

**Senate Study Bill 3071 - Introduced**

SENATE FILE \_\_\_\_\_  
BY (PROPOSED COMMITTEE ON  
STATE GOVERNMENT BILL BY  
CHAIRPERSON SMITH)

**A BILL FOR**

1 An Act relating to the practice and licensure of physician  
2 assistants.  
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 drugs,~~  
22 ~~controlled substances, or medical devices necessary to complete~~  
23 ~~a course of therapy. However, a remote clinic, staffed by a~~  
24 ~~physician assistant, where pharmacy services are not reasonably~~  
25 ~~available, shall secure the regular advice and consultation~~  
26 ~~of a pharmacist regarding the distribution, storage, and~~  
27 ~~appropriate use of such drugs, substances, and devices.~~  
28 ~~Prescription drugs supplied under the provisions of this~~  
29 ~~subsection shall be supplied for the purpose of accommodating~~  
30 ~~the patient and shall not be sold for more than the cost of the~~  
31 ~~drug and reasonable overhead costs, as they relate to supplying~~  
32 ~~prescription drugs to the patient, and not at a profit to the~~  
33 ~~physician or the physician assistant. If prescription drug~~  
34 ~~supplying authority is delegated by a supervising physician to~~  
35 ~~a physician assistant, a nurse or staff assistant may assist~~

~~1 the physician assistant in providing that service. Rules  
2 shall be adopted by the board of physician assistants, after  
3 consultation with the board of pharmacy, to implement this  
4 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 health  
26 care professional who ~~has successfully completed an approved~~  
27 ~~program and passed an examination approved by the board or~~  
28 ~~is otherwise found by the board to be qualified to perform~~  
29 ~~medical services under the supervision of a physician~~ meets the  
30 qualifications under this chapter and is licensed to practice  
31 medicine by the board.

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

34 8. "Supervising physician" means a physician who supervises  
35 the medical services provided by a physician assistant

1 consistent with the physician assistant's education, training,  
2 or experience and who accepts ultimate responsibility for the  
3 medical care provided by the supervising physician-physician  
4 assistant team.

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

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

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

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

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

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

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

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

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

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

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

28 Sec. 8. Section 249A.4, subsection 7, paragraph b, Code  
29 2020, is amended to read as follows:

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

1 scope of practice of an advanced registered nurse practitioner  
2 pursuant to chapter 152 or physician assistants pursuant to  
3 chapter 148C.

4 EXPLANATION

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

7 This bill relates to the practice and licensure of physician  
8 assistants.

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

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

33 The bill includes definitions for the purposes of Code  
34 chapter 148C (physician assistants). The bill amends the  
35 definition of "approved program" for the education of physician



1 assistants; includes a definition of "collaboration" and  
2 "supervising physician", and defines "physician assistant"  
3 or "P.A." as a health care professional who meets the  
4 qualifications under Code chapter 148C and is licensed to  
5 practice medicine by the board of physician assistants.

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

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

31 The bill also includes physician assistants as approved  
32 providers of health care services, including primary care for  
33 purposes of managed care or prepaid services contracts under  
34 the Medicaid program and provides that the provision shall not  
35 be construed to expand the scope of practice of a physician

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1 assistant.