

Senate File 2357 - Introduced

SENATE FILE 2357
BY COMMITTEE ON STATE
GOVERNMENT

(SUCCESSOR TO SSB 3071)

A BILL FOR

1 An Act relating to the practice and licensure of physician
2 assistants, and including effective date provisions.
3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. Section 147.107, subsections 3, 4, and 5, Code
2 2020, are amended to read as follows:

3 3. A ~~physician assistant or~~ registered nurse may supply,
4 when pharmacist services are not reasonably available or when
5 it is in the best interests of the patient, on the direct
6 order of the supervising physician, a quantity of properly
7 packaged and labeled prescription drugs, controlled substances,
8 or contraceptive devices necessary to complete a course of
9 therapy. However, a remote clinic, staffed by a ~~physician~~
10 ~~assistant or~~ registered nurse, where pharmacy services are
11 not reasonably available, shall secure the regular advice
12 and consultation of a pharmacist regarding the distribution,
13 storage, and appropriate use of such drugs, substances, and
14 devices.

15 4. ~~Notwithstanding subsection 3, a~~ A physician assistant
16 ~~shall not~~ may prescribe, dispense, order, administer, or
17 procure prescription drugs ~~as an incident to the practice~~
18 ~~of the supervising physician or the physician assistant,~~
19 ~~but may supply, when pharmacist services are not reasonably~~
20 ~~available, or when it is in the best interests of the patient,~~
21 ~~a quantity of properly packaged and labeled prescription~~
22 ~~drugs, controlled substances, or medical devices necessary~~
23 ~~to complete a course of therapy. However, a remote clinic,~~
24 ~~staffed by a physician assistant, where pharmacy services are~~
25 ~~not reasonably available, shall secure the regular advice~~
26 ~~and consultation of a pharmacist regarding the distribution,~~
27 ~~storage, and appropriate use of such drugs, substances, and~~
28 ~~devices. Prescription drugs supplied under the provisions~~
29 ~~of this subsection shall be supplied for the purpose of~~
30 ~~accommodating the patient and shall not be sold for more than~~
31 ~~the cost of the drug and reasonable overhead costs, as they~~
32 ~~relate to supplying prescription drugs to the patient, and~~
33 ~~not at a profit to the physician or the physician assistant.~~
34 ~~If prescription drug supplying authority is delegated by a~~
35 ~~supervising physician to a physician assistant, a nurse or~~

1 ~~staff assistant may assist the physician assistant in providing~~
2 ~~that service. Rules shall be adopted by the board of physician~~
3 ~~assistants, after consultation with the board of pharmacy, to~~
4 ~~implement this subsection pursuant to section 148C.4.~~

5 5. Notwithstanding subsection 1 and any other provision
6 of this section to the contrary, a physician may delegate
7 the function of prescribing drugs, controlled substances,
8 and medical devices for which the supervising physician has
9 sufficient training or experience to a physician assistant
10 licensed pursuant to chapter 148C after the supervising
11 physician determines the physician assistant's proficiency
12 and competence. ~~When delegated prescribing occurs, the~~
13 ~~supervising physician's name shall be used, recorded, or~~
14 ~~otherwise indicated in connection with each individual~~
15 ~~prescription so that the individual who dispenses or~~
16 ~~administers the prescription knows under whose delegated~~
17 ~~authority the physician assistant is prescribing. Rules~~
18 relating to the authority of physician assistants to prescribe
19 drugs, controlled substances, and medical devices pursuant to
20 this subsection shall be adopted by the board of physician
21 assistants, after consultation with the board of medicine and
22 the board of pharmacy. ~~However, the rules shall prohibit the~~
23 ~~prescribing of schedule II controlled substances which are~~
24 ~~listed as depressants pursuant to chapter 124.~~

25 Sec. 2. Section 147.136, subsection 1, Code 2020, is amended
26 to read as follows:

27 1. Except as otherwise provided in subsection 2, in an
28 action for damages for personal injury against a physician and
29 surgeon, osteopathic physician and surgeon, dentist, podiatric
30 physician, optometrist, pharmacist, chiropractor, physician
31 assistant, or nurse licensed to practice that profession in
32 this state, or against a hospital licensed for operation in
33 this state, based on the alleged negligence of the practitioner
34 in the practice of the profession or occupation, or upon the
35 alleged negligence of the hospital in patient care, in which

1 liability is admitted or established, the damages awarded shall
2 not include actual economic losses incurred or to be incurred
3 in the future by the claimant by reason of the personal
4 injury, including but not limited to the cost of reasonable and
5 necessary medical care, rehabilitation services, and custodial
6 care, and the loss of services and loss of earned income, to
7 the extent that those losses are replaced or are indemnified by
8 insurance, or by governmental, employment, or service benefit
9 programs or from any other source.

10 Sec. 3. Section 147.138, Code 2020, is amended to read as
11 follows:

12 **147.138 Contingent fee of attorney reviewed by court.**

13 In any action for personal injury or wrongful death against
14 any physician and surgeon, osteopathic physician and surgeon,
15 dentist, podiatric physician, optometrist, pharmacist,
16 chiropractor, physician assistant, or nurse licensed under
17 this chapter or against any hospital licensed under chapter
18 135B, based upon the alleged negligence of the licensee in the
19 practice of that profession or occupation, or upon the alleged
20 negligence of the hospital in patient care, the court shall
21 determine the reasonableness of any contingent fee arrangement
22 between the plaintiff and the plaintiff's attorney.

23 Sec. 4. Section 148C.1, Code 2020, is amended to read as
24 follows:

25 **148C.1 Definitions.**

26 1. *"Approved program"* means a program for the education
27 of physician assistants which has been accredited by the
28 ~~American medical association's committee on allied health~~
29 ~~education and accreditation or its successor, by the commission~~
30 ~~on accreditation of allied health educational programs or~~
31 ~~its successor, or by the accreditation review commission on~~
32 ~~education for the physician assistant or its successor, or, if~~
33 accredited prior to 2001, either by the committee on allied
34 health education and accreditation, or the commission on
35 accreditation of allied health education programs.

1 2. "Board" means the board of physician assistants created
2 under [chapter 147](#).

3 3. "Collaboration" means consultation with or referral to
4 the appropriate physician or other health care professional by
5 a physician assistant as indicated by the patient's condition;
6 the education, competencies, and experience of the physician
7 assistant; and the standard of care.

8 ~~3.~~ 4. "Department" means the Iowa department of public
9 health.

10 ~~4.~~ 5. "Licensed physician assistant" or "licensed P.A."
11 means a person who is licensed by the board to practice as
12 a physician assistant under the supervision of one or more
13 physicians. "Supervision" does not require the personal
14 presence of the supervising physician at the place where
15 medical services are rendered except insofar as the personal
16 presence is expressly required by [this chapter](#) or required by
17 rules of the board adopted pursuant to [this chapter](#).

18 ~~5.~~ 6. "Physician" means a person who is currently licensed
19 in Iowa to practice medicine and surgery or osteopathic
20 medicine and surgery. Notwithstanding [this subsection](#), a
21 physician supervising a physician assistant practicing in
22 a federal facility or under federal authority shall not be
23 required to obtain licensure beyond licensure requirements
24 mandated by the federal government for supervising physicians.

25 ~~6.~~ 7. "Physician assistant" or "P.A." means a person who
26 ~~has successfully completed an approved program and passed an~~
27 ~~examination approved by the board or is otherwise found by the~~
28 ~~board to be qualified to perform medical services under the~~
29 ~~supervision of a physician~~ meets the qualifications under this
30 chapter and is licensed to practice medicine by the board.

31 ~~7.~~ "Trainee" means a person who is currently enrolled in an
32 approved program.

33 8. "Supervising physician" means a physician who supervises
34 the medical services provided by a physician assistant
35 consistent with the physician assistant's education, training,

1 or experience and who accepts ultimate responsibility for the
2 medical care provided by the supervising physician-physician
3 assistant team.

4 Sec. 5. Section 148C.3, subsections 1 and 3, Code 2020, are
5 amended to read as follows:

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

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

16 b. Evidence of passing the national commission on the
17 certification of physician assistants' ~~physician assistant~~
18 national certifying examination or an equivalent examination
19 approved by the board.

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

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

26 Sec. 6. Section 148C.4, subsection 1, Code 2020, is amended
27 to read as follows:

28 1. A physician assistant may ~~perform medical services~~
29 ~~when the services are rendered under the supervision of a~~
30 ~~physician. A physician assistant student may perform medical~~
31 ~~services when the services are rendered within the scope of an~~
32 ~~approved program~~ provide any legal medical service for which
33 the physician assistant has been prepared by the physician
34 assistant's education, training, or experience and is competent
35 to perform. For the purposes of this section, "medical

1 ~~services when the services are rendered under the supervision~~
2 ~~of a physician” “legal medical service for which the physician~~
3 ~~assistant has been prepared by the physician assistant’s~~
4 ~~education, training, or experience and is competent to perform”~~
5 includes making a pronouncement of death for a patient
6 whose death is anticipated if the death occurs in a licensed
7 hospital, a licensed health care facility, a correctional
8 institution listed in [section 904.102](#), a Medicare-certified
9 home health agency, or a Medicare-certified hospice program
10 or facility, ~~with notice of the death to a physician and in~~
11 ~~accordance with the directions of a physician.~~

12 Sec. 7. Section 148C.4, Code 2020, is amended by adding the
13 following new subsection:

14 NEW SUBSECTION. 3. The degree of collaboration between
15 a physician assistant and the appropriate member of a health
16 care team shall be determined at the practice level, and may
17 involve decisions made by the medical group, hospital service,
18 supervising physician, or employer of the physician assistant,
19 or the credentialing and privileging system of a licensed
20 health care facility. A physician shall be accessible at all
21 times for consultation with a physician assistant unless the
22 physician assistant is providing emergency medical services
23 pursuant to 645 IAC 327.1(1)(n). The supervising physician
24 shall have ultimate responsibility for determining the medical
25 care provided by the supervising physician-physician assistant
26 team.

27 Sec. 8. Section 249A.4, subsection 7, paragraph b, Code
28 2020, is amended to read as follows:

29 *b.* Advanced registered nurse practitioners licensed pursuant
30 to [chapter 152](#) and physician assistants licensed pursuant to
31 [chapter 148C](#) shall be regarded as approved providers of health
32 care services, including primary care, for purposes of managed
33 care or prepaid services contracts under the medical assistance
34 program. This paragraph shall not be construed to expand the
35 scope of practice of an advanced registered nurse practitioner

1 pursuant to [chapter 152](#) or physician assistants pursuant to
2 chapter 148C.

3 Sec. 9. ADMINISTRATIVE RULEMAKING.

4 1. The board of medicine and the board of physician
5 assistants shall each, at the next meeting of the respective
6 boards held one calendar week or more after the enactment of
7 this Act, approve a notice of intended action to adopt rules to
8 implement this Act for submission to the administrative rules
9 coordinator and the Iowa administrative code editor pursuant to
10 section 17A.4, subsection 1, paragraph "a".

11 2. Notwithstanding section 148C.5, the board of medicine
12 and the board of physician assistants, in accordance with
13 chapter 17A and this section, and consistent with this Act,
14 shall each amend, rescind, or adopt rules which address all of
15 the following:

16 a. For the board of physician assistants, rules relating to
17 and in substantial conformance with all of the following:

18 (1) Definitions pursuant to 645 IAC 326.1 including all of
19 the following:

20 (a) "Approved program" means a program for the education
21 of physician assistants which has been accredited by the
22 accreditation review commission on education for the physician
23 assistant or its successor, or if accredited prior to 2001,
24 either by the committee on allied health education and
25 accreditation, or the commission on accreditation of allied
26 health education programs.

27 (b) "Collaboration" means consultation with or referral to
28 the appropriate physician or other health care professional by
29 a physician assistant as indicated by the patient's condition;
30 the education, competencies, and experience of the physician
31 assistant; and the standard of care.

32 (c) "Opioid" means a drug that produces an agonist effect
33 on opioid receptors and is indicated or used for the treatment
34 of pain or opioid use disorder.

35 (d) "Physician assistant" or "P.A." means a person licensed

1 as a physician assistant by the board.

2 (e) "Remote medical site" means a medical clinic for
3 ambulatory patients which is more than thirty miles away from
4 the main practice location of a supervising physician and
5 in which a supervising physician is present less than fifty
6 percent of the time the site is open. "Remote medical site"
7 does not apply to nursing homes, patient homes, hospital
8 outpatient departments, outreach clinics, or any location at
9 which medical care is incidentally provided such as a diet
10 center, free clinic, site for athletic physicals, or a jail
11 facility.

12 (f) "Supervising physician" means a physician who
13 supervises the medical services provided by the physician
14 assistant consistent with the physician assistant's education,
15 training, or experience and who accepts ultimate responsibility
16 for the medical care provided by the physician-physician
17 assistant team.

18 (2) Examination requirements pursuant to 645 IAC 326.6
19 including that the applicant for licensure as a physician
20 assistant shall successfully pass the certifying examination
21 conducted by the national commission on certification of
22 physician assistants or a successor examination approved by the
23 board of physician assistants.

24 (3) Use of title requirements pursuant to 645 IAC 326.15
25 including that a physician assistant licensed under chapter
26 148C may use the words "physician assistant" after the person's
27 name or signify the same by the use of the letters "P.A." A
28 person who meets the qualifications for licensure under chapter
29 148C but does not possess a current license may use the title
30 "P.A." or "physician assistant" but may not act or practice as
31 a physician assistant unless licensed under chapter 148C.

32 (4) Recognition of an approved program pursuant to 645
33 IAC 326.18 including that the board shall recognize a program
34 for education and training of physician assistants if it is
35 accredited by the accreditation review commission on education

1 for the physician assistant or its successor, or, if accredited
2 prior to 2001, either by the committee on allied health
3 education and accreditation or the commission on accreditation
4 of allied health educational programs.

5 (5) Duties pursuant to 645 IAC 327.1(1), unnumbered
6 paragraph 1, including that the medical services to be
7 provided by the physician assistant are those for which the
8 physician assistant has been prepared by education, training,
9 or experience and is competent to perform. The ultimate
10 role of the physician assistant cannot be rigidly defined
11 because of the variations in practice requirements due to
12 geographic, economic, and sociologic factors. The high degree
13 of responsibility a physician assistant may assume requires
14 that, at the conclusion of formal education, the physician
15 assistant possess the knowledge, skills, and abilities
16 necessary to provide those services appropriate to the practice
17 setting. The physician assistant's services may be utilized in
18 any clinical settings including but not limited to the office,
19 the ambulatory clinic, the hospital, the patient's home,
20 extended care facilities, and nursing homes. Diagnostic and
21 therapeutic medical tasks for which the supervising physician
22 has sufficient training or experience may be delegated to the
23 physician assistant after a supervising physician determines
24 the physician assistant's proficiency and competence.

25 (6) Duties pursuant to 645 IAC 327.1 relating to
26 prescribing, dispensing, ordering, administering, and procuring
27 drugs and medical devices including all of the following:

- 28 (a) A physician assistant may administer any drug.
29 (b) A physician assistant may prescribe, dispense,
30 order, administer, and procure drugs and medical devices. A
31 physician assistant may plan and initiate a therapeutic regimen
32 that includes ordering and prescribing nonpharmacological
33 interventions, including but not limited to durable medical
34 equipment, nutrition, blood and blood products, and diagnostic
35 support services including but not limited to home health

1 care, hospice, and physical and occupational therapy. The
2 prescribing and dispensing of drugs may include schedule II
3 through V substances as described in chapter 124 and all legend
4 drugs.

5 (c) A physician assistant may prescribe drugs and medical
6 devices subject to all the following conditions:

7 (i) The physician assistant shall have passed the national
8 certifying examination conducted by the national commission
9 on the certification of physician assistants or its successor
10 examination approved by the board. Physician assistants with a
11 temporary license may order drugs and medical devices only with
12 the prior approval and direction of a supervising physician.
13 Prior approval may include discussion of the specific medical
14 problems with a supervising physician prior to the patient
15 being seen by the physician assistant.

16 (ii) The physician assistant must comply with appropriate
17 federal and state regulations.

18 (iii) If a physician assistant prescribes or dispenses
19 controlled substances, the physician assistant must register
20 with the federal drug enforcement administration.

21 (iv) The physician assistant may prescribe or order
22 schedule II controlled substances which are listed as
23 depressants in chapter 124 only with the prior approval
24 and direction of a supervising physician who has sufficient
25 training or experience. Prior approval may include discussion
26 of the specific medical problems with a supervising physician
27 prior to the patient being seen by the physician assistant.

28 (v) A physician assistant shall not prescribe substances
29 that the supervising physician does not have the authority
30 to prescribe except as allowed in 645 IAC 327.1(1)(n) when
31 providing immediate evaluation, treatment, and institution of
32 procedures essential to providing an appropriate response to
33 emergency medical problems.

34 (vi) The physician assistant may prescribe, supply, and
35 administer drugs and medical devices in all settings including

1 but not limited to hospitals, health care facilities, health
2 care institutions, clinics, offices, health maintenance
3 organizations, and outpatient and emergency care settings.

4 (vii) A physician assistant may request, receive, and
5 supply sample drugs and medical devices.

6 (viii) The board of physician assistants shall be the only
7 board to regulate the practice of physician assistants relating
8 to prescribing and supplying prescription drugs, controlled
9 substances, and medical devices.

10 (d) A physician assistant may supply properly packaged and
11 labeled prescription drugs, controlled substances, or medical
12 devices when pharmacist services are not reasonably available
13 or when it is in the best interests of the patient.

14 (i) When the physician assistant is the prescriber of the
15 medications supplied, these medications shall be supplied for
16 the purpose of accommodating the patient and shall not be sold
17 for more than the cost of the drug and reasonable overhead
18 costs as they relate to supplying prescription drugs to the
19 patient and not at a profit to the physician or physician
20 assistant.

21 (ii) A nurse or staff assistant may assist the physician
22 assistant in supplying medications.

23 (e) A physician assistant may, at the request of the peace
24 officer, withdraw a specimen of blood from a patient for
25 the purpose of determining the alcohol concentration or the
26 presence of drugs.

27 (f) A physician assistant may direct medical personnel,
28 health professionals, and others involved in caring for
29 patients and the execution of patient care.

30 (g) A physician assistant may authenticate medical forms by
31 signing the form.

32 (h) A physician assistant may perform other duties as
33 appropriate to a physician assistant's practice.

34 (i) Health care providers shall consider the instructions
35 of a physician assistant to be authoritative.

1 (7) Remote medical site requirements pursuant to 645 IAC
2 327.4(1) and (2), including all of the following:

3 (a) A physician assistant may provide medical services in a
4 remote medical site if any of the following conditions is met:

5 (i) The physician assistant has a permanent license and at
6 least one year of practice as a physician assistant.

7 (ii) The physician assistant with less than one year of
8 practice has a permanent license and meets all of the following
9 criteria:

10 (A) The physician assistant has practiced as a physician
11 assistant for at least six months.

12 (B) The physician assistant and supervising physician have
13 worked together at the same location for a period of at least
14 three months.

15 (C) The supervising physician reviews patient care provided
16 by the physician assistant as determined to be appropriate by
17 the supervising physician.

18 (D) The supervising physician reviews a representative
19 sample of patient charts unless the medical record documents
20 that direct consultation with the supervising physician
21 occurred for a period the supervising physician determines is
22 appropriate.

23 (iii) The physician assistant and supervising physician
24 provide a written statement sent directly to the board that
25 the physician assistant is qualified to provide the needed
26 medical services and that the medical care will be unavailable
27 at the remote site unless the physician assistant is allowed to
28 practice there. In addition, for three months, the supervising
29 physician must review a representative sample of patient charts
30 for patient care provided by the physician assistant at least
31 weekly.

32 (b) The supervising physician must visit a remote site
33 or communicate with the physician assistant at the remote
34 site via electronic communications to provide additional
35 medical direction, medical services, and consultation at least

1 every two weeks. For purposes of this rule, communication
2 may consist of, but shall not be limited to, in-person
3 meetings, two-way interactive communication directly between
4 the supervising physician and the physician assistant via
5 telephone, secure messaging, electronic mail, or chart review.

6 (8) Identification as a physician assistant pursuant to
7 645 IAC 327.5 including that the physician assistant shall be
8 identified as a physician assistant to patients and to the
9 public, regardless of their educational degree.

10 (9) Prescription requirements pursuant to 645 IAC 327.6(2)
11 including that each oral prescription drug order issued by a
12 physician assistant shall include the same information required
13 for a written prescription, except for the written signature of
14 the physician assistant and the physician assistant's practice
15 address.

16 (10) Grounds for discipline pursuant to 645 IAC 329.2(25)
17 including prohibiting a person from representing the person
18 as a physician assistant when the person's license has been
19 suspended or revoked, or when the person's license is on
20 inactive status except as provided by 645 IAC 326.15.

21 b. For the board of medicine rules relating to and in
22 substantial conformance with the following relating to
23 supervisory agreements pursuant to 653 IAC 21.4 including all
24 of the following:

25 (1) A physician who supervises a physician assistant
26 shall establish a written supervisory agreement prior to
27 supervising a physician assistant. A sample supervisory
28 agreement form is available from the board. The purpose of
29 the supervisory agreement is to define the nature and extent
30 of the supervisory relationship and the expectations of each
31 party. The supervisory agreement shall take into account
32 the physician assistant's demonstrated skills, training and
33 experience, proximity of the supervising physician to the
34 physician assistant, and the nature and scope of the medical
35 practice. The supervising physician shall maintain a copy of

1 the supervisory agreement and provide a copy of the agreement
2 to the board upon request. The supervisory agreement shall, at
3 a minimum, address all of the following provisions:

4 (a) Review of requirements. The supervising physician and
5 the physician assistant shall review all of the requirements
6 of physician assistant licensure, practice, supervision, and
7 delegation of medical services as set forth in section 148.13
8 and chapter 148C, Iowa administrative code chapter 653, and 645
9 IAC chapters 326 to 329.

10 (b) Assessment of education, training, skills, and
11 experience. Each supervising physician shall assess the
12 education, training, skills, and relevant experience of the
13 physician assistant prior to providing supervision. Each
14 supervising physician and physician assistant shall ensure
15 that the other party has the appropriate education, training,
16 skills, and relevant experience necessary to successfully
17 collaborate on patient care delivered by the team. The method
18 for assessing and providing feedback regarding the physician
19 assistant's education, training, skills, and experience shall
20 be reflected in the supervision agreement.

21 (2) The supervision agreement between the physician
22 assistant and the physician shall address all of the following:

23 (a) The medical services the supervising physician
24 delegates to the physician assistant. The medical services
25 and medical tasks delegated to and provided by the physician
26 assistant shall be in compliance with 645 IAC 327.1(1).

27 All delegated medical services shall be within the scope
28 of practice of the supervising physician and the physician
29 assistant.

30 (b) Methods for communication between the physician
31 assistant and the physician and whether the physician assistant
32 practices at the same site or a remote site. Each supervising
33 physician and physician assistant shall conduct ongoing
34 discussions and evaluation of the supervisory agreement,
35 including supervision; expectations for both parties;

1 assessment of education, training, skills, and relevant
2 experience; review of delegated services; review of the medical
3 services provided by the physician assistant; and the types of
4 cases and situations when the supervising physician expects to
5 be consulted.

6 (i) The plan for completing and documenting chart reviews.
7 A licensed physician within the same facility or health care
8 system as the physician assistant shall conduct an ongoing
9 review of a representative sample of the physician assistant's
10 patient charts encompassing the scope of the physician
11 assistant's practice. The findings of the review shall be
12 discussed with the physician assistant in a manner determined
13 by the practice in consultation with the physician assistant's
14 primary supervising physician.

15 (ii) Remote medical site. "Remote medical site" means
16 a medical clinic for ambulatory patients which is more than
17 thirty miles away from the main practice location of the
18 supervising physician and in which the supervising physician
19 is present less than fifty percent of the time when the remote
20 medical site is open. "Remote medical site" does not apply to
21 nursing homes, patient homes, hospital outpatient departments,
22 outreach clinics, or any location at which medical care is
23 incidentally provided, such as a diet center, free clinic, site
24 for athletic physicals, or a jail facility. The supervisory
25 agreement shall include a provision which ensures that the
26 supervising physician visits the remote medical site, or
27 communicates with a physician assistant at the remote medical
28 site via electronic communications, at least every two weeks
29 to provide additional medical direction, medical services,
30 and consultation specific to the medical services provided at
31 the remote medical site. For purposes of this subparagraph
32 subdivision, communication may consist of, but shall not
33 be limited to, in-person meetings or two-way, interactive
34 communication directly between the supervising physician and
35 the physician assistant via telephone, secure messaging,

1 electronic mail, or chart review. The board shall only
2 grant a waiver or variance of this provision if substantially
3 equal protection of public health, safety, and welfare will
4 be afforded by a means other than that prescribed in this
5 subparagraph subdivision.

6 (iii) The expectations and plan for alternate supervision.
7 The supervising physician shall ensure that the alternate
8 supervising physician is available for a timely consultation
9 and shall ensure that the physician assistant is notified
10 of the means by which to reach the alternate supervising
11 physician.

12 Sec. 10. RESCISSION OF ADMINISTRATIVE RULES.

13 1. The board of physician assistants shall rescind all of
14 the following:

15 a. 645 Iowa administrative code, rule 326.19, subrule (3),
16 paragraph "b", subparagraph (3).

17 b. 645 Iowa administrative code, rule 327.1, subrule (1),
18 paragraphs "r" through "z".

19 c. 645 Iowa administrative code, rule 327.4, subrules (1)
20 and (2).

21 2. The board of medicine shall rescind 653 Iowa
22 administrative code, rule 21.4, subrules (3) through (7).

23 Sec. 11. RULEMAKING — LIMITATION ON AMENDMENTS —
24 CONSTRUCTION.

25 1. The board of medicine and the board of physician
26 assistants, upon the adoption of rules pursuant to chapter
27 17A as required by sections 9 and 10 of this Act, shall not
28 thereafter approve a notice of intended action pursuant to
29 section 17A.4, subsection 1, paragraph "a", for the amendment
30 or rescission of such rules for a period of two years from the
31 effective date of this Act.

32 2. Except as provided in subsection 1, the rulemaking
33 requirements provided in sections 9 and 10 of this Act shall
34 not be construed to prohibit the board of medicine or the board
35 of physician assistants from engaging in further rulemaking not

1 in conflict with sections 9 or 10 of this Act relating to the
2 subject matter of those sections or to otherwise diminish the
3 authority to engage in rulemaking provided to either board by
4 section 147.76 or any other statute.

5 Sec. 12. EFFECTIVE DATE. This Act, being deemed of
6 immediate importance, takes effect upon enactment.

7 EXPLANATION

8 The inclusion of this explanation does not constitute agreement with
9 the explanation's substance by the members of the general assembly.

10 This bill relates to the practice and licensure of physician
11 assistants.

12 With regard to drug dispensing, supplying, and prescribing,
13 the bill provides that a physician assistant may prescribe,
14 dispense, order, administer, or procure prescription drugs,
15 controlled substances, or medical devices necessary to complete
16 a course of therapy in accordance with Code section 148C.4
17 which provides that the physician assistant may provide any
18 legal medical service for which the physician assistant has
19 been prepared by education, training, or experience and is
20 competent to perform. Additionally, the bill provides that
21 a physician may delegate the function of prescribing drugs,
22 controlled substances, and medical devices for which the
23 supervising physician has sufficient training or experience
24 after the supervising physician determines the physician
25 assistant's proficiency and competence. Rules relating to
26 the authority of physician assistants to prescribe drugs,
27 controlled substances, and medical devices shall be adopted by
28 the board of physician assistants, after consultation with the
29 board of medicine and the board of pharmacy.

30 The bill includes physician assistants in the listing of
31 health care providers in provisions relating to the scope
32 of recovery in an action for damages for personal injury,
33 limitations on noneconomic damage awards against health care
34 providers, and contingent fees for attorneys in any action
35 for personal injury or wrongful death against a health care

1 provider.

2 The bill includes definitions for the purposes of Code
3 chapter 148C (physician assistants). The bill amends the
4 definition of "approved program" for the education of physician
5 assistants; includes a definition of "collaboration" and
6 "supervising physician", and defines "physician assistant" or
7 "P.A." as a person who meets the qualifications under Code
8 chapter 148C and is licensed to practice medicine by the board
9 of physician assistants.

10 The bill amends the reference to a physician assistant
11 examination that may be completed in lieu of graduation from
12 an approved program, and provides that a licensed physician
13 assistant shall perform only those services for which the
14 licensed physician assistant is qualified by training or
15 education and which are not prohibited by the board.

16 The bill provides with regard to the services that may
17 be performed by a physician assistant, that a physician
18 assistant may provide any legal medical service for which
19 the physician assistant has been prepared by the physician
20 assistant's education, training, or experience and is competent
21 to perform. The degree of collaboration between a physician
22 assistant and the appropriate member of a health care team
23 shall be determined at the practice level, and may involve
24 decisions made by the medical group, hospital service,
25 supervising physician, or employer of the physician assistant,
26 or the credentialing and privileging system of a licensed
27 health care facility. A physician shall be accessible at all
28 times for consultation with a physician assistant unless the
29 physician assistant is providing emergency medical services.
30 The supervising physician shall have ultimate responsibility
31 for determining the medical care provided by the supervising
32 physician-physician assistant team.

33 The bill also includes physician assistants as approved
34 providers of health care services, including primary care for
35 purposes of managed care or prepaid services contracts under

1 the Medicaid program and provides that the provision shall not
2 be construed to expand the scope of practice of a physician
3 assistant.

4 The bill also requires the board of medicine and the board
5 of physician assistants to each, at the next meeting of the
6 respective boards held one calendar week or more after the
7 enactment of the bill, to approve a notice of intended action
8 to adopt rules to implement the bill. The bill specifies the
9 rules that the two boards are to address or rescind. The bill
10 provides that the board of medicine and the board of physician
11 assistants, upon the adoption of rules pursuant to Code chapter
12 17A as required by the bill, shall not thereafter approve a
13 notice of intended action for the amendment or rescission of
14 such rules for a period of two years from the effective date
15 of the bill. With the exception of the two-year limitation,
16 the rulemaking requirements provided in the bill shall not be
17 construed to prohibit the board of medicine or the board of
18 physician assistants from engaging in further rulemaking not in
19 conflict with the provisions of the bill relating to rulemaking
20 and to the subject matter of those provisions of the bill or
21 to otherwise diminish the authority to engage in rulemaking
22 provided to either board by Code section 147.76 (rules) or any
23 other statute.

24 The bill takes effect upon enactment.