

House Study Bill 232

Conference Committee Text

PAG LIN

1 1 Section 1. Section [135.107](#), subsection 4, Code 1995, is
1 2 amended to read as follows:
1 3 4. The director of public health shall establish a primary
1 4 care collaborative work group to coordinate all statewide
1 5 recruitment and retention activities established pursuant to
1 6 this section and to make recommendations to the department and
1 7 the center for rural health and primary care relating to the
1 8 implementation of subsection 3. Membership of the work group
1 9 shall consist, at a minimum, of representatives from the
1 10 university of Iowa college of medicine, university of
1 11 osteopathic medicine and health sciences, university of Iowa
1 12 physician assistant school, university of Iowa nurse
1 13 practitioner school, university of osteopathic medicine and
1 14 health sciences physician assistant program, Iowa-Nebraska
1 15 primary care association, Iowa medical society, Iowa
1 16 osteopathic medical association, Iowa chapter of American
1 17 college of osteopathic family physicians, Iowa academy of
1 18 family physicians, nurse practitioner association, Iowa nurses
1 19 association, Iowa hospital association, and Iowa

~~physicians~~

1 20 physician assistants association.
1 21 Sec. 2. Section [135B.7](#), unnumbered paragraph 2, Code 1995,
1 22 is amended to read as follows:
1 23 The rules shall state that a hospital shall not deny
1 24 clinical privileges to physicians and surgeons, physician
1 25 assistants, podiatrists, osteopaths, osteopathic surgeons,
1 26 advanced registered nurse practitioners, dentists, or
1 27 certified health service providers in psychology licensed
1 28 under chapter 148, [148C](#), 149, 150, 150A, [152](#), or 153, or
1 29 section 154B.7 solely by reason of the license held by the
1 30 practitioner or solely by reason of the school or institution
1 31 in which the practitioner received medical schooling or
1 32 postgraduate training if the medical schooling or postgraduate
1 33 training was accredited by an organization recognized by the
1 34 council on postsecondary accreditation or an accrediting group
1 35 recognized by the United States department of education. A
2 1 hospital may establish procedures for interaction between a
2 2 patient and a practitioner. Nothing in the rules shall
2 3 prohibit a hospital from limiting, restricting, or revoking
2 4 clinical privileges of a practitioner for violation of
2 5 hospital rules, regulations, or procedures established under
2 6 this paragraph, when applied in good faith and in a
2 7 nondiscriminatory manner. Nothing in this paragraph shall
2 8 require a hospital to expand the hospital's current scope of
2 9 service delivery solely to offer the services of a class of
2 10 providers not currently providing services at the hospital.
2 11 Nothing in this section shall be construed to require a
2 12 hospital to establish rules which are inconsistent with the
2 13 scope of practice established for licensure of practitioners
2 14 to whom this paragraph applies. This section shall not be
2 15 construed to authorize the denial of clinical privileges to a
2 16 practitioner or class of practitioners solely because a
2 17 hospital has as employees of the hospital identically licensed
2 18 practitioners providing the same or similar services.

2 19 Sec. 3. Section [147.14](#), subsection 12, Code 1995, is
2 20 amended to read as follows:

2 21 12. For the board of physician assistant examiners,

~~three~~

2 22 four members licensed to practice as physician assistants, at
2 23 least two of whom practice in counties with a population of
2 24 less than fifty thousand, one member licensed to practice
2 25 medicine and surgery who supervises a physician assistant, one
2 26 member licensed to practice osteopathic medicine and surgery
2 27 who supervises a physician assistant, and two members who are
2 28 not licensed to practice either medicine and surgery or
2 29 osteopathic medicine and surgery or licensed as a physician
2 30 assistant and who shall represent the general public. At
2 31 least one of the physician members shall be in practice in a
2 32 county with a population of less than fifty thousand. A
2 33 majority of members of the board constitutes a quorum.

2 34 Sec. 4. Section [147.74](#), subsection 16, Code 1995, is
2 35 amended to read as follows:

3 1 16. A physician assistant

~~registered or~~

~~licensed under~~

3 2 chapter 148C may use the words "physician assistant" after the
3 3 person's name or signify the same by the use of the letters
3 4 "P. A." after the person's name.

3 5 Sec. 5. Section [147.80](#), subsection 5, Code 1995, is
3 6 amended to read as follows:

3 7 5. Application for a license to practice as a physician
3 8 assistant, issuance of a license to practice as a physician
3 9 assistant issued upon the basis of an examination given or
3 10 approved by the board of physician assistant examiners,
3 11 issuance of a license to practice as a physician assistant
3 12 issued under a reciprocal agreement, renewal of a license to
3 13 practice as a physician assistant, or temporary license to
3 14 practice as a physician assistant

~~, registration of a physician~~

3 15

~~assistant, temporary registration of a physician assistant,~~

3 16

~~renewal of a registration of a physician assistant~~

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

3 19 3. A

~~physician's~~

~~physician~~ assistant or registered nurse

3 20 may supply when pharmacist services are not reasonably
3 21 available or when it is in the best interests of the patient,
3 22 on the direct order of the supervising physician, a quantity
3 23 of properly packaged and labeled prescription drugs,
3 24 controlled substances, or contraceptive devices necessary to
3 25 complete a course of therapy. However, a remote clinic,
3 26 staffed by a

~~physician's~~

~~physician~~ assistant or registered

3 27 nurse, where pharmacy services are not reasonably available,
3 28 shall secure the regular advice and consultation of a
3 29 pharmacist regarding the distribution, storage, and

3 30 appropriate use of such drugs, substances, and devices.
3 31 5. Notwithstanding subsection 1 and any other provision of
3 32 this section to the contrary, a physician may delegate the
3 33 function of prescribing drugs, controlled substances, and
3 34 medical devices to a physician assistant licensed pursuant to
3 35 chapter 148C. When delegated prescribing occurs, the
4 1 supervising physician's name shall be used, recorded, or
4 2 otherwise indicated in connection with each individual
4 3 prescription so that the individual who dispenses or
4 4 administers the prescription knows under whose delegated
4 5 authority the physician assistant is prescribing. Rules
4 6 relating to the authority of physician assistants to prescribe
4 7 drugs, controlled substances, and medical devices pursuant to
4 8 this subsection shall be adopted by the board of physician
4 9 assistant examiners, after consultation with the board of
4 10 medical examiners and the board of pharmacy examiners

~~, as soon~~

~~4 11~~

~~as possible after July 1, 1991~~

~~The rules shall be reviewed~~

~~4 12~~

~~and approved by the physician assistant rules review group~~

~~4 13~~

~~created under subsection 7 and shall be adopted in final form~~

~~4 14~~

~~by January 1, 1993. However, the rules shall prohibit the~~

~~4 15~~

~~prescribing of schedule II controlled substances which are~~

~~4 16~~

~~listed as stimulants or depressants pursuant to chapter 124.~~

~~4 17~~

~~If rules are not reviewed and approved by the physician~~

~~4 18~~

~~assistant rules review group created under subsection 7 and~~

~~4 19~~

~~adopted in final form by January 1, 1993, a~~

~~A physician~~

4 20 assistant may prescribe drugs as a delegated act of a

4 21 supervising physician under rules adopted by the board of

4 22 physician assistant examiners

~~and subject to the rules review~~

~~4 23~~

~~process established in section 148C.7~~

- The board of physician
4 24 assistant examiners shall be the only board to regulate the
4 25 practice of physician assistants relating to prescribing and
4 26 supplying prescription drugs, controlled substances, and
4 27 medical devices

~~notwithstanding section 148C.6A~~

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4 28 Sec. 7. Section 148.13, subsections 1 and 4, Code 1995,
4 29 are amended by striking the subsections.
4 30 Sec. 8. Section 148C.1, subsection 7, Code 1995, is
4 31 amended by striking the subsection.
4 32 Sec. 9. Section 148C.3, Code 1995, is amended to read as
4 33 follows:
4 34 148C.3

~~REGISTRATION ~~and~~~~

- LICENSURE.

4 35 1. The board shall

~~formulate guidelines and~~

- adopt rules

~~7~~

-
5 1

~~pursuant to section 148C.7~~

- , to govern the

~~registration~~

-
5 2 licensure of persons who qualify as physician assistants. An
5 3 applicant for

~~registration~~

- licensure shall submit the fee

5 4 prescribed by the board and shall meet the requirements
5 5 established by the board with respect to all of the following:
5 6 a. Academic qualifications, including evidence of
5 7 graduation from an approved program. However, for an
5 8 applicant prior to July 1, 1996, if the board determines that
5 9 a person has sufficient knowledge and experience to qualify as
5 10 a physician assistant, the board may approve an application
5 11 for

~~registration~~

- licensure without requiring the completion of

5 12 an approved program. On or after July 1, 1996, an applicant
5 13 for initial physician assistant licensure shall not be
5 14 licensed unless the applicant has graduated from an approved
5 15 program.

5 16 b. Examination grades and evidence of passing the national
5 17 commission on certification of physician assistants
5 18 examination or an equivalent examination which the board
5 19 approves.

5 20 c. Hours of continuing medical education necessary to
5 21 remain licensed

~~or eligible for licensure~~

-
5 22

~~2. The board may issue a temporary registration under~~

-
5 23

~~special circumstances and upon conditions prescribed by the~~

5 24

~~board. A temporary registration shall not exceed one year in~~

5 25

~~duration and shall not be renewed more than once.~~

5 26

~~3. A person who is registered as a physician assistant is~~

5 27

~~not authorized to practice as a physician assistant unless the~~

5 28

~~person is also a licensed physician assistant.~~

5 29

~~4. The board shall formulate guidelines and adopt rules,~~

5 30

~~pursuant to section 148C.7, for the consideration of~~

5 31

~~applications from persons seeking to become licensed physician~~

5 32

~~assistants. An applicant for a license to practice as a~~

5 33

~~physician assistant shall submit the fee prescribed by the~~

5 34

~~board and evidence of the applicant's current registration~~

5 35

~~with the board as a physician assistant. In conjunction with~~

6 1

~~the physician assistant submission, the applicant's~~

6 2

~~supervising physician or physicians shall submit evidence of~~

6 3

~~eligibility, as determined by the board of medical examiners,~~

6 4

~~to serve as a supervising physician, information with respect~~

6 5

~~to the supervising physician's professional background and~~

6 6

~~specialty, scope of practice, and a plan for supervision of~~

6 7

~~the physician assistant. In addition the physician assistant~~

6 8

~~applicant and the supervising physician or physicians shall~~

6 9

~~submit a description of how the physician assistant is to~~

6 10

~~function within the scope of practice.~~

6 11

~~5.~~

~~2.~~ The board may issue a temporary license under
6 12 special circumstances and upon conditions prescribed by the
6 13 board. A temporary license shall not exceed one year in
6 14 duration and shall not be renewed more than once.

6 15 3. The board may issue an inactive license under
6 16 conditions prescribed by the board.

6 17

~~6. The board may modify the proposed functioning of a~~

6 18

~~physician assistant and then approve the application for~~

6 19

~~licensure as modified.~~

6 20

~~7.~~

~~4.~~ The board shall not approve an application for
6 21 licensure which would result in a physician supervising more
6 22 than two physician assistants at one time except as specified
6 23 by the board.

6 24

~~8.~~

~~5.~~ A licensed physician assistant shall perform only
6 25 those services for which the licensed physician assistant is
6 26 qualified by training, and shall not perform a service that is
6 27 not permitted by the board.

6 28

~~9. Rules shall be adopted pursuant to this chapter which~~

6 29

~~will permit qualified practicing physicians to supervise~~

6 30

~~licensed physician assistants at a free medical clinic on a~~

6 31

~~temporary basis.~~

6 32 Sec. 10. Section [148C.4](#), Code 1995, is amended to read as
6 33 follows:

6 34 148C.4 SERVICES PERFORMED BY ASSISTANTS.

6 35 A physician assistant may perform medical services when the
7 1 services are rendered under the supervision of the physician
7 2 or physicians specified in the physician assistant license
7 3

~~approved by the board~~

~~. A trainee may perform medical services~~

7 4 when the services are rendered within the scope of an approved
7 5 program.

7 6 Sec. 11. Section [148C.7](#), Code 1995, is amended to read as
7 7 follows:

7 8 148C.7 RULES

~~&endash; REVIEW GROUP~~

7 9

~~1. A physician assistant rules review group is established~~

7 10

~~consisting of one physician assistant member, one supervising~~

7 11

~~physician member, and one public member from the board of~~

7 12

~~physician assistant examiners and two members from the board~~

7 13

~~of medical examiners who are licensed to practice medicine and~~

7 14

~~surgery or osteopathic medicine and surgery. The respective~~

7 15

~~boards shall select their members to serve on the physician~~

7 16

~~assistant rules review group. The review group shall select~~

7 17

~~its own chairperson.~~

7 18

~~The review group shall review and approve or disapprove~~

7 19

~~rules proposed for adoption by the board of physician~~

7 20

~~assistant examiners. Approval shall be a simple majority of~~

7 21

~~the members of the group. A rule shall not become effective~~

7 22

~~without the approval of the review group.~~

7 23

~~2.~~

The board may adopt rules reasonably necessary to carry
7 24 out the purposes of this chapter.

~~Proposed rules must be~~

7 25

~~submitted to the review group for prior review and approval.~~

7 26 The rules shall be designed to encourage the utilization of
7 27 physician assistants in a manner that is consistent with the
7 28 provision of quality health care and medical services for the
7 29 citizens of Iowa through better utilization of available
7 30 physicians and the development of sound programs for the
7 31 education and training of skilled physician assistants well
7 32 qualified to assist physicians in providing health care and
7 33 medical services.

7 34 Sec. 12. Section [148C.11](#), Code 1995, is amended to read as
7 35 follows:

8 1 148C.11 PROHIBITION & CRIME.

8 2 A person not

~~registered and~~

~~licensed as required by this~~

8 3 chapter who practices as a physician assistant without having
8 4 obtained the appropriate approval under this chapter, is
8 5 guilty of a serious misdemeanor.

8 6 Sec. 13. Section [148E.8](#), Code 1995, is amended to read as
8 7 follows:

8 8 148E.8 SCOPE OF CHAPTER.

8 9 This chapter does not apply to a person otherwise licensed
8 10 to practice medicine and surgery, osteopathy, osteopathic
8 11 medicine and surgery, chiropractic, podiatry, or dentistry, or
8 12 licensed to practice as a physician assistant.

8 13 Sec. 14. Section [148E.10](#), Code 1995, is amended to read as
8 14 follows:

8 15 148E.10 EVALUATION OF CONDITION REQUIRED.

8 16 A person registered under this chapter shall not engage in
8 17 the performance of acupuncture upon another person until the
8 18 person's condition has been evaluated by a person licensed to
8 19 practice medicine and surgery, osteopathy, osteopathic
8 20 medicine and surgery, chiropractic, podiatry, or dentistry, or
8 21 licensed to practice as a physician assistant and the person
8 22 has been referred to the acupuncturist by the medical
8 23 evaluator.

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

8 26 Shall advise and consult at least semiannually with a
8 27 council composed of the presidents of the following
8 28 organizations, or a president's representative who is a member

8 29 of the organization represented by the president: the Iowa
8 30 medical society, the Iowa osteopathic medical association, the
8 31 Iowa state dental society, the Iowa state nurses association,
8 32 the Iowa physician assistant society, the Iowa nurse
8 33 practitioner association, the Iowa pharmacists association,
8 34 the Iowa podiatry society, the Iowa optometric association,
8 35 the community mental health centers association of Iowa, the
9 1 Iowa psychological association, the Iowa hospital association,
9 2 the Iowa osteopathic hospital association, opticians'
9 3 association of Iowa, inc., the Iowa hearing aid society, the
9 4 Iowa speech, language, and hearing association, the Iowa
9 5 health care association, the Iowa association for home care,
9 6 the Iowa council of health care centers, and the Iowa
9 7 association of homes for the aging, the Iowa psychiatric nurse
9 8 managers network, the arc of Iowa which was formerly known as
9 9 the association for retarded citizens of Iowa, the alliance
9 10 for the mentally ill of Iowa, Iowa state association of
9 11 counties, and the Iowa governor's planning council for
9 12 developmental disabilities, together with one person
9 13 designated by the Iowa state board of chiropractic examiners;
9 14 one state representative from each of the two major political
9 15 parties appointed by the speaker of the house, one state
9 16 senator from each of the two major political parties appointed
9 17 by the president of the senate, after consultation with the
9 18 majority leader and the minority leader of the senate, each
9 19 for a term of two years; four public representatives,
9 20 appointed by the governor for staggered terms of two years
9 21 each, none of whom shall be members of, or practitioners of,
9 22 or have a pecuniary interest in any of the professions or
9 23 businesses represented by any of the several professional
9 24 groups and associations specifically represented on the
9 25 council under this subsection, and at least one of whom shall
9 26 be a recipient of medical assistance; the director of public
9 27 health, or a representative designated by the director; and
9 28 the dean of the college of medicine, university of Iowa, or a
9 29 representative designated by the dean.

9 30 Sec. 16. NEW SECTION. 514C.8 SERVICES PROVIDED BY
9 31 LICENSED PHYSICIAN ASSISTANTS AND LICENSED ADVANCED REGISTERED
9 32 NURSE PRACTITIONERS.

9 33 Notwithstanding 514C.6, a policy or contract providing for
9 34 third-party payment or prepayment of health or medical
9 35 expenses shall include a provision for the payment of
10 1 necessary medical or surgical care and treatment provided by a
10 2 physician assistant licensed pursuant to chapter 148C, or
10 3 provided by an advanced registered nurse practitioner licensed
10 4 pursuant to chapter 152 and performed within the scope of the
10 5 license of the licensed physician assistant or the licensed
10 6 advanced registered nurse practitioner if the policy or
10 7 contract would pay for the care and treatment if the care and
10 8 treatment were provided by a person engaged in the practice of
10 9 medicine and surgery or osteopathic medicine and surgery under
10 10 chapter 148 or 150A. The policy or contract shall provide
10 11 that policyholders and subscribers under the policy or
10 12 contract may reject the coverage for services which may be
10 13 provided by a licensed physician assistant or licensed
10 14 advanced registered nurse practitioner if the coverage is
10 15 rejected for all providers of similar services. The terms and
10 16 conditions under which physician assistant services or
10 17 advanced nurse practitioner services are compensated shall
10 18 contain practice or supervision restrictions consistent with
10 19 and no more restrictive than those already imposed by law.
10 20 This section applies to services provided under a policy or
10 21 contract delivered, issued for delivery, continued, or renewed
10 22 in this state on or after July 1, 1995, and to an existing
10 23 policy or contract, on the policy's or contract's anniversary
10 24 or renewal date, or upon the expiration of the applicable
10 25 collective bargaining contract, if any, whichever is later.

10 26 This section does not apply to policyholders or subscribers
10 27 eligible for coverage under Title XVIII of the federal Social
10 28 Security Act or any similar coverage under a state or federal
10 29 government plan. For the purposes of this section, third-
10 30 party payment or prepayment includes an individual or group
10 31 policy of accident or health insurance or individual or group
10 32 hospital or health care service contract issued pursuant to
10 33 chapter 509, 514, or 514A.

10 34 Sec. 17. Section 622.10, unnumbered paragraphs 1 and 2,
10 35 Code 1995, are amended to read as follows:

11 1 A practicing attorney, counselor, physician, surgeon,
11 2

~~physician's~~

- physician assistant, mental health professional,
11 3 or the stenographer or confidential clerk of any such person,
11 4 who obtains information by reason of the person's employment,
11 5 or a member of the clergy shall not be allowed, in giving
11 6 testimony, to disclose any confidential communication properly
11 7 entrusted to the person in the person's professional capacity,
11 8 and necessary and proper to enable the person to discharge the
11 9 functions of the person's office according to the usual course
11 10 of practice or discipline. The prohibition does not apply to
11 11 cases where the person in whose favor the prohibition is made
11 12 waives the rights conferred; nor does the prohibition apply to
11 13 physicians or surgeons,

~~physician's~~

- physician assistants,
11 14 mental health professionals, or to the stenographer or
11 15 confidential clerk of any physicians or surgeons,

~~physician's~~

-
11 16 physician assistants, or mental health professionals, in a
11 17 civil action in which the condition of the person in whose
11 18 favor the prohibition is made is an element or factor of the
11 19 claim or defense of the person or of any party claiming
11 20 through or under the person. The evidence is admissible upon
11 21 trial of the action only as it relates to the condition
11 22 alleged.
11 23 If an adverse party desires the oral deposition, either
11 24 discovery or evidentiary, of a physician or surgeon,
11 25

~~physician's~~

- physician assistant, or mental health professional
11 26 to which the prohibition would otherwise apply or the
11 27 stenographer or confidential clerk of a physician or surgeon,
11 28

~~physician's~~

- physician assistant, or mental health professional
11 29 or desires to call a physician or surgeon, physician's
11 30 assistant, or mental health professional to which the
11 31 prohibition would otherwise apply or the stenographer or
11 32 confidential clerk of a physician or surgeon,

~~physician's~~

-
11 33 physician assistant, or mental health professional as a
11 34 witness at the trial of the action, the adverse party shall
11 35 file an application with the court for permission to do so.
12 1 The court upon hearing, which shall not be ex parte, shall
12 2 grant permission unless the court finds that the evidence
12 3 sought does not relate to the condition alleged and shall fix
12 4 a reasonable fee to be paid to the physician or surgeon,

~~physician's~~

- physician assistant, or mental health professional

12 6 by the party taking the deposition or calling the witness.

12 7 Sec. 18. Sections 148C.5A and 148C.6A, Code 1995, are

12 8 repealed.

12 9

EXPLANATION

12 10 This bill includes provisions relating to the licensure and

12 11 regulation of physician assistants and advanced registered

12 12 nurse practitioners. The bill provides for the licensure of a

12 13 physician assistant by only the board of physician assistants

12 14 rather than by both this board and the board of medical

12 15 examiners. The bill includes physician assistants and

12 16 advanced registered nurse practitioners in the group of

12 17 practitioners for whom denial of hospital privileges solely on

12 18 the basis of the license held or professional education

12 19 received by the practitioner is prohibited. The bill also

12 20 provides that the board of medical examiners no longer must

12 21 provide approval of supervising physicians who are currently

12 22 licensed and adds a fourth physician assistant to the board of

12 23 physician assistant examiners. The bill allows physician

12 24 assistants to prescribe all medications as delegated by the

12 25 supervising physician in accordance with rules adopted by the

12 26 board of physician assistant examiners, removes the language

12 27 establishing the physician assistant rules review group and

12 28 the duties of the group, removes references to registration of

12 29 physician assistants and provides only for licensure of

12 30 physician assistants, requires that an applicant for initial

12 31 licensure on or after July 1, 1996, is required to have

12 32 graduated from an approved program, but until that time

12 33 provides that, as is currently the case, an applicant may be

12 34 approved for the educational component of licensure based upon

12 35 knowledge and experience. The bill also allows qualified

13 1 physician assistants to perform acupuncture services when

13 2 delegated by the supervising physician as is currently the

13 3 privilege of chiropractors, podiatrists, and dentists; adds a

13 4 representative of the Iowa physician assistant society and a

13 5 representative of the Iowa nurse practitioner association to

13 6 the membership for the council on medical assistance; requires

13 7 third-party payors to provide reimbursement for services

13 8 provided by a licensed physician assistant or advanced

13 9 registered nurse practitioner if reimbursement for such

13 10 services would be provided for a person engaged in the

13 11 practice of medicine and surgery or in the practice of

13 12 osteopathic medicine and surgery; and makes other corrective

13 13 and conforming changes throughout the Code.

13 14 LSB 2033HC 76

13 15 pf/jj/8