

MAR 20 1995

COMMERCE - REGULATION

HOUSE FILE 496

BY COMMITTEE ON HUMAN RESOURCES

(SUCCESSOR TO HSB 232)

Passed House, Date \_\_\_\_\_ Passed Senate, Date \_\_\_\_\_

Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

Approved \_\_\_\_\_

**A BILL FOR**

1 An Act relating to the regulation and payment of physician  
2 assistants and advanced registered nurse practitioners.  
3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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HF 496

1 Section 1. Section 135.107, subsection 4, Code 1995, is  
2 amended to read as follows:

3 4. The director of public health shall establish a primary  
4 care collaborative work group to coordinate all statewide  
5 recruitment and retention activities established pursuant to  
6 this section and to make recommendations to the department and  
7 the center for rural health and primary care relating to the  
8 implementation of subsection 3. Membership of the work group  
9 shall consist, at a minimum, of representatives from the  
10 university of Iowa college of medicine, university of  
11 osteopathic medicine and health sciences, university of Iowa  
12 physician assistant school, university of Iowa nurse  
13 practitioner school, university of osteopathic medicine and  
14 health sciences physician assistant program, Iowa-Nebraska  
15 primary care association, Iowa medical society, Iowa  
16 osteopathic medical association, Iowa chapter of American  
17 college of osteopathic family physicians, Iowa academy of  
18 family physicians, nurse practitioner association, Iowa nurses  
19 association, Iowa hospital association, and Iowa ~~physicians~~  
20 physician assistants association.

21 Sec. 2. Section 147.107, subsection 3, Code 1995, is  
22 amended to read as follows:

23 3. A ~~physician's~~ physician assistant or registered nurse  
24 may supply when pharmacist services are not reasonably  
25 available or when it is in the best interests of the patient,  
26 on the direct order of the supervising physician, a quantity  
27 of properly packaged and labeled prescription drugs,  
28 controlled substances, or contraceptive devices necessary to  
29 complete a course of therapy. However, a remote clinic,  
30 staffed by a ~~physician's~~ physician assistant or registered  
31 nurse, where pharmacy services are not reasonably available,  
32 shall secure the regular advice and consultation of a  
33 pharmacist regarding the distribution, storage, and  
34 appropriate use of such drugs, substances, and devices.

35 Sec. 3. Section 148.13, subsection 1, Code 1995, is

1 amended to read as follows:

2 1. The board of medical examiners shall adopt rules  
3 setting forth in detail its criteria and procedures for  
4 determining the ineligibility of a physician to serve as a  
5 supervising physician under chapter 148C. ~~The rules shall be~~  
6 ~~adopted as soon as possible after the effective date of this~~  
7 ~~Act and in no event later than December 31, 1988.~~ The rules  
8 shall include a provision that following initial approval of a  
9 physician as a supervising physician, for any subsequent  
10 application of a person to practice as a licensed physician  
11 assistant, only evidence of prior approval of the physician is  
12 required.

13 Sec. 4. Section 148C.3, subsection 4, Code 1995, is  
14 amended to read as follows:

15 4. The board shall formulate guidelines and adopt rules,  
16 pursuant to section 148C.7, for the consideration of  
17 applications from persons seeking to become licensed physician  
18 assistants. An applicant for a license to practice as a  
19 physician assistant shall submit the fee prescribed by the  
20 board and evidence of the applicant's current registration  
21 with the board as a physician assistant. In conjunction with  
22 the physician assistant submission, the applicant's  
23 supervising physician or physicians if not previously approved  
24 by the board of medical examiners as a supervising physician  
25 shall submit evidence of eligibility, as determined by the  
26 board of medical examiners, to serve as a supervising  
27 physician, information with respect to the supervising  
28 physician's professional background and specialty, scope of  
29 practice, and a plan for supervision of the physician  
30 assistant. However, if the physician or physicians have  
31 received prior approval as a supervising physician the  
32 physician or physicians shall only submit evidence of the  
33 approval to the board. In addition the physician assistant  
34 applicant and the supervising physician or physicians shall  
35 submit a description of how the physician assistant is to

1 function within the scope of practice.

2 Sec. 5. NEW SECTION. 514C.8 SERVICES PROVIDED BY  
3 LICENSED PHYSICIAN ASSISTANTS AND LICENSED ADVANCED REGISTERED  
4 NURSE PRACTITIONERS.

5 Notwithstanding 514C.6, a policy or contract providing for  
6 third-party payment or prepayment of health or medical  
7 expenses shall include a provision for the payment of  
8 necessary medical or surgical care and treatment provided by a  
9 physician assistant licensed pursuant to chapter 148C, or  
10 provided by an advanced registered nurse practitioner licensed  
11 pursuant to chapter 152 and performed within the scope of the  
12 license of the licensed physician assistant or the licensed  
13 advanced registered nurse practitioner if the policy or  
14 contract would pay for the care and treatment if the care and  
15 treatment were provided by a person engaged in the practice of  
16 medicine and surgery or osteopathic medicine and surgery under  
17 chapter 148 or 150A. The policy or contract shall provide  
18 that policyholders and subscribers under the policy or  
19 contract may reject the coverage for services which may be  
20 provided by a licensed physician assistant or licensed  
21 advanced registered nurse practitioner if the coverage is  
22 rejected for all providers of similar services. The terms and  
23 conditions under which physician assistant services or  
24 advanced nurse practitioner services are compensated shall  
25 contain practice or supervision restrictions consistent with  
26 and no more restrictive than those already imposed by law.  
27 This section applies to services provided under a policy or  
28 contract delivered, issued for delivery, continued, or renewed  
29 in this state on or after July 1, 1995, and to an existing  
30 policy or contract, on the policy's or contract's anniversary  
31 or renewal date, or upon the expiration of the applicable  
32 collective bargaining contract, if any, whichever is later.  
33 This section does not apply to policyholders or subscribers  
34 eligible for coverage under Title XVIII of the federal Social  
35 Security Act or any similar coverage under a state or federal

1 government plan. For the purposes of this section, third-  
2 party payment or prepayment includes an individual or group  
3 policy of accident or health insurance or individual or group  
4 hospital or health care service contract issued pursuant to  
5 chapter 509, 514, or 514A.

6 Sec. 6. Section 622.10, unnumbered paragraphs 1 and 2,  
7 Code 1995, are amended to read as follows:

8 A practicing attorney, counselor, physician, surgeon,  
9 ~~physician's~~ physician assistant, mental health professional,  
10 or the stenographer or confidential clerk of any such person,  
11 who obtains information by reason of the person's employment,  
12 or a member of the clergy shall not be allowed, in giving  
13 testimony, to disclose any confidential communication properly  
14 entrusted to the person in the person's professional capacity,  
15 and necessary and proper to enable the person to discharge the  
16 functions of the person's office according to the usual course  
17 of practice or discipline. The prohibition does not apply to  
18 cases where the person in whose favor the prohibition is made  
19 waives the rights conferred; nor does the prohibition apply to  
20 physicians or surgeons, ~~physician's~~ physician assistants,  
21 mental health professionals, or to the stenographer or  
22 confidential clerk of any physicians or surgeons, ~~physician's~~  
23 physician assistants, or mental health professionals, in a  
24 civil action in which the condition of the person in whose  
25 favor the prohibition is made is an element or factor of the  
26 claim or defense of the person or of any party claiming  
27 through or under the person. The evidence is admissible upon  
28 trial of the action only as it relates to the condition  
29 alleged.

30 If an adverse party desires the oral deposition, either  
31 discovery or evidentiary, of a physician or surgeon,  
32 ~~physician's~~ physician assistant, or mental health professional  
33 to which the prohibition would otherwise apply or the  
34 stenographer or confidential clerk of a physician or surgeon,  
35 ~~physician's~~ physician assistant, or mental health professional

1 or desires to call a physician or surgeon, ~~physician's~~  
2 physician assistant, or mental health professional to which  
3 the prohibition would otherwise apply or the stenographer or  
4 confidential clerk of a physician or surgeon, ~~physician's~~  
5 physician assistant, or mental health professional as a  
6 witness at the trial of the action, the adverse party shall  
7 file an application with the court for permission to do so.  
8 The court upon hearing, which shall not be ex parte, shall  
9 grant permission unless the court finds that the evidence  
10 sought does not relate to the condition alleged and shall fix  
11 a reasonable fee to be paid to the physician or surgeon,  
12 ~~physician's~~ physician assistant, or mental health professional  
13 by the party taking the deposition or calling the witness.

14 Sec. 7. ADOPTION OF RULES. The rules required to be  
15 adopted by the board of medical examiners pursuant to section  
16 148.13, subsection 1, as amended in this Act, shall be  
17 effective on or before January 1, 1996.

18 EXPLANATION

19 This bill includes provisions relating to the regulation  
20 and payment of physician assistants and advanced registered  
21 nurse practitioners.

22 The bill provides that the board of medical examiners no  
23 longer must provide approval of supervising physicians who are  
24 previously approved as supervising physicians and directs the  
25 board of medical examiners to adopt rules to that affect to be  
26 effective on or before January 1, 1996.

27 The bill also requires third-party payors to include in the  
28 policies or contracts for third-party payment or prepayment of  
29 health and medical expenses, a provision for payment of  
30 services provided by a licensed physician assistant or  
31 advanced registered nurse practitioner if payment for such  
32 services would be included for a person engaged in the  
33 practice of medicine and surgery or in the practice of  
34 osteopathic medicine and surgery, and makes other corrective  
35 and conforming changes throughout the Code.

HOUSE FILE 496  
FISCAL NOTE

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A fiscal note for House File 496 is hereby submitted pursuant to Joint Rule 17. Data used in developing this fiscal note is available from the Legislative Fiscal Bureau to members of the Legislature upon request.

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House File 496 provides for the regulation and payment of physician assistants and advanced nurse practitioners, directs the Board of Medical Examiners to adopt rules concerning the approval of supervising physicians, and requires third-party payors include in insurance policies a provision for payment of services provided by a licensed physician assistant or advanced nurse practitioner, and makes other correcting and conforming Code changes.

Assumptions:

1. Patient may be seen by both the included professional and the physician. Both may submit claims.
2. Government sponsored health care is exempt from this proposed legislation.
3. Based on the level of reimbursement rates, the number of physician assistants and advanced nurse practitioners may increase.
4. Competition regarding who may bill for what services may occur between physicians and these professionals.
5. Revised 'usual, reasonable, and customary' fee schedules will be required by carriers adding administrative costs to the industry. Physicians currently bill for services and pay the professionals a salary. Although the salary of the professional may be assumed to be included in the physician's costs, there is no guarantee that physicians will lower billings to consumers or the insurance industry, once professionals are compensated by third-party payors, thus health care costs may increase.
6. State funded health insurance benefits are funded 50.0% from State funds and 50.0% from federal funds.

Fiscal Impact:

The estimated total annual cost to provide benefit payment under State insurance coverage to physician assistants and advanced registered nurse practitioners would range from \$227,000 to \$295,000 for the first year and from \$254,000 to \$330,000 in the second year.

The estimated General Fund share would range from \$113,500 to \$147,500 for the first year and \$127,000 to \$165,220 for the second year.

Sources: Department of Public Health  
Department of Personnel

Blue Cross Blue Shield of Iowa

(LSB 2033hv, MME)

FILED MARCH 29, 1995

BY DENNIS PROUTY, FISCAL DIRECTOR

HSB 232

HUMAN RESOURCES

Lord, Chair  
Veenstra  
Myers

Successful

HOUSE FILE

496

BY (PROPOSED COMMITTEE ON  
HUMAN RESOURCES BILL BY  
CHAIRPERSON DAGGETT)

Passed House, Date \_\_\_\_\_ Passed Senate, Date \_\_\_\_\_

Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_

Approved \_\_\_\_\_

A BILL FOR

1 An Act relating to the regulation and licensure of physician  
2 assistants and advanced registered nurse practitioners.

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1 Section 1. Section 135.107, subsection 4, Code 1995, is  
2 amended to read as follows:

3 4. The director of public health shall establish a primary  
4 care collaborative work group to coordinate all statewide  
5 recruitment and retention activities established pursuant to  
6 this section and to make recommendations to the department and  
7 the center for rural health and primary care relating to the  
8 implementation of subsection 3. Membership of the work group  
9 shall consist, at a minimum, of representatives from the  
10 university of Iowa college of medicine, university of  
11 osteopathic medicine and health sciences, university of Iowa  
12 physician assistant school, university of Iowa nurse  
13 practitioner school, university of osteopathic medicine and  
14 health sciences physician assistant program, Iowa-Nebraska  
15 primary care association, Iowa medical society, Iowa  
16 osteopathic medical association, Iowa chapter of American  
17 college of osteopathic family physicians, Iowa academy of  
18 family physicians, nurse practitioner association, Iowa nurses  
19 association, Iowa hospital association, and Iowa ~~physieians~~  
20 physician assistants association.

21 Sec. 2. Section 135B.7, unnumbered paragraph 2, Code 1995,  
22 is amended to read as follows:

23 The rules shall state that a hospital shall not deny  
24 clinical privileges to physicians and surgeons, physician  
25 assistants, podiatrists, osteopaths, osteopathic surgeons,  
26 advanced registered nurse practitioners, dentists, or  
27 certified health service providers in psychology licensed  
28 under chapter 148, 148C, 149, 150, 150A, 152, or 153, or  
29 section 154B.7 solely by reason of the license held by the  
30 practitioner or solely by reason of the school or institution  
31 in which the practitioner received medical schooling or  
32 postgraduate training if the medical schooling or postgraduate  
33 training was accredited by an organization recognized by the  
34 council on postsecondary accreditation or an accrediting group  
35 recognized by the United States department of education. A

1 hospital may establish procedures for interaction between a  
2 patient and a practitioner. Nothing in the rules shall  
3 prohibit a hospital from limiting, restricting, or revoking  
4 clinical privileges of a practitioner for violation of  
5 hospital rules, regulations, or procedures established under  
6 this paragraph, when applied in good faith and in a  
7 nondiscriminatory manner. Nothing in this paragraph shall  
8 require a hospital to expand the hospital's current scope of  
9 service delivery solely to offer the services of a class of  
10 providers not currently providing services at the hospital.  
11 Nothing in this section shall be construed to require a  
12 hospital to establish rules which are inconsistent with the  
13 scope of practice established for licensure of practitioners  
14 to whom this paragraph applies. This section shall not be  
15 construed to authorize the denial of clinical privileges to a  
16 practitioner or class of practitioners solely because a  
17 hospital has as employees of the hospital identically licensed  
18 practitioners providing the same or similar services.

19 Sec. 3. Section 147.14, subsection 12, Code 1995, is  
20 amended to read as follows:

21 12. For the board of physician assistant examiners, ~~three~~  
22 four members licensed to practice as physician assistants, at  
23 least two of whom practice in counties with a population of  
24 less than fifty thousand, one member licensed to practice  
25 medicine and surgery who supervises a physician assistant, one  
26 member licensed to practice osteopathic medicine and surgery  
27 who supervises a physician assistant, and two members who are  
28 not licensed to practice either medicine and surgery or  
29 osteopathic medicine and surgery or licensed as a physician  
30 assistant and who shall represent the general public. At  
31 least one of the physician members shall be in practice in a  
32 county with a population of less than fifty thousand. A  
33 majority of members of the board constitutes a quorum.

34 Sec. 4. Section 147.74, subsection 16, Code 1995, is  
35 amended to read as follows:

1 16. A physician assistant ~~registered-or~~ licensed under  
2 chapter 148C may use the words "physician assistant" after the  
3 person's name or signify the same by the use of the letters  
4 "P. A." after the person's name.

5 Sec. 5. Section 147.80, subsection 5, Code 1995, is  
6 amended to read as follows:

7 5. Application for a license to practice as a physician  
8 assistant, issuance of a license to practice as a physician  
9 assistant issued upon the basis of an examination given or  
10 approved by the board of physician assistant examiners,  
11 issuance of a license to practice as a physician assistant  
12 issued under a reciprocal agreement, renewal of a license to  
13 practice as a physician assistant, or temporary license to  
14 practice as a physician assistant, ~~registration-of-a-physician~~  
15 ~~assistant, temporary-registration-of-a-physician-assistant,~~  
16 ~~renewal-of-a-registration-of-a-physician-assistant.~~

17 Sec. 6. Section 147.107, subsections 3 and 5, Code 1995,  
18 are amended to read as follows:

19 3. A ~~physician's~~ physician assistant or registered nurse  
20 may supply when pharmacist services are not reasonably  
21 available or when it is in the best interests of the patient,  
22 on the direct order of the supervising physician, a quantity  
23 of properly packaged and labeled prescription drugs,  
24 controlled substances, or contraceptive devices necessary to  
25 complete a course of therapy. However, a remote clinic,  
26 staffed by a ~~physician's~~ physician assistant or registered  
27 nurse, where pharmacy services are not reasonably available,  
28 shall secure the regular advice and consultation of a  
29 pharmacist regarding the distribution, storage, and  
30 appropriate use of such drugs, substances, and devices.

31 5. Notwithstanding subsection 1 and any other provision of  
32 this section to the contrary, a physician may delegate the  
33 function of prescribing drugs, controlled substances, and  
34 medical devices to a physician assistant licensed pursuant to  
35 chapter 148C. When delegated prescribing occurs, the

1 supervising physician's name shall be used, recorded, or  
 2 otherwise indicated in connection with each individual  
 3 prescription so that the individual who dispenses or  
 4 administers the prescription knows under whose delegated  
 5 authority the physician assistant is prescribing. Rules  
 6 relating to the authority of physician assistants to prescribe  
 7 drugs, controlled substances, and medical devices pursuant to  
 8 this subsection shall be adopted by the board of physician  
 9 assistant examiners, after consultation with the board of  
 10 medical examiners and the board of pharmacy examiners, ~~as soon~~  
 11 ~~as possible after July 17, 1991. The rules shall be reviewed~~  
 12 ~~and approved by the physician assistant rules review group~~  
 13 ~~created under subsection 7 and shall be adopted in final form~~  
 14 ~~by January 17, 1993. However, the rules shall prohibit the~~  
 15 ~~prescribing of schedule II controlled substances which are~~  
 16 ~~listed as stimulants or depressants pursuant to chapter 124.~~  
 17 ~~If rules are not reviewed and approved by the physician~~  
 18 ~~assistant rules review group created under subsection 7 and~~  
 19 ~~adopted in final form by January 17, 1993, a~~ A physician  
 20 assistant may prescribe drugs as a delegated act of a  
 21 supervising physician under rules adopted by the board of  
 22 physician assistant examiners ~~and subject to the rules review~~  
 23 ~~process established in section 148C-7. The board of physician~~  
 24 assistant examiners shall be the only board to regulate the  
 25 practice of physician assistants relating to prescribing and  
 26 supplying prescription drugs, controlled substances, and  
 27 medical devices, ~~notwithstanding section 148C-6A.~~

28 Sec. 7. Section 148.13, subsections 1 and 4, Code 1995,  
 29 are amended by striking the subsections.

30 Sec. 8. Section 148C.1, subsection 7, Code 1995, is  
 31 amended by striking the subsection.

32 Sec. 9. Section 148C.3, Code 1995, is amended to read as  
 33 follows:

34 148C.3 REGISTRATION--- LICENSURE.

35 1. The board shall ~~formulate guidelines and~~ adopt rules,

1 pursuant-to-section-148C-7, to govern the registration  
2 licensure of persons who qualify as physician assistants. An  
3 applicant for registration licensure shall submit the fee  
4 prescribed by the board and shall meet the requirements  
5 established by the board with respect to all of the following:

6 a. Academic qualifications, including evidence of  
7 graduation from an approved program. However, for an  
8 applicant prior to July 1, 1996, if the board determines that  
9 a person has sufficient knowledge and experience to qualify as  
10 a physician assistant, the board may approve an application  
11 for registration licensure without requiring the completion of  
12 an approved program. On or after July 1, 1996, an applicant  
13 for initial physician assistant licensure shall not be  
14 licensed unless the applicant has graduated from an approved  
15 program.

16 b. Examination grades and evidence of passing the national  
17 commission on certification of physician assistants  
18 examination or an equivalent examination which the board  
19 approves.

20 c. Hours of continuing medical education necessary to  
21 remain licensed ~~or-eligible-for-licensure.~~

22 ~~2.--The-board-may-issue-a-temporary-registration-under~~  
23 ~~special-circumstances-and-upon-conditions-prescribed-by-the~~  
24 ~~board.--A-temporary-registration-shall-not-exceed-one-year-in~~  
25 ~~duration-and-shall-not-be-renewed-more-than-once.~~

26 ~~3.--A-person-who-is-registered-as-a-physician-assistant-is~~  
27 ~~not-authorized-to-practice-as-a-physician-assistant-unless-the~~  
28 ~~person-is-also-a-licensed-physician-assistant.~~

29 ~~4.--The-board-shall-formulate-guidelines-and-adopt-rules,~~  
30 ~~pursuant-to-section-148C-7, for-the-consideration-of~~  
31 ~~applications-from-persons-seeking-to-become-licensed-physician~~  
32 ~~assistants.--An-applicant-for-a-license-to-practice-as-a~~  
33 ~~physician-assistant-shall-submit-the-fee-prescribed-by-the~~  
34 ~~board-and-evidence-of-the-applicant's-current-registration~~  
35 ~~with-the-board-as-a-physician-assistant.--In-conjunction-with~~

1 the-physician-assistant-submission, the applicant's  
2 supervising-physician-or-physicians shall submit evidence of  
3 eligibility, as determined by the board of medical examiners,  
4 to serve as a supervising-physician, information with respect  
5 to the supervising-physician's professional background and  
6 specialty, scope of practice, and a plan for supervision of  
7 the-physician-assistant. In addition the-physician-assistant  
8 applicant and the supervising-physician-or-physicians shall  
9 submit a description of how the-physician-assistant is to  
10 function within the scope of practice.

11 5. 2. The board may issue a temporary license under  
12 special circumstances and upon conditions prescribed by the  
13 board. A temporary license shall not exceed one year in  
14 duration and shall not be renewed more than once.

15 3. The board may issue an inactive license under  
16 conditions prescribed by the board.

17 6. ~~The board may modify the proposed functioning of a~~  
18 ~~physician assistant and then approve the application for~~  
19 ~~licensure as modified.~~

20 7. 4. The board shall not approve an application for  
21 licensure which would result in a physician supervising more  
22 than two physician assistants at one time except as specified  
23 by the board.

24 8. 5. A licensed physician assistant shall perform only  
25 those services for which the licensed physician assistant is  
26 qualified by training, and shall not perform a service that is  
27 not permitted by the board.

28 9. ~~Rules shall be adopted pursuant to this chapter which~~  
29 ~~will permit qualified practicing physicians to supervise~~  
30 ~~licensed physician assistants at a free medical clinic on a~~  
31 ~~temporary basis.~~

32 Sec. 10. Section 148C.4, Code 1995, is amended to read as  
33 follows:

34 148C.4 SERVICES PERFORMED BY ASSISTANTS.

35 A physician assistant may perform medical services when the

1 services are rendered under the supervision of the physician  
2 or physicians specified in the physician assistant license  
3 ~~approved-by-the-board~~. A trainee may perform medical services  
4 when the services are rendered within the scope of an approved  
5 program.

6 Sec. 11. Section 148C.7, Code 1995, is amended to read as  
7 follows:

8 148C.7 RULES ~~---~~REVIEW-GROUP.

9 ~~1.---A-physician-assistant-rules-review-group-is-established~~  
10 ~~consisting-of-one-physician-assistant-member, one-supervising~~  
11 ~~physician-member, and-one-public-member-from-the-board-of~~  
12 ~~physician-assistant-examiners-and-two-members-from-the-board~~  
13 ~~of-medical-examiners-who-are-licensed-to-practice-medicine-and~~  
14 ~~surgery-or-osteopathic-medicine-and-surgery.---The-respective~~  
15 ~~boards-shall-select-their-members-to-serve-on-the-physician~~  
16 ~~assistant-rules-review-group.---The-review-group-shall-select~~  
17 ~~its-own-chairperson.~~

18 ~~The-review-group-shall-review-and-approve-or-disapprove~~  
19 ~~rules-proposed-for-adoption-by-the-board-of-physician~~  
20 ~~assistant-examiners.---Approval-shall-be-a-simple-majority-of~~  
21 ~~the-members-of-the-group.---A-rule-shall-not-become-effective~~  
22 ~~without-the-approval-of-the-review-group.~~

23 2. The board may adopt rules reasonably necessary to carry  
24 out the purposes of this chapter. ~~Proposed-rules-must-be~~  
25 ~~submitted-to-the-review-group-for-prior-review-and-approval.~~  
26 The rules shall be designed to encourage the utilization of  
27 physician assistants in a manner that is consistent with the  
28 provision of quality health care and medical services for the  
29 citizens of Iowa through better utilization of available  
30 physicians and the development of sound programs for the  
31 education and training of skilled physician assistants well  
32 qualified to assist physicians in providing health care and  
33 medical services.

34 Sec. 12. Section 148C.11, Code 1995, is amended to read as  
35 follows:

1 148C.11 PROHIBITION -- CRIME.

2 A person not ~~registered~~ and licensed as required by this  
3 chapter who practices as a physician assistant without having  
4 obtained the appropriate approval under this chapter, is  
5 guilty of a serious misdemeanor.

6 Sec. 13. Section 148E.8, Code 1995, is amended to read as  
7 follows:

8 148E.8 SCOPE OF CHAPTER.

9 This chapter does not apply to a person otherwise licensed  
10 to practice medicine and surgery, osteopathy, osteopathic  
11 medicine and surgery, chiropractic, podiatry, or dentistry, or  
12 licensed to practice as a physician assistant.

13 Sec. 14. Section 148E.10, Code 1995, is amended to read as  
14 follows:

15 148E.10 EVALUATION OF CONDITION REQUIRED.

16 A person registered under this chapter shall not engage in  
17 the performance of acupuncture upon another person until the  
18 person's condition has been evaluated by a person licensed to  
19 practice medicine and surgery, osteopathy, osteopathic  
20 medicine and surgery, chiropractic, podiatry, or dentistry, or  
21 licensed to practice as a physician assistant and the person  
22 has been referred to the acupuncturist by the medical  
23 evaluator.

24 Sec. 15. Section 249A.4, subsection 8, unnumbered  
25 paragraph 1, Code 1995, is amended to read as follows:

26 Shall advise and consult at least semiannually with a  
27 council composed of the presidents of the following  
28 organizations, or a president's representative who is a member  
29 of the organization represented by the president: the Iowa  
30 medical society, the Iowa osteopathic medical association, the  
31 Iowa state dental society, the Iowa state nurses association,  
32 the Iowa physician assistant society, the Iowa nurse  
33 practitioner association, the Iowa pharmacists association,  
34 the Iowa podiatry society, the Iowa optometric association,  
35 the community mental health centers association of Iowa, the

1 Iowa psychological association, the Iowa hospital association,  
2 the Iowa osteopathic hospital association, opticians'  
3 association of Iowa, inc., the Iowa hearing aid society, the  
4 Iowa speech, language, and hearing association, the Iowa  
5 health care association, the Iowa association for home care,  
6 the Iowa council of health care centers, and the Iowa  
7 association of homes for the aging, the Iowa psychiatric nurse  
8 managers network, the arc of Iowa which was formerly known as  
9 the association for retarded citizens of Iowa, the alliance  
10 for the mentally ill of Iowa, Iowa state association of  
11 counties, and the Iowa governor's planning council for  
12 developmental disabilities, together with one person  
13 designated by the Iowa state board of chiropractic examiners;  
14 one state representative from each of the two major political  
15 parties appointed by the speaker of the house, one state  
16 senator from each of the two major political parties appointed  
17 by the president of the senate, after consultation with the  
18 majority leader and the minority leader of the senate, each  
19 for a term of two years; four public representatives,  
20 appointed by the governor for staggered terms of two years  
21 each, none of whom shall be members of, or practitioners of,  
22 or have a pecuniary interest in any of the professions or  
23 businesses represented by any of the several professional  
24 groups and associations specifically represented on the  
25 council under this subsection, and at least one of whom shall  
26 be a recipient of medical assistance; the director of public  
27 health, or a representative designated by the director; and  
28 the dean of the college of medicine, university of Iowa, or a  
29 representative designated by the dean.

30 Sec. 16. NEW SECTION. 514C.8 SERVICES PROVIDED BY  
31 LICENSED PHYSICIAN ASSISTANTS AND LICENSED ADVANCED REGISTERED  
32 NURSE PRACTITIONERS.

33 Notwithstanding 514C.6, a policy or contract providing for  
34 third-party payment or prepayment of health or medical  
35 expenses shall include a provision for the payment of

1 necessary medical or surgical care and treatment provided by a  
2 physician assistant licensed pursuant to chapter 148C, or  
3 provided by an advanced registered nurse practitioner licensed  
4 pursuant to chapter 152 and performed within the scope of the  
5 license of the licensed physician assistant or the licensed  
6 advanced registered nurse practitioner if the policy or  
7 contract would pay for the care and treatment if the care and  
8 treatment were provided by a person engaged in the practice of  
9 medicine and surgery or osteopathic medicine and surgery under  
10 chapter 148 or 150A. The policy or contract shall provide  
11 that policyholders and subscribers under the policy or  
12 contract may reject the coverage for services which may be  
13 provided by a licensed physician assistant or licensed  
14 advanced registered nurse practitioner if the coverage is  
15 rejected for all providers of similar services. The terms and  
16 conditions under which physician assistant services or  
17 advanced nurse practitioner services are compensated shall  
18 contain practice or supervision restrictions consistent with  
19 and no more restrictive than those already imposed by law.  
20 This section applies to services provided under a policy or  
21 contract delivered, issued for delivery, continued, or renewed  
22 in this state on or after July 1, 1995, and to an existing  
23 policy or contract, on the policy's or contract's anniversary  
24 or renewal date, or upon the expiration of the applicable  
25 collective bargaining contract, if any, whichever is later.  
26 This section does not apply to policyholders or subscribers  
27 eligible for coverage under Title XVIII of the federal Social  
28 Security Act or any similar coverage under a state or federal  
29 government plan. For the purposes of this section, third-  
30 party payment or prepayment includes an individual or group  
31 policy of accident or health insurance or individual or group  
32 hospital or health care service contract issued pursuant to  
33 chapter 509, 514, or 514A.

34 Sec. 17. Section 622.10, unnumbered paragraphs 1 and 2,  
35 Code 1995, are amended to read as follows:

S.F. \_\_\_\_\_ H.F. \_\_\_\_\_

1 A practicing attorney, counselor, physician, surgeon,  
2 ~~physician's~~ physician assistant, mental health professional,  
3 or the stenographer or confidential clerk of any such person,  
4 who obtains information by reason of the person's employment,  
5 or a member of the clergy shall not be allowed, in giving  
6 testimony, to disclose any confidential communication properly  
7 entrusted to the person in the person's professional capacity,  
8 and necessary and proper to enable the person to discharge the  
9 functions of the person's office according to the usual course  
10 of practice or discipline. The prohibition does not apply to  
11 cases where the person in whose favor the prohibition is made  
12 waives the rights conferred; nor does the prohibition apply to  
13 physicians or surgeons, ~~physician's~~ physician assistants,  
14 mental health professionals, or to the stenographer or  
15 confidential clerk of any physicians or surgeons, ~~physician's~~  
16 physician assistants, or mental health professionals, in a  
17 civil action in which the condition of the person in whose  
18 favor the prohibition is made is an element or factor of the  
19 claim or defense of the person or of any party claiming  
20 through or under the person. The evidence is admissible upon  
21 trial of the action only as it relates to the condition  
22 alleged.

23 If an adverse party desires the oral deposition, either  
24 discovery or evidentiary, of a physician or surgeon,  
25 ~~physician's~~ physician assistant, or mental health professional  
26 to which the prohibition would otherwise apply or the  
27 stenographer or confidential clerk of a physician or surgeon,  
28 ~~physician's~~ physician assistant, or mental health professional  
29 or desires to call a physician or surgeon, physician's  
30 assistant, or mental health professional to which the  
31 prohibition would otherwise apply or the stenographer or  
32 confidential clerk of a physician or surgeon, ~~physician's~~  
33 physician assistant, or mental health professional as a  
34 witness at the trial of the action, the adverse party shall  
35 file an application with the court for permission to do so.

1 The court upon hearing, which shall not be ex parte, shall  
2 grant permission unless the court finds that the evidence  
3 sought does not relate to the condition alleged and shall fix  
4 a reasonable fee to be paid to the physician or surgeon,  
5 ~~physician's~~ physician assistant, or mental health professional  
6 by the party taking the deposition or calling the witness.

7 Sec. 18. Sections 148C.5A and 148C.6A, Code 1995, are  
8 repealed.

9

#### EXPLANATION

10 This bill includes provisions relating to the licensure and  
11 regulation of physician assistants and advanced registered  
12 nurse practitioners. The bill provides for the licensure of a  
13 physician assistant by only the board of physician assistants  
14 rather than by both this board and the board of medical  
15 examiners. The bill includes physician assistants and  
16 advanced registered nurse practitioners in the group of  
17 practitioners for whom denial of hospital privileges solely on  
18 the basis of the license held or professional education  
19 received by the practitioner is prohibited. The bill also  
20 provides that the board of medical examiners no longer must  
21 provide approval of supervising physicians who are currently  
22 licensed and adds a fourth physician assistant to the board of  
23 physician assistant examiners. The bill allows physician  
24 assistants to prescribe all medications as delegated by the  
25 supervising physician in accordance with rules adopted by the  
26 board of physician assistant examiners, removes the language  
27 establishing the physician assistant rules review group and  
28 the duties of the group, removes references to registration of  
29 physician assistants and provides only for licensure of  
30 physician assistants, requires that an applicant for initial  
31 licensure on or after July 1, 1996, is required to have  
32 graduated from an approved program, but until that time  
33 provides that, as is currently the case, an applicant may be  
34 approved for the educational component of licensure based upon  
35 knowledge and experience. The bill also allows qualified

1 physician assistants to perform acupuncture services when  
2 delegated by the supervising physician as is currently the  
3 privilege of chiropractors, podiatrists, and dentists; adds a  
4 representative of the Iowa physician assistant society and a  
5 representative of the Iowa nurse practitioner association to  
6 the membership for the council on medical assistance; requires  
7 third-party payors to provide reimbursement for services  
8 provided by a licensed physician assistant or advanced  
9 registered nurse practitioner if reimbursement for such  
10 services would be provided for a person engaged in the  
11 practice of medicine and surgery or in the practice of  
12 osteopathic medicine and surgery; and makes other corrective  
13 and conforming changes throughout the Code.

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