution listed in [section 904.102](#), a Medicare-certified home health agency, or a Medicare-certified hospice program or facility.

2. Notwithstanding [subsection 1](#), a physician assistant licensed pursuant to [this chapter](#) or authorized to practice in any other state or federal jurisdiction who voluntarily and gratuitously, and other than in the ordinary course of the physician assistant's employment or practice, responds to a need for medical care created by an emergency or a state or local disaster may render such care that the physician assistant is able to provide. A physician assistant, who voluntarily and gratuitously, and other than in the ordinary course of the physician assistant's employment or practice, responds to a need for medical care created by an emergency or a state or local disaster shall not be subject to criminal liability by reason of having provided such care, and shall not be liable for civil damages for acts or omissions relating to such care unless the acts or omissions constitute recklessness.

3. The degree of collaboration between a physician assistant and the appropriate member of a health care team shall be determined at the practice level, and may involve decisions made by the medical group, hospital service, supervising physician, or employer of the physician assistant, or the credentialing and privileging system of a licensed health care facility. A physician assistant shall be responsible for the services performed by the physician assistant that are not performed under the supervision of a physician.

[C73, 75, 77, 79, §148B.4; C81, §148C.4]

88 Acts, ch 1225, §18; 2001 Acts, ch 113, §1; 2003 Acts, ch 93, §10, 14; 2009 Acts, ch 41, §263; 2017 Acts, ch 96, §2; 2020 Acts, ch 1020, §6, 7, 12; 2021 Acts, ch 80, §80; 2023 Acts, ch 73, §13

Referred to in §147.107

148C.5 Supervising physicians — board of medicine — rulemaking requirements.

1. If the board commences a contested case hearing against a physician assistant by delivering a statement of charges and notice of hearing to the physician assistant, the board shall deliver a copy of the statement of charges and notice of hearing to the physician assistant's supervising physician, if applicable.

2. The board shall adopt rules pursuant to [chapter 17A](#) to establish specific procedures for consulting with and sharing information with the board of medicine regarding complaints that a physician assistant may have been inadequately supervised by the physician assistant's supervising physician.

2017 Acts, ch 60, §1, 5; 2021 Acts, ch 80, §81; 2023 Acts, ch 73, §14, 15

148C.5A Initiating disciplinary proceedings — advice from board of medical examiners. Repealed by 2003 Acts, ch 93, §13, 14.

148C.6 Reserved.

148C.6A and 148C.7 Repealed by 2003 Acts, ch 93, §13, 14.

148C.8 Right to delegate.

Nothing in [this chapter](#) affects or limits a physician's existing right to delegate various medical tasks to aides, assistants or others acting under the physician's supervision or direction, including orthopedic physician assistant technologists. Such aides, assistants, orthopedic physician assistant technologists, and others who perform only those tasks which can be so delegated shall not be required to qualify as physician assistants under [this chapter](#).

[C73, 75, 77, 79, §148B.8; C81, §148C.8]

88 Acts, ch 1225, §22; 2015 Acts, ch 29, §114

148C.9 Eye examination restricted.

A physician assistant engaged in independent practice shall not be permitted to measure the visual power and visual efficiency of the human eye, as distinguished from routine visual screening, except in the personal presence of a supervising physician at the place where such services are rendered.

[C73, 75, 77, 79, §148B.9; C81, §148C.9]

88 Acts, ch 1225, §23; 2023 Acts, ch 73, §16

148C.10 Applicability of other provisions of law.

The provisions of [chapter 147](#), not otherwise inconsistent with the provisions of [this chapter](#), shall apply to the provisions of [this chapter](#).

[C73, 75, 77, 79, §148B.10; C81, §148C.10]

148C.11 Prohibition — crime.

A person not licensed as required by [this chapter](#) who practices as a physician assistant is guilty of a serious misdemeanor.

[82 Acts, ch 1005, §7]

88 Acts, ch 1225, §24; 2003 Acts, ch 93, §11, 14

148C.12 Annual report. Repealed by 2023 Acts, ch 73, §26.

148C.13 Investigators for physician assistants.

1. The board may appoint investigators, who shall not be members of the board, to administer and aid in the enforcement of the provisions of law relating to physician assistants. The amount of compensation for the investigators shall be determined pursuant to [chapter 8A, subchapter IV](#).

2. Investigators authorized by the board have the powers and status of peace officers when enforcing [this chapter](#) and [chapters 147](#) and [272C](#).

[2008 Acts, ch 1088, §57](#)