

House Study Bill 255 - Introduced

HOUSE FILE _____

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

A BILL FOR

1 An Act relating to duties performed by physician assistants.

2 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. Section 90A.1, Code 2021, is amended by adding
2 the following new subsections:

3 NEW SUBSECTION. 5A. "*Physician*" means a person licensed as
4 a physician pursuant to chapter 148.

5 NEW SUBSECTION. 5B. "*Physician assistant*" means a person
6 licensed as a physician assistant pursuant to chapter 148C.

7 Sec. 2. Section 90A.8, Code 2021, is amended to read as
8 follows:

9 **90A.8 Required conditions for boxing matches.**

10 1. A boxing match shall be not more than fifteen rounds in
11 length and the contestants shall wear gloves weighing at least
12 eight ounces during such contests. The commissioner may adopt
13 rules requiring more stringent procedures for specific types
14 of boxing.

15 2. A contestant shall not take part in a boxing match
16 unless the contestant has presented a valid registration
17 identification card issued pursuant to [section 90A.3](#) to the
18 commissioner prior to the weigh-in for the boxing match.
19 The contestant shall pass a rigorous physical examination
20 to determine the contestant's fitness to engage in any such
21 match within twenty-four hours of the start of the match.
22 The examination shall be conducted by a licensed practicing
23 physician or physician assistant designated or authorized by
24 the commissioner.

25 Sec. 3. Section 135.109, subsection 3, paragraph b, Code
26 2021, is amended to read as follows:

27 *b.* A licensed physician, physician assistant, or nurse who
28 is knowledgeable concerning domestic abuse injuries and deaths,
29 including suicides.

30 Sec. 4. Section 135.146, subsection 2, Code 2021, is amended
31 to read as follows:

32 2. Participation in the vaccination program shall be
33 voluntary, except for first responders who are classified
34 as having occupational exposure to blood-borne pathogens as
35 defined by the occupational safety and health administration

1 standard contained in 29 C.F.R. §1910.1030. First responders
2 who are so classified shall be required to receive the
3 vaccinations as described in subsection 1. A first responder
4 shall be exempt from this requirement, however, when a
5 written statement from a licensed physician or physician
6 assistant is presented indicating that a vaccine is medically
7 contraindicated for that person or the first responder signs
8 a written statement that the administration of a vaccination
9 conflicts with religious tenets.

10 Sec. 5. Section 135J.1, Code 2021, is amended by adding the
11 following new subsection:

12 NEW SUBSECTION. 01. "*Attending physician*" means a physician
13 licensed pursuant to chapter 148 or a physician assistant
14 licensed pursuant to chapter 148C.

15 Sec. 6. Section 135J.1, subsection 6, paragraph e, Code
16 2021, is amended to read as follows:

17 e. As deemed appropriate by the hospice, physician
18 assistants, providers of special services including but
19 not limited to a spiritual counselor, a pharmacist, or
20 professionals in the fields of mental health may be included
21 on the interdisciplinary team.

22 Sec. 7. Section 135J.3, subsections 1 and 4, Code 2021, are
23 amended to read as follows:

24 1. A planned program of hospice care, the medical components
25 of which shall be under the direction of a ~~licensed~~ an
26 attending physician.

27 4. Palliative care provided to a hospice patient and family
28 under the direction of a ~~licensed~~ an attending physician.

29 Sec. 8. Section 141A.5, subsection 2, paragraph c, Code
30 2021, is amended to read as follows:

31 c. (1) Devise a procedure, as a part of the partner
32 notification program, to provide for the notification of an
33 identifiable third party who is a sexual partner of or who
34 shares drug injecting equipment with a person who has tested
35 positive for HIV, by the department or a physician or physician

1 assistant, when all of the following situations exist:

2 (a) A physician or physician assistant for the infected
3 person is of the good faith opinion that the nature of the
4 continuing contact poses an imminent danger of HIV transmission
5 to the third party.

6 (b) When the physician or physician assistant believes
7 in good faith that the infected person, despite strong
8 encouragement, has not and will not warn the third party and
9 will not participate in the voluntary partner notification
10 program.

11 (2) Notwithstanding subsection 3, the department or a
12 physician or physician assistant may reveal the identity of a
13 person who has tested positive for HIV infection pursuant to
14 this subsection only to the extent necessary to protect a third
15 party from the direct threat of transmission. This subsection
16 shall not be interpreted to create a duty to warn third parties
17 of the danger of exposure to HIV through contact with a person
18 who tests positive for HIV infection.

19 (3) The department shall adopt rules pursuant to chapter
20 17A to implement this paragraph "c". The rules shall provide a
21 detailed procedure by which the department or a physician or
22 physician assistant may directly notify an endangered third
23 party.

24 Sec. 9. Section 141A.6, subsections 3 and 4, Code 2021, are
25 amended to read as follows:

26 3. Within seven days of diagnosing a person as having AIDS
27 or an AIDS-related condition, the diagnosing physician or
28 physician assistant shall make a report to the department on a
29 form provided by the department.

30 4. Within seven days of the death of a person with HIV
31 infection, the attending physician or attending physician
32 assistant shall make a report to the department on a form
33 provided by the department.

34 Sec. 10. Section 141A.7, subsection 3, Code 2021, is amended
35 to read as follows:

1 3. A person may apply for voluntary treatment,
2 contraceptive services, or screening or treatment for HIV
3 infection and other sexually transmitted diseases directly to a
4 licensed physician and surgeon, an osteopathic physician and
5 surgeon, a physician assistant, or a family planning clinic.
6 Notwithstanding any other provision of law, however, a minor
7 shall be informed prior to testing that, upon confirmation
8 according to prevailing medical technology of a positive
9 HIV-related test result, the minor's legal guardian is required
10 to be informed by the testing facility. Testing facilities
11 where minors are tested shall have available a program to
12 assist minors and legal guardians with the notification process
13 which emphasizes the need for family support and assists in
14 making available the resources necessary to accomplish that
15 goal. However, a testing facility which is precluded by
16 federal statute, regulation, or centers for disease control
17 and prevention guidelines from informing the legal guardian
18 is exempt from the notification requirement. The minor shall
19 give written consent to these procedures and to receive the
20 services, screening, or treatment. Such consent is not subject
21 to later disaffirmance by reason of minority.

22 Sec. 11. Section 144A.2, Code 2021, is amended by adding the
23 following new subsections:

24 NEW SUBSECTION. 2A. "*Attending physician assistant*" means
25 the physician assistant selected by, or assigned to, the
26 patient who has primary responsibility for the treatment and
27 care of the patient.

28 NEW SUBSECTION. 10A. "*Physician assistant*" means a person
29 licensed to practice as a physician assistant in this state.

30 Sec. 12. Section 144A.4, Code 2021, is amended to read as
31 follows:

32 **144A.4 Revocation of declaration.**

33 1. A declaration may be revoked at any time and in any
34 manner by which the declarant is able to communicate the
35 declarant's intent to revoke, without regard to mental or

1 physical condition. A revocation is only effective as to
2 the attending physician or attending physician assistant
3 upon communication to such physician or physician assistant
4 by the declarant or by another to whom the revocation was
5 communicated.

6 2. The attending physician or attending physician assistant
7 shall make the revocation a part of the declarant's medical
8 record.

9 Sec. 13. Section 144A.7A, subsection 1, Code 2021, is
10 amended to read as follows:

11 1. If an attending physician or attending physician
12 assistant issues an out-of-hospital do-not-resuscitate order
13 for an adult patient under [this section](#), the physician shall
14 use the form prescribed pursuant to [subsection 2](#), include a
15 copy of the order in the patient's medical record, and provide
16 a copy to the patient or an individual authorized to act on the
17 patient's behalf.

18 Sec. 14. Section 144A.7A, subsection 3, paragraph e, Code
19 2021, is amended to read as follows:

20 e. The physician's or physician assistant's signature.

21 Sec. 15. Section 144B.1, subsection 3, Code 2021, is amended
22 to read as follows:

23 3. "*Durable power of attorney for health care*" means a
24 document authorizing an attorney in fact to make health care
25 decisions for the principal if the principal is unable, in the
26 judgment of the attending physician or attending physician
27 assistant, to make health care decisions.

28 Sec. 16. Section 144B.5, subsection 1, Code 2021, is amended
29 to read as follows:

30 1. A durable power of attorney for health care executed
31 pursuant to [this chapter](#) may, but need not, be in the following
32 form:

33 I hereby designate as my attorney in fact (my
34 agent) and give to my agent the power to make health care
35 decisions for me. This power exists only when I am unable, in

1 the judgment of my attending physician or attending physician
2 assistant, to make those health care decisions. The attorney
3 in fact must act consistently with my desires as stated in this
4 document or otherwise made known.

5 Except as otherwise specified in this document, this document
6 gives my agent the power, where otherwise consistent with the
7 law of this state, to consent to my physician or physician
8 assistant not giving health care or stopping health care which
9 is necessary to keep me alive.

10 This document gives my agent power to make health care
11 decisions on my behalf, including to consent, to refuse to
12 consent, or to withdraw consent to the provision of any care,
13 treatment, service, or procedure to maintain, diagnose, or
14 treat a physical or mental condition. This power is subject
15 to any statement of my desires and any limitations included in
16 this document.

17 My agent has the right to examine my medical records and to
18 consent to disclosure of such records.

19 Sec. 17. Section 144B.6, subsection 1, Code 2021, is amended
20 to read as follows:

21 1. Unless the district court sitting in equity specifically
22 finds that the attorney in fact is acting in a manner contrary
23 to the wishes of the principal or the durable power of attorney
24 for health care provides otherwise, an attorney in fact who
25 is known to the health care provider to be available and
26 willing to make health care decisions has priority over any
27 other person, including a guardian appointed pursuant to
28 chapter 633, to act for the principal in all matters of health
29 care decisions. The attorney in fact has authority to make
30 a particular health care decision only if the principal is
31 unable, in the judgment of the attending physician or attending
32 physician assistant, to make the health care decision. If the
33 principal objects to a decision to withhold or withdraw health
34 care, the principal shall be presumed to be able to make a
35 decision.

1 Sec. 18. Section 144D.4, subsection 3, Code 2021, is amended
2 to read as follows:

3 3. If the individual's physician or physician assistant has
4 issued an out-of-hospital do-not-resuscitate order pursuant
5 to [section 144A.7A](#), the POST form shall not supersede the
6 out-of-hospital do-not-resuscitate order.

7 Sec. 19. Section 144F.2, subsection 1, paragraph b, Code
8 2021, is amended to read as follows:

9 b. A legal representative who is an agent under a durable
10 power of attorney for health care pursuant to [chapter 144B](#)
11 shall be given the opportunity to designate a lay caregiver
12 in lieu of the patient's designation of a lay caregiver only
13 if, consistent with [chapter 144B](#), in the judgment of the
14 attending physician or attending physician assistant, the
15 patient is unable to make the health care decision. A legal
16 representative who is a guardian shall be given the opportunity
17 to designate a lay caregiver in lieu of the patient's
18 designation of a lay caregiver to the extent consistent with
19 the powers and duties granted the guardian pursuant to section
20 633.635.

21 Sec. 20. Section 189A.6, Code 2021, is amended to read as
22 follows:

23 **189A.6 Health examination of employees.**

24 The operator of any establishment shall require all
25 employees of such establishment to have a health examination
26 by a physician or physician assistant and a certified health
27 certificate for each employee shall be kept on file by the
28 operator. The secretary may at any time require an employee
29 of an establishment to submit to a health examination by a
30 physician or physician assistant. No person suffering from
31 any communicable disease, including any communicable skin
32 disease, and no person with infected wounds, and no person who
33 is a "carrier" of a communicable disease shall be employed in
34 any capacity in an establishment. No person shall work or
35 be employed in or about any establishment during the time in

1 which a communicable disease exists in the home in which such
2 person resides unless such person has obtained a certificate
3 from a physician or physician assistant to the effect that
4 no danger of public contagion or infection will result from
5 the employment of such person in such establishment. Every
6 person employed by an establishment and engaged in direct
7 physical contact with meat or poultry products during its
8 preparation, processing, or storage, shall be clean in person,
9 wear clean washable outer garments and a suitable cap or other
10 head covering used exclusively in such work. Only persons
11 specifically designated by the operator of an establishment
12 shall be permitted to touch meat or poultry products with their
13 hands, and the persons so designated shall keep their hands
14 scrupulously clean.

15 Sec. 21. Section 225.9, Code 2021, is amended to read as
16 follows:

17 **225.9 Voluntary private patients.**

18 Voluntary private patients may be admitted in accordance
19 with the regulations to be established by the state board of
20 regents, and their care, nursing, observation, treatment,
21 medicine, and maintenance shall be without expense to
22 the state. However, the charge for such care, nursing,
23 observation, treatment, medicine, and maintenance shall not
24 exceed the cost of the same to the state. The physicians or
25 physician assistants who meet the qualifications set forth
26 in the definition of a mental health professional in section
27 228.1 on the hospital staff may charge such patients for
28 their medical services under such rules, regulations and plan
29 therefor as approved by the state board of regents.

30 Sec. 22. Section 225.10, unnumbered paragraph 1, Code 2021,
31 is amended to read as follows:

32 Persons suffering from mental diseases may be admitted to
33 the state psychiatric hospital as voluntary public patients
34 if a physician authorized to practice medicine or osteopathic
35 medicine in the state of Iowa or a physician assistant who

1 meets the qualifications set forth in the definition of a
2 mental health professional in section 228.1 files information
3 with the regional administrator for the person's county of
4 residence, stating all of the following:

5 Sec. 23. Section 225.10, subsections 1 and 2, Code 2021, are
6 amended to read as follows:

7 1. That the physician or physician assistant has examined
8 the person and finds that the person is suffering from some
9 abnormal mental condition that can probably be remedied by
10 observation, treatment, and hospital care.

11 2. That the physician or physician assistant believes
12 it would be appropriate for the person to enter the state
13 psychiatric hospital for that purpose and that the person is
14 willing to do so.

15 Sec. 24. Section 225.12, Code 2021, is amended to read as
16 follows:

17 **225.12 Voluntary public patient — physician's report.**

18 A physician or a physician assistant who meets the
19 qualifications set forth in the definition of a mental health
20 professional in section 228.1 filing information under
21 section 225.10 shall include a written report to the regional
22 administrator for the county of residence of the person named
23 in the information, giving a history of the case as will be
24 likely to aid in the observation, treatment, and hospital care
25 of the person and describing the history in detail.

26 Sec. 25. Section 225.15, subsection 1, Code 2021, is amended
27 to read as follows:

28 1. When a respondent arrives at the state psychiatric
29 hospital, the admitting physician, or a physician assistant
30 who meets the qualifications set forth in the definition
31 of a mental health professional in section 228.1, shall
32 examine the respondent and determine whether or not, in the
33 physician's or physician assistant's judgment, the respondent
34 is a fit subject for observation, treatment, and hospital
35 care. If, upon examination, the physician or physician

1 assistant decides that the respondent should be admitted to the
2 hospital, the respondent shall be provided a proper bed in the
3 hospital. The physician or physician assistant who has charge
4 of the respondent shall proceed with observation, medical
5 treatment, and hospital care as in the physician's or physician
6 assistant's judgment are proper and necessary, in compliance
7 with [sections 229.13 to 229.16](#). After the respondent's
8 admission, the observation, medical treatment, and hospital
9 care of the respondent may be provided by a mental health
10 professional, as defined in [section 228.1](#), who is licensed as a
11 physician, advanced registered nurse practitioner, or physician
12 assistant.

13 Sec. 26. Section 225.16, subsection 1, Code 2021, is amended
14 to read as follows:

15 1. If the regional administrator for a person's county
16 of residence finds from the physician's information or
17 from the information of a physician assistant who meets the
18 qualifications set forth in the definition of a mental health
19 professional in section 228.1 which was filed under the
20 provisions of [section 225.10](#) that it would be appropriate for
21 the person to be admitted to the state psychiatric hospital,
22 and the report of the regional administrator made pursuant to
23 section 225.13 shows that the person and those who are legally
24 responsible for the person are not able to pay the expenses
25 incurred at the hospital, or are able to pay only a part of
26 the expenses, the person shall be considered to be a voluntary
27 public patient and the regional administrator shall direct that
28 the person shall be sent to the state psychiatric hospital at
29 the state university of Iowa for observation, treatment, and
30 hospital care.

31 Sec. 27. Section 225C.14, subsection 2, Code 2021, is
32 amended to read as follows:

33 2. As used in [this section](#) and [sections 225C.15, 225C.16,](#)
34 and [225C.17](#), the term "*medical emergency*" means a situation
35 in which a prospective patient is received at a state mental

1 health institute in a condition which, in the opinion of the
2 chief medical officer, or that officer's physician or physician
3 assistant designee, provided that a physician assistant
4 designee meets the qualifications set forth in the definition
5 of a mental health professional in section 228.1, requires the
6 immediate admission of the person notwithstanding the policy
7 stated in [subsection 1](#).

8 Sec. 28. Section 225C.16, subsection 1, Code 2021, is
9 amended to read as follows:

10 1. The chief medical officer of a state mental health
11 institute, or that officer's physician or physician assistant
12 designee, provided that a physician assistant designee meets
13 the qualifications set forth in the definition of a mental
14 health professional in section 228.1, shall advise a person
15 residing in that county who applies for voluntary admission, or
16 a person applying for the voluntary admission of another person
17 who resides in that county, in accordance with [section 229.41](#),
18 that the regional administrator for the county has implemented
19 the policy stated in [section 225C.14](#), and shall advise that a
20 preliminary diagnostic evaluation of the prospective patient
21 be sought, if that has not already been done. [This subsection](#)
22 does not apply when voluntary admission is sought in accordance
23 with [section 229.41](#) under circumstances which, in the opinion
24 of the chief medical officer or that officer's physician
25 designee, constitute a medical emergency.

26 Sec. 29. Section 232.71B, subsection 10, Code 2021, is
27 amended to read as follows:

28 10. *Physical examination.* If the department refers a
29 child to a physician or physician assistant for a physical
30 examination, the department shall contact the physician
31 or physician assistant regarding the examination within
32 twenty-four hours of making the referral. If the physician
33 or physician assistant who performs the examination upon
34 referral by the department reasonably believes the child has
35 been abused, the physician or physician assistant shall report

1 to the department within twenty-four hours of performing the
2 examination.

3 Sec. 30. Section 232.78, subsection 4, unnumbered paragraph
4 1, Code 2021, is amended to read as follows:

5 The juvenile court may enter an order authorizing a
6 physician or physician assistant or hospital to provide
7 emergency medical or surgical procedures before the filing of a
8 petition under [this chapter](#) provided:

9 Sec. 31. Section 232.78, subsection 5, unnumbered paragraph
10 1, Code 2021, is amended to read as follows:

11 The juvenile court, before or after the filing of a petition
12 under [this chapter](#), may enter an ex parte order authorizing
13 a physician or physician assistant or hospital to conduct an
14 outpatient physical examination or authorizing a physician or
15 physician assistant, a psychologist certified under section
16 154B.7, or a community mental health center accredited pursuant
17 to [chapter 230A](#) to conduct an outpatient mental examination
18 of a child if necessary to identify the nature, extent, and
19 cause of injuries to the child as required by [section 232.71B](#),
20 provided all of the following apply:

21 Sec. 32. Section 232.79, subsection 1, unnumbered paragraph
22 1, Code 2021, is amended to read as follows:

23 A peace officer or juvenile court officer may take a child
24 into custody, a physician or physician assistant treating
25 a child may keep the child in custody, or a juvenile court
26 officer may authorize a peace officer, physician or physician
27 assistant, or medical security personnel to take a child into
28 custody, without a court order as required under [section 232.78](#)
29 and without the consent of a parent, guardian, or custodian
30 provided that both of the following apply:

31 Sec. 33. Section 232.79, subsection 2, paragraph a, Code
32 2021, is amended to read as follows:

33 a. Bring the child immediately to a place designated by
34 the rules of the court for this purpose, unless the person is
35 a physician or physician assistant treating the child and the

1 child is or will presently be admitted to a hospital.

2 Sec. 34. Section 232.83, subsection 2, unnumbered paragraph
3 1, Code 2021, is amended to read as follows:

4 Anyone authorized to conduct a preliminary investigation
5 in response to a complaint may apply for, or the court on its
6 own motion may enter an ex parte order authorizing a physician
7 or physician assistant or hospital to conduct an outpatient
8 physical examination or authorizing a physician or physician
9 assistant, a psychologist certified under [section 154B.7](#), or a
10 community mental health center accredited pursuant to chapter
11 230A to conduct an outpatient mental examination of a child if
12 necessary to identify the nature, extent, and causes of any
13 injuries, emotional damage, or other such needs of a child as
14 specified in [section 232.2, subsection 6](#), paragraph "c", "e", or
15 "f", provided that all of the following apply:

16 Sec. 35. Section 232.95, subsection 2, paragraph c, Code
17 2021, is amended to read as follows:

18 c. Authorize a physician, physician assistant, or hospital
19 to provide medical or surgical procedures if such procedures
20 are necessary to safeguard the child's life or health.

21 Sec. 36. Section 234.22, Code 2021, is amended to read as
22 follows:

23 **234.22 Extent of services.**

24 Such family planning and birth control services may include
25 interview with trained personnel; distribution of literature;
26 referral to a licensed physician or physician assistant
27 for consultation, examination, tests, medical treatment
28 and prescription; and, to the extent so prescribed, the
29 distribution of rhythm charts, drugs, medical preparations,
30 contraceptive devices and similar products.

31 Sec. 37. Section 235A.13, subsection 9, Code 2021, is
32 amended to read as follows:

33 9. "Near fatality" means an injury to a child that, as
34 certified by a physician or physician assistant, placed the
35 child in serious or critical condition.

1 Sec. 38. Section 237A.5, subsection 1, Code 2021, is amended
2 to read as follows:

3 1. All personnel in licensed or registered facilities
4 shall have good health as evidenced by a report following a
5 preemployment physical examination taken within six months
6 prior to beginning employment. The examination shall include
7 communicable disease tests by a licensed physician as defined
8 in [section 135C.1](#) or a licensed physician assistant as defined
9 in [section 148C.1](#) and shall be repeated every three years after
10 initial employment. Controlled medical conditions which would
11 not affect the performance of the employee in the capacity
12 employed shall not prohibit employment.

13 Sec. 39. Section 237A.13, subsection 1, paragraph d, Code
14 2021, is amended to read as follows:

15 d. The child's parent, guardian, or custodian is absent
16 for a limited period of time due to hospitalization, physical
17 illness, or mental illness, or is present but is unable to care
18 for the child for a limited period as verified by a physician
19 or physician assistant.

20 Sec. 40. Section 249.3, subsection 2, paragraph a,
21 subparagraph (2), Code 2021, is amended to read as follows:

22 (2) Nursing care in the person's own home, certified by a
23 physician or physician assistant as being required, so long
24 as the cost of the nursing care does not exceed standards
25 established by the department.

26 Sec. 41. Section 321.375, subsection 4, paragraph b,
27 subparagraph (4), Code 2021, is amended to read as follows:

28 (4) Maintaining a daily log of all glucose test results
29 for the previous six-month period and providing copies to the
30 school district or school, the examining physician or examining
31 physician assistant, and the department of education upon
32 request.

33 Sec. 42. Section 321.446, subsection 3, paragraph c, Code
34 2021, is amended to read as follows:

35 c. The transportation of a child who has been certified by

1 a physician licensed under chapter 148 or a physician assistant
2 licensed under chapter 148C as having a medical, physical, or
3 mental condition that prevents or makes inadvisable securing
4 the child in a child restraint system, safety belt, or safety
5 harness.

6 Sec. 43. Section 347B.5, Code 2021, is amended to read as
7 follows:

8 **347B.5 Admission — labor required.**

9 The county care facility shall maintain a record of the name
10 and age of each person admitted and the date of admission. The
11 board may require of any resident of the county care facility,
12 with approval of a physician or physician assistant, reasonable
13 and moderate labor suited to the resident's age and bodily
14 strength. Any income realized through the labor of residents,
15 together with the receipts from operation of the county farm if
16 one is maintained, shall be appropriated for use by the county
17 care facility as the board of supervisors directs.

18 Sec. 44. Section 347B.6, Code 2021, is amended to read as
19 follows:

20 **347B.6 Order for admission.**

21 No person shall be admitted into the county care facility
22 as a resident except upon order of the board of supervisors,
23 which shall be issued only after the person seeking admission
24 has received a preadmission physical examination by a physician
25 or physician assistant. However, if the need for admission
26 of the person to the county care facility is immediate and
27 no physician or physician assistant is readily available to
28 perform the examination, the board may order the person's
29 admission pending an examination by a physician or physician
30 assistant, any provisions of sections 135C.3 and 135C.4 to the
31 contrary notwithstanding. When an admission is so ordered, the
32 physical examination shall be completed within three days after
33 the person's admission to the county care facility.

34 Sec. 45. Section 411.5, subsection 8, Code 2021, is amended
35 to read as follows:

1 8. *Medical board.* The board of trustees shall designate a
2 single medical provider network as the medical board for the
3 system. The medical board shall arrange for and pass upon
4 all medical examinations required under the provisions of
5 chapter 400 and [this chapter](#) and shall assist the system in
6 all aspects of the comprehensive disability program described
7 in [section 411.1A](#). For examinations required because of
8 disability, a physician or physician assistant from the
9 medical board specializing in occupational medicine, and a
10 second physician or physician assistant specializing in an
11 appropriate field of medicine as determined by the occupational
12 medicine physician or physician assistant, shall pass upon
13 the medical examinations required for disability retirements
14 and shall report to the system in writing their conclusions
15 and recommendations upon all matters referred to the medical
16 board. Each report of a medical examination under section
17 411.6, subsections 3 and 5, shall include the medical board's
18 findings in accordance with [section 411.6](#) as to the extent of
19 the member's physical impairment.

20 Sec. 46. Section 411.6, subsection 5, paragraph b, Code
21 2021, is amended to read as follows:

22 *b.* If a member in service or the chief of the police or
23 fire departments becomes incapacitated for duty as a natural
24 or proximate result of an injury or disease incurred in or
25 aggravated by the actual performance of duty at some definite
26 time or place or while acting, pursuant to order, outside the
27 city by which the member is regularly employed, the member,
28 upon being found to be temporarily incapacitated following a
29 medical examination as directed by the city, is entitled to
30 receive the member's full pay and allowances from the city's
31 general fund or trust and agency fund until reexamined as
32 directed by the city and found to be fully recovered or until
33 the city determines that the member is likely to be permanently
34 disabled. If the temporary incapacity of a member continues
35 more than sixty days, or if the city expects the incapacity

1 to continue more than sixty days, the city shall notify the
2 system of the temporary incapacity. Upon notification by a
3 city, the system may refer the matter to the medical board for
4 review and consultation with the member's treating physician or
5 treating physician assistant during the temporary incapacity.
6 Except as provided by this paragraph, the board of trustees of
7 the statewide system has no jurisdiction over these matters
8 until the city determines that the disability is likely to be
9 permanent.

10 Sec. 47. Section 411.6, subsection 7, unnumbered paragraph
11 1, Code 2021, is amended to read as follows:

12 The system may, and upon the member's application shall,
13 require any disability beneficiary who has not yet attained
14 age fifty-five to undergo a medical examination at a place
15 designated by the medical board. The examination shall be made
16 by the medical board or, in special cases, by an additional
17 physician, or physicians, physician assistant, or physician
18 assistants designated by such board. If any disability
19 beneficiary who has not attained the age of fifty-five refuses
20 to submit to the medical examination, the member's allowance
21 may be discontinued until withdrawal of such refusal, and
22 if the refusal continues for one year all rights in and
23 to the member's pension may be revoked by the system. For
24 a disability beneficiary who has not attained the age of
25 fifty-five and whose entitlement to a disability retirement
26 commenced on or after July 1, 2000, the medical board may, as
27 part of the examination required by [this subsection](#), suggest
28 appropriate medical treatment or rehabilitation if, in the
29 opinion of the medical board, the recommended treatment or
30 rehabilitation would likely restore the disability beneficiary
31 to duty.

32 Sec. 48. Section 514C.17, subsections 1 and 2, Code 2021,
33 are amended to read as follows:

34 1. Except as provided under [subsection 2 or 3](#), if a carrier,
35 as defined in [section 513B.2](#), or a plan established pursuant to

1 chapter 509A for public employees, terminates its contract with
2 a participating health care provider, a covered individual who
3 is undergoing a specified course of treatment for a terminal
4 illness or a related condition, with the recommendation of the
5 covered individual's treating physician licensed under chapter
6 148 or treating physician assistant licensed under chapter 148C
7 may continue to receive coverage for treatment received from
8 the covered individual's physician or physician assistant for
9 the terminal illness or a related condition, for a period of
10 up to ninety days. Payment for covered benefits and benefit
11 levels shall be according to the terms and conditions of the
12 contract.

13 2. A covered person who makes a change in health plans
14 involuntarily may request that the new health plan cover
15 services of the covered person's treating physician licensed
16 under chapter 148 or treating physician assistant licensed
17 under chapter 148C who is not a participating health care
18 provider under the new health plan, if the covered person is
19 undergoing a specified course of treatment for a terminal
20 illness or a related condition. Continuation of such coverage
21 shall continue for up to ninety days. Payment for covered
22 benefits and benefit levels shall be according to the terms and
23 conditions of the contract.

24 Sec. 49. Section 514C.18, subsection 1, unnumbered
25 paragraph 1, Code 2021, is amended to read as follows:

26 Notwithstanding the uniformity of treatment requirements of
27 section 514C.6, a policy or contract providing for third-party
28 payment or prepayment of health or medical expenses shall
29 provide coverage benefits for the cost associated with
30 equipment, supplies, and self-management training and education
31 for the treatment of all types of diabetes mellitus when
32 prescribed by a physician licensed under chapter 148 or a
33 physician assistant licensed under chapter 148C. Coverage
34 benefits shall include coverage for the cost associated with
35 all of the following:

1 Sec. 50. Section 514C.18, subsection 1, paragraph b,
2 subparagraphs (1) and (2), Code 2021, are amended to read as
3 follows:

4 (1) The physician or physician assistant managing the
5 individual's diabetic condition certifies that such services
6 are needed under a comprehensive plan of care related to the
7 individual's diabetic condition to ensure therapy compliance or
8 to provide the individual with necessary skills and knowledge
9 to participate in the management of the individual's condition.

10 (2) The diabetes self-management training and education
11 program is certified by the Iowa department of public health.
12 The department shall consult with the American diabetes
13 association, Iowa affiliate, in developing the standards for
14 certification of diabetes education programs that cover at
15 least ten hours of initial outpatient diabetes self-management
16 training within a continuous twelve-month period and up to two
17 hours of follow-up training for each subsequent year for each
18 individual diagnosed by a physician or physician assistant with
19 any type of diabetes mellitus.

20 Sec. 51. Section 514C.20, subsection 1, paragraphs a and b,
21 Code 2021, are amended to read as follows:

22 a. A child under five years of age upon a determination by
23 a licensed dentist and the child's treating physician licensed
24 pursuant to [chapter 148](#) or treating physician assistant
25 licensed pursuant to chapter 148C, that such child requires
26 necessary dental treatment in a hospital or ambulatory surgical
27 center due to a dental condition or a developmental disability
28 for which patient management in the dental office has proved
29 to be ineffective.

30 b. Any individual upon a determination by a licensed dentist
31 and the individual's treating physician licensed pursuant to
32 [chapter 148](#) or treating physician assistant licensed pursuant
33 to chapter 148C, that such individual has one or more medical
34 conditions that would create significant or undue medical risk
35 for the individual in the course of delivery of any necessary

1 dental treatment or surgery if not rendered in a hospital or
2 ambulatory surgical center.

3 Sec. 52. Section 514C.25, subsection 1, paragraph a, Code
4 2021, is amended to read as follows:

5 a. Notwithstanding the uniformity of treatment requirements
6 of [section 514C.6](#), a policy, contract, or plan providing for
7 third-party payment or prepayment of health or medical expenses
8 shall provide coverage benefits for medically necessary
9 prosthetic devices when prescribed by a physician licensed
10 under [chapter 148](#) or physician assistant licensed under
11 chapter 148C. Such coverage benefits for medically necessary
12 prosthetic devices shall provide coverage for medically
13 necessary prosthetic devices that, at a minimum, equals
14 the coverage and payment for medically necessary prosthetic
15 devices provided under the most recent federal laws for health
16 insurance for the aged and disabled pursuant to 42 U.S.C.
17 §1395k, 1395l, and 1395m, and [42 C.F.R. §410.100](#), [414.202](#),
18 [414.210](#), and [414.228](#), as applicable.

19 Sec. 53. ADMINISTRATIVE RULEMAKING.

20 1. The department of administrative services, department
21 on aging, department of corrections, economic development
22 authority, department of education, department of human
23 services, department of inspections and appeals, racing and
24 gaming commission, Iowa law enforcement academy, natural
25 resource commission, Iowa department of public health,
26 department of public safety, department of transportation,
27 Iowa department of veterans affairs, and the department of
28 workforce development including the division of labor services,
29 in accordance with chapter 17A and this section, and consistent
30 with this Act, shall each amend, rescind, or adopt rules which
31 address all of the following:

32 a. For the department of administrative services, rules
33 relating to and in substantial conformance with all of the
34 following:

35 (1) For the retroactive conversion of vacation time to sick

1 leave under 11 IAC 63.2(2)(h), including that in the event of
2 an illness or disability while on vacation, that portion of
3 the vacation spent under the care of a physician or physician
4 assistant shall be switched retroactively to and charged
5 against the employee's accrued sick leave upon satisfactory
6 proof from the physician or physician assistant of the illness
7 or disability and its duration.

8 (2) Definitions pursuant to 11 IAC 63.19, including that
9 "catastrophic illness" means a physical or mental illness or
10 injury of the employee, as certified by a licensed physician or
11 physician assistant, that will result in the inability of the
12 employee to work for more than thirty workdays on a consecutive
13 or intermittent basis; or that will result in the inability of
14 the employee to report to work for more than thirty workdays
15 due to the need to attend to an immediate family member on a
16 consecutive or intermittent basis.

17 (3) For certification requirements pursuant to 11 IAC
18 63.19(4), including that the employee shall submit an
19 application for donated leave on forms developed by the
20 department. Appointing authorities may, at their department's
21 expense, seek second medical opinions or updates from
22 physicians or physician assistants regarding the status of an
23 employee's or employee's immediate family member's illness or
24 injury. If the employee is receiving family medical leave Act
25 leave, a second opinion must be obtained from a physician or
26 physician assistant who is not regularly employed by the state.

27 b. For the department on aging, rules for special dietary
28 needs pursuant to 17 IAC 7.18(3), including that a written
29 order from a physician or physician assistant for each older
30 individual requesting a therapeutic diet shall be obtained
31 prior to the older individual's receipt of the meal and kept
32 on file where the meal is prepared and served. The order shall
33 be interpreted by a licensed dietitian and the individual's
34 physician or physician assistant.

35 c. For the department of corrections, rules relating to and

1 in substantial conformance with all of the following:

2 (1) For substance abuse and conditions of parole pursuant
3 to 201 IAC 45.2(1)(e), including that the parolee shall not
4 use, purchase, or possess alcoholic beverages and shall submit
5 to alcohol tests and drug tests when directed by the parolee's
6 supervising officer. The parolee shall not enter taverns
7 or liquor stores or other establishments where the primary
8 activity is the sale of alcoholic beverages. The parolee will
9 not use, ingest, inject, huff, possess, or smoke any illegal
10 or synthetic substances. The parolee shall not use, purchase,
11 possess, or transfer any drugs unless they are prescribed by a
12 physician or physician assistant.

13 (2) For medical services pursuant to 201 IAC 50.15,
14 unnumbered paragraph 1, including that the jail administrator
15 shall establish a written policy and procedure to ensure that
16 prisoners have the opportunity to receive necessary medical
17 attention for the prisoners' objectively serious medical and
18 dental needs which are known to the jail staff. A serious
19 medical need is one that has been diagnosed by a physician or
20 physician assistant as requiring treatment or is one that is
21 so obvious that even a lay person would easily recognize the
22 necessity for a physician's or physician assistant's attention.
23 The plan shall include a procedure for emergency care.
24 Responsibility for the costs of medical services and products
25 remains that of the prisoner. However, no prisoner will be
26 denied necessary medical services, dental service, medicine,
27 or prostheses because of a lack of ability to pay. Medical
28 and dental prostheses shall be provided only for the serious
29 medical needs of the prisoner, as determined by a licensed
30 health care professional. Cosmetic or elective procedures need
31 not be provided.

32 (3) For medical resources pursuant to 201 IAC 50.15(1),
33 including that each jail shall have a designated licensed
34 physician, licensed osteopathic physician, physician assistant,
35 or medical resource, such as a hospital or clinic staffed

1 by licensed physicians, physician assistants, or licensed
2 osteopathic physicians, designated for the medical supervision,
3 care, and treatment of prisoners as deemed necessary and
4 appropriate. Medical resources shall be available on a
5 twenty-four-hour basis.

6 (4) For medication procedures pursuant to 201 IAC
7 50.15(7)(d), including that prescription medication, as ordered
8 by a licensed physician, licensed osteopathic physician,
9 licensed physician assistant, or licensed dentist, shall be
10 provided in accordance with the directions of the prescribing
11 physician, physician assistant, or dentist. Prisoners with
12 medication from a personal physician, osteopathic physician,
13 physician assistant, or dentist may be evaluated by a
14 physician, osteopathic physician, physician assistant, or
15 dentist selected by the jail administrator to determine if the
16 present medication is appropriate.

17 (5) For medication storage pursuant to 201 IAC 50.15(9)(c),
18 including that expired drugs or drugs not in unit dose
19 packaging, whose administration had been discontinued by the
20 attending physician or physician assistant, shall be destroyed
21 by the jail administrator or designee in the presence of a
22 witness. A record of drug destruction shall be made in each
23 prisoner's medical record. The record shall include the name,
24 the strength, and the quantity of the drug destroyed, and the
25 record shall be signed by the jail administrator or designee
26 and by the witness.

27 (6) For medical diets pursuant to 201 IAC 50.16(5),
28 including special diets as prescribed by a physician or
29 physician assistant shall be followed and documented. The
30 physician or physician assistant who prescribes the special
31 diet shall specify a date on which the diet will be reviewed
32 for renewal or discontinuation. Unless specified by the
33 prescribing physician or physician assistant, a certified
34 dietitian shall develop the menu.

35 (7) For the care and treatment of juveniles in nonsecure

1 hold pursuant to 201 IAC 50.24(5)(a)(10), including special
2 diets as prescribed by a physician or physician assistant shall
3 be followed and documented.

4 (8) For medical services in temporary holding facilities
5 pursuant to 201 IAC 51.13, unnumbered paragraph 1, including
6 that the facility administrator shall establish a written
7 policy and procedure to ensure that detainees have the
8 opportunity to receive necessary medical attention for the
9 detainee's objectively serious medical and dental needs which
10 are known to the facility staff. A serious medical need
11 is one that has been diagnosed by a physician or physician
12 assistant as requiring treatment, or one that is so obvious
13 that even a lay person would easily recognize the necessity for
14 a physician's or physician assistant's attention. The plan
15 shall include a procedure for emergency services day or night
16 and a procedure for regular medical attention. Responsibility
17 for the costs of medical services remains that of the detainee.
18 However, no detainee will be denied necessary medical services,
19 dental service, or medicine because of a lack of ability to
20 pay. Medical and dental prostheses shall be provided only
21 for the serious medical needs of the detainee, as determined
22 by a licensed health care professional. Cosmetic or elective
23 procedures need not be provided.

24 (9) For medical resources in temporary holding facilities
25 pursuant to 201 IAC 51.13(1), each facility shall have a
26 designated licensed physician, licensed physician assistant,
27 licensed osteopathic physician or medical resource, such as a
28 hospital or clinic staffed by licensed physicians, licensed
29 physician assistants, or licensed osteopathic physicians,
30 designated for the medical supervision, care, and treatment
31 of detainees as deemed necessary and appropriate. Medical
32 resources shall be available on a twenty-four-hour basis.

33 (10) For medication procedures in temporary holding
34 facilities pursuant to 201 IAC 51.13(7)(d), including
35 prescription medication, as ordered by a licensed physician,

1 licensed physician assistant, licensed osteopathic physician,
2 or licensed dentist shall be provided in accordance with the
3 directions of the prescribing physician, physician assistant,
4 or dentist. Detainees with medication from a personal
5 physician, physician assistant, osteopathic physician, or
6 dentist may be evaluated by a physician, physician assistant,
7 osteopathic physician, or dentist selected by the facility
8 administrator to determine if the present medication is
9 appropriate.

10 (11) For medication storage in temporary holding facilities
11 pursuant to 201 IAC 51.13(9)(c), including expired drugs or
12 drugs not in unit dose packaging, whose administration had been
13 discontinued by the attending physician or physician assistant,
14 shall be destroyed by the facility administrator or designee
15 in the presence of a witness. A record of drug destruction
16 shall be made in each detainee's medical record. The record
17 shall include the name, the strength, and the quantity of the
18 drug destroyed; and the record shall be signed by the facility
19 administrator or designee and by the witness.

20 (12) For medical diets in temporary holding facilities
21 pursuant to 201 IAC 51.14(4), including that special diets
22 as prescribed by a physician or physician assistant shall be
23 followed and documented.

24 (13) For medical care and treatment for juveniles in
25 nonsecure holds in temporary holding facilities pursuant to 201
26 IAC 51.20(5)(a)(10), special diets as prescribed by a physician
27 or physician assistant shall be followed and documented.

28 d. For the economic development authority, rules for
29 the certification of a person with a disability for the
30 purpose of the targeted small business program pursuant to
31 261 IAC 52.2(7)(a), including that in order to be considered
32 a person with a disability for the purpose of the targeted
33 small business program, the person must qualify and receive
34 certification as having a disability from a licensed medical
35 physician or physician assistant or must have been found

1 eligible for vocational rehabilitation services by the
2 department of education, division of vocational rehabilitation
3 services, or by the department for the blind.

4 e. For the department of education, rules relating to and in
5 substantial conformance with all of the following:

6 (1) For statements relating to medication administration
7 policies pursuant to 281 IAC 14.1(3), including that a
8 statement that persons administering medication shall include
9 authorized practitioners, such as licensed registered nurses,
10 physician assistants, and physicians, and persons to whom
11 authorized practitioners have delegated the administration
12 of prescription and nonprescription drugs (who shall have
13 successfully completed a medication administration course).
14 Individuals who have demonstrated competency in administering
15 their own medications may self-administer their medication.
16 Individuals shall self-administer asthma or other airway
17 constricting disease medication or possess and have use of
18 an epinephrine auto-injector with parent and physician or
19 physician assistant consent on file, without the necessity of
20 demonstrating competency to self-administer these medications.

21 (2) For medication administration courses relating to
22 medication administration policies pursuant to 281 IAC 14.1(4),
23 including that a provision for a medication administration
24 course provided by the department that is completed every five
25 years with an annual medication administration procedural
26 skills check completed with a registered nurse, physician
27 assistant, or pharmacist. A registered nurse, physician
28 assistant, or licensed pharmacist shall conduct the course. A
29 record of course completion shall be maintained by the school.

30 (3) For definitions pursuant to 281 IAC 66.2, including that
31 "preventive and primary health care services" means services
32 which include but are not limited to physical examinations,
33 immunizations, hearing and vision screening, preventive care,
34 maintenance services, diagnosis, treatment, referral, case
35 management, health supervision, and health teaching. These

1 services shall be delivered by specifically credentialed
2 providers such as licensed physicians, dentists, physician
3 assistants, registered nurses, nutritionists, social workers,
4 psychologists, dental hygienists, physical or occupational
5 therapists, and respiratory therapists. Youth with complex
6 health needs may require referral to specially trained and
7 skilled health care providers.

8 f. For the department of human services, rules relating to
9 and in substantial conformance with all of the following:

10 (1) Definitions pursuant to 441 IAC 24.1, including all of
11 the following:

12 (a) "Incident" includes but is not limited to an occurrence
13 involving the individual using the service that results in
14 a physical injury to or by the individual that requires a
15 physician's or physician assistant's treatment or admission
16 to a hospital, provided that the physician assistant meets
17 the requirements of a mental health professional pursuant to
18 section 228.1 and this section.

19 (b) "Mental health professional" means a person who meets
20 all of the following conditions:

21 (i) Holds at least a master's degree in a mental health
22 field including but not limited to psychology, counseling and
23 guidance, psychiatric nursing, and social work; or is a doctor
24 of medicine or osteopathic medicine.

25 (ii) Holds a current Iowa license when required by the
26 Iowa professional licensure laws (such as a psychiatrist,
27 a psychologist, a marital and family therapist, a mental
28 health counselor, an advanced registered nurse practitioner, a
29 physician assistant, a psychiatric nurse, or a social worker).

30 (iii) Has at least two years of postdegree experience
31 supervised by a mental health professional in assessing mental
32 health problems, mental illness, and service needs and in
33 providing mental health services.

34 (c) "Physician assistant" means a person who is licensed to
35 practice as a physician assistant in the state of Iowa under

1 chapter 148C.

2 (2) Definitions pursuant to 441 IAC 25.1, including that
3 "home health aide services" means unskilled medical services
4 which provide direct personal care. This service may include
5 assistance with activities of daily living, such as helping the
6 recipient to bathe, get in and out of bed, care for hair and
7 teeth, exercise, and take medications specifically ordered by
8 the physician or physician assistant.

9 (3) For physician's statements relating to eligibility
10 for residential care pursuant to 441 IAC 51.3(2), including
11 that payment for residential care shall be made only when
12 there is on file an order written by a physician or physician
13 assistant certifying that the applicant or recipient being
14 admitted requires residential care but does not require nursing
15 services. The certification shall be updated whenever a change
16 in the recipient's physical condition warrants reevaluation,
17 but no less than every twelve months.

18 (4) For the maintenance of case records by a facility
19 desiring to participate in the state supplementary assistance
20 program pursuant to 441 IAC 54.2, requiring that a case
21 folder for each individual residing in the facility contain a
22 physician's or physician assistant's statement certifying that
23 the resident does not require nursing services.

24 (5) For the provision of psychological evaluations and
25 counseling or psychotherapy services by area education
26 agencies pursuant to 441 IAC 77.28(4), including that
27 personnel providing psychological evaluations and counseling
28 or psychotherapy services may include a person licensed by the
29 Iowa board of physician assistants as a physician assistant
30 pursuant to 645 IAC chapters 326 to 349 and who meets the
31 requirements of a "mental health professional" pursuant to 441
32 IAC 24.1.

33 (6) For the provision of psychological evaluations and
34 counseling or psychotherapy services by an agency participating
35 in the medical assistance program as a provider of infant and

1 toddler program services pursuant to 441 IAC 77.43(1)(d),
2 including that personnel providing psychological evaluations
3 and counseling or psychotherapy services may include a person
4 licensed by the Iowa board of physician assistants as a
5 physician assistant pursuant to 645 IAC chapters 326 to 349 and
6 who meets the requirements of a "mental health professional"
7 pursuant to 441 IAC 24.1.

8 (7) For the provision of other services by an agency
9 participating in the medical assistance program as a provider
10 of infant and toddler program services pursuant to 441 IAC
11 77.43(1)(i), including that personnel providing other services
12 may include a person licensed by the Iowa board of physician
13 assistants as a physician assistant pursuant to 645 IAC
14 chapters 326 to 349 and who meets the requirements of a "mental
15 health professional" pursuant to 441 IAC 24.1.

16 (8) For the provision of psychological evaluations and
17 counseling or psychotherapy services by providers of local
18 education agency services pursuant to 441 IAC 77.44(1)(d),
19 including that personnel providing psychological evaluations
20 and counseling or psychotherapy services may include a person
21 registered by the Iowa board of physician assistants as a
22 physician assistant pursuant to 645 IAC chapters 326 to 349 and
23 who meets the requirements of a "mental health professional"
24 pursuant to 441 IAC 24.1.

25 (9) For the provision of other services by providers
26 of local education agency services pursuant to 441 IAC
27 77.44(1)(i), including that personnel providing other services
28 may include a person licensed by the Iowa board of physician
29 assistants as a physician assistant pursuant to 645 IAC
30 chapters 326 to 349 and who meets the requirements of a "mental
31 health professional" pursuant to 441 IAC 24.1.

32 (10) For payment for medically necessary home health
33 agency services pursuant to 441 IAC 78.9, unnumbered paragraph
34 1, including that payment shall be approved for medically
35 necessary home health agency services prescribed by a physician

1 or physician assistant in a plan of home health care provided
2 by a Medicare-certified home health agency.

3 (11) For authorization for medically necessary home
4 health agency services pursuant to 441 IAC 78.9, including
5 that services shall be authorized by a physician or physician
6 assistant, evidenced by the physician's or physician
7 assistant's signature and date on a plan of treatment.

8 (12) For treatment plans of home health agencies pursuant
9 to 441 IAC 78.9(1)(h)(3), including that a member's medical
10 condition shall be reflected by the date last seen by a
11 physician or physician assistant, if available.

12 (13) For items included in treatment plans of home health
13 agencies pursuant to 441 IAC 78.9(1)(l), including that a plan
14 of care shall include a physician's or physician assistant's
15 signature and date. The plan of care must be signed and dated
16 by the physician or physician assistant before the claim for
17 service is submitted for reimbursement.

18 (14) For skilled nursing services provided by a home health
19 agency pursuant to 441 IAC 78.9(3), unnumbered paragraph 1,
20 including that skilled nursing services are services that when
21 performed by a home health agency require a licensed registered
22 nurse or licensed practical nurse to perform. Situations
23 when a service can be safely performed by the member or other
24 nonskilled person who has received the proper training or
25 instruction or when there is no one else to perform the service
26 are not considered a "skilled nursing service". Skilled
27 nursing services shall be available only on an intermittent
28 basis. Intermittent services for skilled nursing services
29 shall be defined as a medically predictable recurring need
30 requiring a skilled nursing service at least once every sixty
31 days, not to exceed five days per week (except as provided
32 below), with an attempt to have a predictable end. Daily
33 visits (six or seven days per week) that are reasonable and
34 necessary and show an attempt to have a predictable end shall
35 be covered for up to three weeks. Coverage of additional

1 daily visits beyond the initial anticipated time frame may be
2 appropriate for a short period of time, based on the medical
3 necessity of service. Medical documentation shall be submitted
4 justifying the need for continued visits, including the
5 physician's or physician assistant's estimate of the length
6 of time that additional visits will be necessary. Daily
7 skilled nursing visits or multiple daily visits for wound
8 care or insulin injections shall be covered when ordered by a
9 physician or physician assistant and included in the plan of
10 care. Other daily skilled nursing visits which are ordered for
11 an indefinite period of time and designated as daily skilled
12 nursing care do not meet the intermittent definition and shall
13 be denied.

14 (15) For physical therapy services provided by a home
15 health agency pursuant to 441 IAC 78.9(4), unnumbered paragraph
16 1, including that payment shall be made for physical therapy
17 services when the services relate directly to an active written
18 treatment plan, follow a treatment plan established by the
19 physician or physician assistant after any needed consultation
20 with the qualified physical therapist, are reasonable and
21 necessary to the treatment of the patient's illness or injury,
22 and meet the guidelines defined for restorative, maintenance,
23 or trial therapy as set forth in subrule 78.19(1)(a,b).

24 (16) For occupational therapy services provided by a home
25 health agency pursuant to 441 IAC 78.9(5), unnumbered paragraph
26 1, including that payment shall be made for occupational
27 therapy services when the services relate directly to an active
28 written treatment plan, follow a treatment plan established
29 by the physician or physician assistant, are reasonable and
30 necessary to the treatment of the patient's illness or injury,
31 and meet the guidelines defined for restorative, maintenance,
32 or trial therapy as set forth in subrule 78.19(1)(a,c).

33 (17) For speech therapy services provided by a home health
34 agency pursuant to 441 IAC 78.9(6), unnumbered paragraph
35 1, including that payment shall be made for speech therapy

1 services when the services relate directly to an active written
2 treatment plan, follow a treatment plan established by the
3 physician or physician assistant, are reasonable and necessary
4 to the treatment of the patient's illness or injury, and meet
5 the guidelines defined for restorative, maintenance, or trial
6 therapy as set forth in subrule 78.19(1)(a,d).

7 (18) For home health aide services provided by a home
8 health agency pursuant to 441 IAC 78.9(7)(a), including that
9 the service as well as the frequency and duration are stated
10 in a written plan of treatment established by a physician or
11 physician assistant. The home health agency is encouraged to
12 collaborate with the member, or in the case of a child with the
13 child's caregiver, in the development and implementation of the
14 plan of treatment.

15 (19) For home health aide services provided by a home health
16 agency pursuant to 441 IAC 78.9(7)(c), unnumbered paragraph 1,
17 including that services shall be provided on an intermittent
18 basis. "Intermittent basis" for home health agency services
19 is defined as services that are usually two to three times a
20 week for two to three hours at a time. Services provided for
21 four to seven days per week, not to exceed twenty-eight hours
22 per week, when ordered by a physician or physician assistant
23 and included in a plan of care shall be allowed as intermittent
24 services. Increased services provided when medically necessary
25 due to unusual circumstances on a short-term basis of two to
26 three weeks may also be allowed as intermittent services when
27 the home health agency documents the need for the excessive
28 time required for home health aide services.

29 (20) For home health aide services provided by a home health
30 agency pursuant to 441 IAC 78.9(7)(c), unnumbered paragraph 3,
31 including that personal care services include the activities of
32 daily living, e.g., helping the member to bathe, get in and out
33 of bed, care for hair and teeth, exercise, and take medications
34 specifically ordered by the physician or physician assistant,
35 but ordinarily self-administered, and retraining the member in

1 necessary self-help skills.

2 (21) For private duty nursing or personal care services
3 for persons aged twenty and under pursuant to 441 IAC
4 78.9(10)(a)(1), unnumbered paragraph 1, including that private
5 duty nursing services are those services which are provided
6 by a registered nurse or a licensed practical nurse under the
7 direction of the member's physician or physician assistant to
8 a member in the member's place of residence or outside the
9 member's residence, when normal life activities take the member
10 outside the place of residence. Place of residence does not
11 include nursing facilities, intermediate care facilities for
12 the mentally retarded, or hospitals.

13 (22) For private duty nursing or personal care services
14 for persons aged twenty and under pursuant to 441 IAC
15 78.9(10)(a)(1), unnumbered paragraph 2, including that
16 services shall be provided according to a written plan of care
17 authorized by a licensed physician or physician assistant.
18 The home health agency is encouraged to collaborate with the
19 member, or in the case of a child with the child's caregiver,
20 in the development and implementation of the plan of treatment.
21 These services shall exceed intermittent guidelines as defined
22 in subrule 78.9(3). Private duty nursing and personal care
23 services shall be inclusive of all home health agency services
24 personally provided to the member. Enhanced payment under
25 the interim fee schedule shall be made available for services
26 to children who are technology dependent, i.e., ventilator
27 dependent or whose medical condition is so unstable as to
28 otherwise require intensive care in a hospital.

29 (23) For private duty nursing or personal care services
30 for persons aged twenty and under pursuant to 441 IAC
31 78.9(10)(a)(2), unnumbered paragraph 1, including that personal
32 care services are those services provided by a home health
33 aide or certified nurse's aide and which are delegated and
34 supervised by a registered nurse under the direction of the
35 member's physician or physician assistant to a member in the

1 member's place of residence or outside the member's residence,
2 when normal life activities take the member outside the place
3 of residence. Place of residence does not include nursing
4 facilities, intermediate care facilities for the mentally
5 retarded, or hospitals. Payment for personal care services
6 for persons aged twenty and under that exceed intermittent
7 guidelines may be approved if determined to be medically
8 necessary as defined in subrule 78.9(7). These services shall
9 be in accordance with the member's plan of care and authorized
10 by a physician. The home health agency is encouraged to
11 collaborate with the member, or in the case of a child with the
12 child's caregiver, in the development and implementation of the
13 plan of treatment.

14 (24) For requirements for private duty nursing or personal
15 care services for persons aged twenty and under pursuant to
16 441 IAC 78.9(1)(b)(1), including that private duty nursing
17 or personal care services shall be ordered in writing by
18 a physician or physician assistant as evidenced by the
19 physician's or physician assistant's signature on the plan of
20 care.

21 (25) For obtaining prescription medications for children
22 in juvenile detention and shelter care homes pursuant to 441
23 IAC 105.9(1)(a), including that prescription medication in its
24 original container, clearly labeled and prescribed for the
25 child, may be accepted as legitimate prescription medication
26 for the child. The label serves as verification that the
27 medication was ordered by an authorized prescriber. Medication
28 shall be prescribed by a provider authorized to prescribe
29 the medication. Medication provided to residents shall be
30 dispensed only from a licensed pharmacy in the state of Iowa
31 in accordance with the pharmacy laws in the Iowa Code, from a
32 licensed pharmacy in another state according to the laws of
33 that state, or by a licensed physician or physician assistant.

34 (26) For health and dental programs provided by
35 agencies providing foster care services pursuant to 441 IAC

1 108.7(12)(b), including that a child shall have a physical
2 examination at least annually. This shall be performed by a
3 licensed physician, physician assistant, or licensed nurse
4 practitioner.

5 (27) For health and dental programs provided by
6 agencies providing foster care services pursuant to 441
7 IAC 108.7(12)(c), including that a child shall have
8 current immunizations as required by the department of
9 public health. If documentation of prior immunization is
10 unavailable, immunizations shall begin within thirty days
11 of placement, unless contraindicated and unless a statement
12 from a physician or physician assistant to that effect is
13 included in the child's medical record. A statement from a
14 physician, physician assistant, referring agency, parent, or
15 guardian indicating immunizations are current is sufficient
16 documentation of immunizations.

17 (28) For the dispensing, storage, authorization, and
18 recording of medications in child care centers pursuant to
19 441 IAC 109.10(3)(a), including that all medications shall
20 be stored in their original containers, with accompanying
21 physician, physician assistant, or pharmacist's directions and
22 label intact and stored so they are inaccessible to children
23 and the public. Nonprescription medications shall be labeled
24 with the child's name.

25 (29) For an infants' area in a child care center pursuant
26 to 441 IAC 109.11(2), including that an area shall be provided
27 properly and safely equipped for the use of infants and free
28 from the intrusion of children two years of age and older.
29 Children over eighteen months of age may be grouped outside
30 this area if appropriate to the developmental needs of the
31 child. Upon the recommendation of a child's physician or
32 physician assistant or the area education agency serving
33 the child, a child who is two years of age or older with a
34 disability that results in significant developmental delays in
35 physical and cognitive functioning who does not pose a threat

1 to the safety of the infants may, if appropriate and for a
2 limited time approved by the department, remain in the infant
3 area.

4 (30) For facility requirements for a child development
5 home pursuant to 441 IAC 110.8(1)(a), including that the home
6 shall have a nonpay, working landline or mobile telephone with
7 emergency numbers posted for police, fire, ambulance, and
8 the poison information center. The number for each child's
9 parent, for a responsible person who can be reached when the
10 parent cannot, and for the child's physician or physician
11 assistant shall be written on paper and readily accessible by
12 the telephone. The home must prominently display all emergency
13 information, and all travel vehicles must have a paper copy of
14 emergency parent contact information.

15 (31) For medications and hazardous materials in a child
16 development home pursuant to 441 IAC 110.8(3)(c), including
17 that medications shall be given only with the parent's or
18 doctor's written authorization. Each prescribed medication
19 shall be accompanied by a physician's, physician assistant's,
20 or pharmacist's direction. Both nonprescription and
21 prescription medications shall be in the original container
22 with directions intact and labeled with the child's name. All
23 medications shall be stored properly and, when refrigeration
24 is required, shall be stored in a separate, covered container
25 so as to prevent contamination of food or other medications.
26 All medications shall be stored so they are inaccessible
27 to children. Any medication administered to a child shall
28 be recorded, and the record shall indicate the name of the
29 medication, the date and time of administration, and the amount
30 administered.

31 (32) For medical reports regarding the health of a family
32 in a family life home pursuant to 441 IAC 111.6(2), including
33 that the medical report shall provide significant findings of
34 a physician or physician assistant, such as the presence or
35 absence of any communicable disease.

1 (33) For medical reexaminations of a family in a family
2 life home pursuant to 441 IAC 111.6(3), including that medical
3 reexaminations may be required at the discretion of a physician
4 or physician assistant or the local department.

5 (34) For medical examinations of a client in a family life
6 home pursuant to 441 IAC 111.9(1), including that a physician
7 or physician assistant shall certify that the client is free
8 from any communicable disease and does not require a higher
9 level of care than that provided by a family life home. The
10 certification shall be given prior to placement and following
11 an annual medical review thereafter. The certification shall
12 be given on Form 470-0673, Physician's Report.

13 (35) For the records of a client in a family life home
14 pursuant to 441 IAC 111.9(2), including that the family shall
15 have available at all times, the name, address, and telephone
16 number of the client's physician or physician assistant.

17 (36) For the administration of over-the-counter medications
18 in a foster family home pursuant to 441 IAC 113.7(4)(b),
19 including that all over-the-counter medications shall be
20 administered according to label directions or as directed by
21 a health care provider.

22 (37) For the contents of reports of the health of a foster
23 family pursuant to 441 IAC 113.11(2), including that this
24 report shall include a statement from the health care provider
25 that there are no physical or mental health problems which
26 would be a hazard to foster children placed in the home and a
27 statement that the foster parents' health would not prevent
28 needed care from being provided to the child.

29 (38) For a report of the capability of a foster family
30 to care for a child pursuant to 441 IAC 113.11(4), including
31 that if there is evidence that the foster parent is unable to
32 provide necessary care for the child, the department licensing
33 worker, the recruitment and retention contractor, or the health
34 care provider may require additional medical and mental health
35 reports, including a substance abuse evaluation.

1 (39) For the use of prescribed medications in group
2 living foster care facilities pursuant to 441 IAC 114.12(7),
3 including that all prescribed medications shall be clearly
4 labeled indicating the resident's full name, prescriber's name,
5 prescription number, name and strength of the drug, dosage,
6 directions for use, and date of issuing the drug. Medications
7 shall be packaged and labeled according to state and federal
8 guidelines.

9 (40) For the facility requirements for a child care home
10 pursuant to 441 IAC 120.8(1)(a), including that the home shall
11 have a nonpay, working landline or mobile telephone with
12 emergency numbers posted for police, fire, ambulance, and
13 the poison information center. The number for each child's
14 parent, for a responsible person who can be reached when the
15 parent cannot, and for the child's physician or physician
16 assistant shall be written on paper and readily accessible by
17 the telephone. The home must prominently display all emergency
18 information, and all travel vehicles must have a paper copy of
19 emergency parent contact information.

20 (41) For the administration of medications at a child
21 care home pursuant to 441 IAC 120.8(3)(c), including that
22 medications shall be given only with the parent's or doctor's
23 written authorization. Each prescribed medication shall
24 be accompanied by a physician's, physician assistant's, or
25 pharmacist's direction. Both nonprescription and prescription
26 medications shall be in the original container with directions
27 intact and labeled with the child's name. All medications
28 shall be stored properly and, when refrigeration is required,
29 shall be stored in a separate, covered container so as to
30 prevent contamination of food or other medications. All
31 medications shall be stored so they are inaccessible to
32 children. Any medication administered to a child shall
33 be recorded, and the record shall indicate the name of the
34 medication, the date and time of administration, and the amount
35 administered.

1 (42) Definitions pursuant to 441 IAC 156.1 including all of
2 the following:

3 (a) "Intellectual disabilities professional" means a
4 psychologist, physician, physician assistant, registered nurse,
5 educator, social worker, physical or occupational therapist,
6 speech therapist, or audiologist who meets the educational
7 requirements for the profession, as required in the state of
8 Iowa, and has at least one year of experience working with
9 persons with an intellectual disability.

10 (b) "Mental health professional" means a person who meets
11 all of the following conditions:

12 (i) Holds at least a master's degree in a mental health
13 field including but not limited to psychology, counseling and
14 guidance, psychiatric nursing, and social work; or is a doctor
15 of medicine or osteopathic medicine or a physician assistant;
16 and

17 (ii) Holds a current Iowa license when required by the
18 Iowa professional licensure laws (such as a psychiatrist,
19 a psychologist, a marital and family therapist, a mental
20 health counselor, an advanced registered nurse practitioner, a
21 psychiatric nurse, a physician assistant, or a social worker);
22 and

23 (iii) Has at least two years of postdegree experience
24 supervised by a mental health professional in assessing mental
25 health problems, mental illness, and service needs and in
26 providing mental health services.

27 (c) "Physician assistant" means a person licensed as a
28 physician assistant as defined in chapter 148C.

29 (43) Definitions pursuant to 441 IAC 201.2 including all of
30 the following:

31 (a) "Qualified intellectual disability professional" means
32 a person who has at least one year of experience working
33 directly with persons with an intellectual disability or other
34 developmental disabilities and who is one of the following:

35 (i) A doctor of medicine or osteopathy.

1 (ii) A registered nurse.

2 (iii) A physician assistant who meets the requirements of
3 "qualified mental health professional" under this section and
4 "mental health professional" under 441 IAC 24.1.

5 (iv) A person who holds at least a bachelor's degree in a
6 human services field including but not limited to social work,
7 sociology, special education, rehabilitation counseling, or
8 psychology.

9 (b) "Qualified mental health professional" means a person
10 who meets all of the following conditions:

11 (i) Holds a master's degree in a mental health field
12 including but not limited to psychology, counseling and
13 guidance, or psychiatric nursing, and social work; or is a
14 doctor of medicine or osteopathic medicine or a physician
15 assistant; and

16 (ii) Holds a current Iowa license when required by the
17 Iowa professional licensure laws for persons practicing as a
18 psychiatrist, a psychologist, a marital and family therapist,
19 a mental health counselor, an advanced registered nurse
20 practitioner, a physician assistant, a psychiatric nurse, or a
21 social worker; and

22 (iii) Has at least two years of postdegree experience
23 supervised by a mental health professional in assessing mental
24 health problems, mental illness, and services needs and in
25 providing mental health services.

26 (44) For the information provided to a foster care provider
27 by a department worker pursuant to 441 IAC 202.6(1)(a)(3),
28 including the names, addresses, and telephone numbers of the
29 child's physician or physician assistant and dentist.

30 g. For the department of inspections and appeals, rules
31 relating to and in substantial conformance with all of the
32 following:

33 (1) For the qualifications of an attending physician at a
34 hospice pursuant to 481 IAC 53.6(1), including that the person
35 shall have an active Iowa license to practice medicine or as

1 a physician assistant pursuant to chapter 148, 148C, 150, or
2 150A.

3 (2) Definitions pursuant to 481 IAC 57.6(2)(a), unnumbered
4 paragraph 1, including that "qualified intellectual disability
5 professional" means a psychologist, physician, physician
6 assistant, registered nurse, educator, social worker, physical
7 or occupational therapist, speech therapist, or audiologist
8 who meets the educational requirements for the profession, as
9 required in the state of Iowa, and has one year's experience
10 working with persons with an intellectual disability.

11 (3) Definitions pursuant to 481 IAC 58.1, unnumbered
12 paragraph 19, including that "qualified intellectual
13 disabilities professional" means a psychologist, physician,
14 physician assistant, registered nurse, educator, social worker,
15 physical or occupational therapist, speech therapist, or
16 audiologist who meets the educational requirements for the
17 profession, as required in the state of Iowa, and having one
18 year's experience working with persons with an intellectual
19 disability.

20 (4) Definitions pursuant to 481 IAC 65.1 including all of
21 the following:

22 (a) "Physician assistant" means a person licensed as a
23 physician assistant pursuant to 645 IAC chapters 326 to 349.

24 (b) "Qualified mental health professional (QMHP)" means a
25 person who:

26 (i) Holds at least a master's degree in a mental health
27 field, including but not limited to psychology, counseling and
28 guidance, nursing, and social work; or is a doctor of medicine
29 (M.D.), a doctor of osteopathic medicine and surgery (D.O.),
30 or a physician assistant; and

31 (ii) Holds a current Iowa license when required by the Iowa
32 licensure law; and

33 (iii) Has at least two years of postdegree experience,
34 supervised by a mental health professional, in assessing mental
35 problems and needs of individuals and in providing appropriate

1 mental health services for those individuals. See rule 481 IAC
2 65.4 for variance procedures.

3 (5) For notifications submitted to the department of
4 inspections and appeals from a subacute mental health care
5 facility in the event of an accident causing a major injury
6 pursuant to 481 IAC 71.8(3)(a)(3), including as a major injury
7 an injury which requires consultation with the attending
8 physician, or designee of the physician, advanced registered
9 nurse practitioner, or physician assistant who determines,
10 in writing, on a form designated by the department, that an
11 injury is a "major injury" based upon the circumstances of the
12 accident, the previous functional ability of the resident, and
13 the resident's prognosis.

14 h. For the racing and gaming commission, rules relating to
15 and in substantial conformance with all of the following:

16 (1) For the grounds for denial, suspension, or revocation
17 of a license pursuant to 491 IAC 6.5(1)(f), including that a
18 license shall be denied if the applicant has an addiction to
19 alcohol or a controlled substance without sufficient evidence
20 of rehabilitation, has a history of mental illness without
21 demonstrating successful treatment by a licensed medical
22 physician or physician assistant meeting the requirements of
23 a "mental health professional" pursuant to section 228.1, or
24 has a history of repeated acts of violence without sufficient
25 evidence of rehabilitation.

26 (2) For the qualifications for jockeys pursuant to 491
27 IAC 6.24(1)(b), including that a jockey shall pass a physical
28 examination given within the previous twelve months by a
29 licensed physician or physician assistant affirming fitness to
30 participate as a jockey. The commission representatives may
31 require that any jockey be reexamined and may refuse to allow
32 any jockey to ride pending completion of such examination.

33 (3) For the regulation of licensees in restricted areas
34 of a racing facility pursuant to 491 IAC 6.28(2), unnumbered
35 paragraph 1, including that licensees whose duties require them

1 to be in a restricted area, as defined in subrule 6.28(1),
2 of a racing facility shall not have present within their
3 systems any controlled substance as listed in schedules I to
4 V of U.S.C. Tit. 21 (Food and Drug Section 812), chapter 124,
5 or any prescription drug unless it was obtained directly or
6 pursuant to valid prescription or order from a duly licensed
7 physician or physician assistant who is acting in the course
8 of professional practice. Acting with reasonable cause, a
9 commission representative may direct the above licensees to
10 deliver a specimen of urine or subject themselves to the taking
11 of a blood sample or other body fluids at a collection site
12 approved by the commission. In these cases, the commission
13 representative may prohibit the licensee from participating in
14 racing until the licensee evidences a negative test result.
15 Sufficient sample should be collected to ensure a quantity
16 for a split sample when possible. A licensee who refuses to
17 provide the samples herein described shall be in violation of
18 these rules and shall be immediately suspended and subject to
19 disciplinary action by the board or commission representative.
20 All confirmed positive test costs and any related expenses
21 shall be paid for by the licensee. Negative tests shall be at
22 the expense of the commission.

23 i. For the law enforcement academy, rules relating to and in
24 substantial conformance with all of the following:

25 (1) For the minimum standards for Iowa law enforcement
26 officers pursuant to 501 IAC 2.1(11), including that the
27 officer is examined by a licensed physician or physician
28 assistant or surgeon and meets the physical requirements
29 necessary to fulfill the responsibilities of a law enforcement
30 officer.

31 (2) For the certification of law enforcement officers
32 pursuant to 501 IAC 3.12(5)(a)(3), including that the
33 individual must be examined by a licensed physician or surgeon
34 or physician assistant and meet the physical requirements
35 necessary to fulfill the responsibilities of a law enforcement

1 officer.

2 (3) For the selection or appointment of reserve peace
3 officers pursuant to 501 IAC 10.100(10), including that the
4 person shall be examined by a licensed physician or surgeon
5 or physician assistant and meets the physical requirements as
6 defined by the law enforcement agency necessary to fulfill the
7 responsibilities of the reserve peace officer position being
8 filled.

9 j. For the natural resource commission, rules relating to
10 and in substantial conformance with all of the following:

11 (1) For the grounds for revoking or suspending an
12 instructor license pursuant to 571 IAC 12.25(8), including the
13 participation in a course while under the influence of alcohol
14 or any illegal drug or while ingesting prescription medication
15 in a manner contrary to the dosing directions given by the
16 prescribing physician or physician assistant.

17 (2) For applications for use of a crossbow for deer and
18 turkey hunting by handicapped individuals pursuant to 571
19 IAC 15.22(2), including that an individual requesting use
20 of a crossbow for hunting deer or turkey must submit an
21 application for an authorization card on forms provided by the
22 department. The application must include a statement signed by
23 the applicant's physician or physician assistant declaring that
24 the individual is not physically capable of shooting a bow and
25 arrow. A first-time applicant must submit the authorization
26 card application no later than ten days before the last day
27 of the license application period for the season the person
28 intends to hunt.

29 (3) For the validity of an authorization card for the
30 use of a crossbow for deer and turkey hunting by handicapped
31 individuals pursuant to 571 IAC 15.22(4), including that a
32 card authorizing the use of a crossbow for hunting deer and
33 turkey will be valid for as long as the person is incapable
34 of shooting a bow and arrow. If a conservation officer has
35 probable cause to believe the person's handicapped status has

1 improved, making it possible for the person to shoot a bow
2 and arrow, the department may, upon the officer's request,
3 require the person to obtain in writing a current physician's
4 or physician assistant's statement.

5 (4) For licenses for nonresidents to participate in a
6 special deer hunting season for severely disabled persons
7 pursuant to 571 IAC 94.10(1), including that a nonresident
8 meeting the requirements of section 321L.1(8) may apply for or
9 purchase a nonresident deer hunting license to participate in
10 a special deer hunting season for severely disabled persons.
11 Nonresidents applying for this license must have on file
12 with the department of natural resources either a copy of a
13 disabilities parking permit issued by a state department of
14 transportation or an Iowa department of natural resources form
15 signed by a physician or physician assistant that verifies
16 their disability.

17 k. For the Iowa department of public health, rules relating
18 to and in substantial conformance with all of the following:

19 (1) Definitions pursuant to 641 IAC 9.2 including all of the
20 following:

21 (a) "Diabetes mellitus" includes the following:

22 (i) "Type I diabetes" means insulin-dependent diabetes
23 (IDDM) requiring lifelong treatment with insulin.

24 (ii) "Type II diabetes" means noninsulin-dependent diabetes
25 often managed by a food plan, exercise, weight control, and in
26 some instances, oral medications or insulin.

27 (iii) "Gestational diabetes" means diabetes diagnosed
28 during pregnancy.

29 (iv) "Impaired glucose tolerance" means a condition in
30 which blood glucose levels are higher than normal, diagnosed
31 by a physician or physician assistant, and treated with a food
32 plan, exercise, or weight control.

33 (b) "Physician assistant" means a person licensed as a
34 physician assistant under chapter 148C.

35 (2) For instructors for programs not recognized by the

1 American diabetes association or accredited by the American
2 association of diabetes educators pursuant to 641 IAC 9.8(3),
3 including that the primary instructors shall be one or more
4 of the following health care professionals: physicians,
5 physician assistants, registered nurses, licensed dietitians,
6 and pharmacists who are knowledgeable about the disease process
7 of diabetes and the treatment of diabetes. If there is only
8 one primary instructor, there shall be at least one supporting
9 instructor. The supporting instructor shall be from one of the
10 four professions listed as possible primary instructors, but a
11 different profession from the single primary instructor.

12 (3) For information required for participation in the
13 prescription drug donation repository program by medical
14 facilities and pharmacies pursuant to 641 IAC 109.3(3)(b),
15 including the name and telephone number of the responsible
16 pharmacist, physician, physician assistant, or nurse
17 practitioner who is employed by or under contract with the
18 pharmacy or medical facility.

19 (4) For information required for participation in the
20 prescription drug donation repository program by medical
21 facilities and pharmacies pursuant to 641 IAC 109.3(3)(c),
22 including a statement, signed and dated by the responsible
23 pharmacist, physician, physician assistant, or nurse
24 practitioner, indicating that the pharmacy or medical facility
25 meets the eligibility requirements under this rule and shall
26 comply with the requirements of the chapter.

27 (5) For the dispensing of donated prescription drugs
28 and supplies pursuant to 641 IAC 109.6(1), including that
29 donated drugs and supplies may be dispensed only if the drugs
30 or supplies are prescribed by a health care practitioner
31 for use by an eligible individual and are dispensed by a
32 licensed pharmacist, physician, physician assistant, or nurse
33 practitioner.

34 1. For the department of public safety, rules for
35 definitions pursuant to 661 IAC 91.1, including that "unlawful

1 user of or addicted to any controlled substance" means a
2 person who uses a controlled substance and has lost the power
3 of self-control with reference to the use of the controlled
4 substance or any person who is a current user of a controlled
5 substance in a manner other than as prescribed by a licensed
6 physician or physician assistant. Such use is not limited to
7 the use of drugs on a particular day, or within a matter of days
8 or weeks before, but rather that the unlawful use has occurred
9 recently enough to indicate that the individual is actively
10 engaged in such conduct. A person may be an unlawful current
11 user of a controlled substance even though the substance is
12 not being used at the precise time the person applies for an
13 Iowa permit to carry weapons or seeks to acquire a firearm
14 or receives or possesses a firearm. An inference of current
15 use may be drawn from evidence of a recent use or possession
16 of a controlled substance or a pattern of use or possession
17 that reasonably covers the present time, e.g., a conviction
18 for use or possession of a controlled substance within the
19 past year; multiple arrests for such offenses within the past
20 five years if the most recent arrest occurred within the past
21 year; or persons found through a drug test to use a controlled
22 substance unlawfully, provided that the test was administered
23 within the past year. For a current or former member of the
24 armed forces, an inference of current use may be drawn from
25 recent disciplinary or other administrative action based on
26 confirmed drug use, e.g., court-martial conviction, nonjudicial
27 punishment, or an administrative discharge based on drug use
28 or drug rehabilitation failure.

29 m. For the department of transportation, rules relating to
30 and in substantial conformance with all of the following:

31 (1) For exemptions from motor vehicle window transparency
32 requirements pursuant to 761 IAC 450.7(3)(b), including that
33 a motor vehicle fitted with a front windshield, a front side
34 window, or a front siding with less than seventy percent but
35 not less than thirty-five percent light transmittance before

1 July 4, 2012, may continue to be maintained and operated with a
2 front windshield, a front side window, or a front siding with
3 less than seventy percent but not less than thirty-five percent
4 light transmittance on or after July 4, 2012, so long as the
5 vehicle continues to be used for the transport of a passenger
6 or operator who obtained Form 432020, which documented a
7 medical need for such reduced transparency, and was signed by
8 the person's physician or physician assistant before July 4,
9 2012. Form 432020 must be carried at all times in the vehicle
10 to which the exemption applies. At such time as the vehicle is
11 no longer used for the transport of the passenger or operator
12 who is the subject of Form 432020, the exemption expires and
13 may not be renewed. The owner of the vehicle to which the
14 exemption applied must return the vehicle to conformance with
15 the minimum standard of transparency set forth in subrule
16 450.7(2) within sixty days of expiration of the exemption.

17 (2) Definitions pursuant to 761 IAC 450.7(3), including
18 that "physician assistant" as used in this rule means a person
19 licensed under chapter 148C.

20 n. For the Iowa department of veterans affairs, rules
21 relating to expenses relating to the purchase of certain
22 equipment services pursuant to 801 IAC 14.4(5)(b), including
23 that individuals requesting reimbursement under this subrule
24 will be required to provide verification of the purchase and
25 installation of the equipment and information relating to
26 the need for the equipment. Individuals may also provide a
27 product and installation cost estimate to the commission for
28 approval, with the understanding that the commission will pay
29 no more than the cost estimate to the supplier or installer.
30 Applicants needing durable equipment as a medical necessity
31 should provide information from a physician or physician
32 assistant.

33 o. For the department of workforce development, rules
34 relating to and in substantial conformance with all of the
35 following:

1 (1) For the definition of voluntary quit without good cause
2 attributable to the employer pursuant to 871 IAC 24.25(35),
3 including that the claimant left because of illness or injury
4 which was not caused or aggravated by the employment or
5 pregnancy and failed to:

6 (a) Obtain the advice of a licensed and practicing physician
7 or physician assistant;

8 (b) Obtain certification of release for work from a licensed
9 and practicing physician or physician assistant;

10 (c) Return to the employer and offer services upon recovery
11 and certification for work by a licensed and practicing
12 physician or physician assistant; or

13 (d) Fully recover so that the claimant could perform all of
14 the duties of the job.

15 (2) For the definition of a nonemployment related
16 separation that is a voluntary quit with good cause
17 attributable to the employer pursuant to 871 IAC 24.26(6)(a),
18 including that the claimant left because of illness, injury,
19 or pregnancy upon the advice of a licensed and practicing
20 physician or physician assistant. Upon recovery, when recovery
21 was certified by a licensed and practicing physician or
22 physician assistant, the claimant returned and offered to
23 perform services to the employer, but no suitable, comparable
24 work was available. Recovery is defined as the ability of
25 the claimant to perform all of the duties of the previous
26 employment.

27 (3) For the definition of a voluntary quit with good cause
28 attributable to the employer pursuant to 871 IAC 24.26(9),
29 including that the claimant left employment upon the advice of
30 a licensed and practicing physician or physician assistant for
31 the sole purpose of taking a family member to a place having a
32 different climate and subsequently returned to the claimant's
33 regular employer and offered to perform services, but the
34 claimant's regular or comparable work was not available.
35 However, during the time the claimant was at a different

1 climate the claimant shall be deemed to be unavailable for
2 work notwithstanding that during the absence the claimant
3 secured temporary employment. (Family is defined as wife,
4 husband, children, parents, grandparents, grandchildren, foster
5 children, brothers, brothers-in-law, sisters, sisters-in-law,
6 aunts, uncles, or corresponding relatives of the classified
7 employee's spouse or other relatives of the classified employee
8 or spouse residing in the classified employee's immediate
9 household.)

10 p. For the department of workforce development, labor
11 services division, rules relating to and in substantial
12 conformance with all of the following:

13 (1) For the disclosure of a trade secret during a medical
14 emergency pursuant to 875 IAC 110.6(2), including that where a
15 treating physician, physician assistant, or nurse determines
16 that a medical emergency exists and the specific chemical
17 identity of a hazardous chemical is necessary for emergency
18 or first-aid treatment, the chemical manufacturer, importer,
19 or employer shall immediately disclose the specific chemical
20 identity of a trade secret chemical to that treating physician,
21 physician assistant, or nurse, regardless of the existence of
22 a written statement of need or a confidentiality agreement.
23 The chemical manufacturer, importer, or employer may require
24 a written statement of need and confidentiality agreement,
25 in accordance with the provisions of subrules 110.6(3) and
26 110.6(4), as soon as circumstances permit.

27 (2) For the disclosure of a trade secret in a nonemergency
28 situation pursuant to 875 IAC 110.6(3), unnumbered paragraph
29 1, including that in nonemergency situations, a chemical
30 manufacturer, importer, or employer shall, upon request,
31 disclose a specific chemical identity, otherwise permitted to
32 be withheld under subrule 110.6(1), to a health professional
33 (i.e., physician, physician assistant, industrial hygienist,
34 toxicologist, epidemiologist, or occupational health nurse),
35 providing medical or other occupational health services

1 to exposed employee(s), and to employees or designated
2 representatives, if:

3 (3) For applications for a license to practice asbestos
4 removal pursuant to 875 IAC 155.6(1), including that except as
5 noted in the subrule, the applicant must complete and submit
6 the entire form provided by the division with the necessary
7 attachments. Respirator fit tests and medical examinations
8 must have occurred within the past twelve months. Only worker
9 and contractor/supervisor license applicants must submit the
10 respiratory protection and physician's or physician assistant's
11 certification forms. Photocopies of the forms shall not be
12 accepted.

13 (4) For documentation held by persons licensed for asbestos
14 abatement in an area that is subject to a disaster emergency
15 proclamation pursuant to 875 IAC 155.6(11)(a)(2), including
16 a copy of a physician's or physician assistant's statement
17 indicating that, consistent with 29 C.F.R. §1910.134, a
18 licensed physician or physician assistant has examined the
19 individual within the past twelve months and approved the
20 individual to work while wearing a respirator.

21 (5) For the contents of an application for a covered event
22 other than a professional wrestling event pursuant to 875 IAC
23 169.4(1)(b), all of following:

24 (a) A copy of the medical license of the ringside physician
25 or physician assistant.

26 (b) The date, time, and location of the ringside physician's
27 or physician assistant's examination of the contestants.

28 (6) For the responsibilities of the promoter of an athletic
29 event pursuant to 875 IAC 169.5(16), unnumbered paragraph 1,
30 including that the promoter submit to the ringside physician or
31 physician assistant no later than at the time of the physical
32 test results showing that each contestant scheduled for the
33 event tested negative for the human immunodeficiency, hepatitis
34 B, and hepatitis C viruses within the one-year period prior
35 to the event. The contestant shall not participate and the

1 physician or physician assistant shall notify the promoter that
2 the contestant is prohibited from participating for medical
3 reasons if any of the following occurs:

4 (7) For injuries during a professional boxing match
5 pursuant to 875 IAC 173.4, including that if a contestant
6 claims to be injured during the bout, the referee shall stop
7 the bout and request the attending physician or physician
8 assistant to make an examination. If the physician or
9 physician assistant decides that the contestant has been
10 injured as the result of a foul, the physician or physician
11 assistant shall advise the referee of the injury. If the
12 physician or physician assistant is of the opinion that the
13 injured contestant may be able to continue, the physician or
14 physician assistant shall order a five-minute intermission,
15 after which the physician or physician assistant shall make
16 another examination and again advise the referee of the injured
17 contestant's condition. It shall be the duty of the promoter
18 to have an approved physician or physician assistant in
19 attendance during the entire duration of all bouts.

20 (8) For persons allowed in a ring during a professional
21 boxing match pursuant to 875 IAC 173.8, including that no
22 person other than the contestants and the referee shall enter
23 the ring during the bout, excepting the seconds between the
24 rounds or the attending physician or physician assistant if
25 asked by the referee to examine an injury to a contestant.

26 (9) For the weighing of contestants in a professional boxing
27 match pursuant to 875 IAC 173.19, including that contestants
28 shall be weighed and examined on the day of the scheduled
29 match by the attending ring physician or physician assistant,
30 at a time and place to be determined by the commissioner.
31 Preliminary boxers may be allowed to weigh in and be examined
32 not later than one hour before the scheduled time of the first
33 match on the card. All weigh-ins will be conducted with the
34 boxer stripped. Accurate scales shall be furnished by the
35 promoter.

1 (10) For attending ring physicians during a professional
2 boxing match pursuant to 875 IAC 173.45, including that when a
3 boxer has been injured seriously, knocked out, or technically
4 knocked out, the referee shall immediately summon the attending
5 ring physician or physician assistant to aid the stricken
6 boxer. Managers, handlers, and seconds shall not attend to
7 the stricken boxer, except at the request of the physician or
8 physician assistant.

9 (11) For the keeping of time during a professional boxing
10 match pursuant to 875 IAC 173.47, including that the timekeeper
11 shall provide a stopwatch and shall maintain an accurate time
12 of all bouts. The timekeeper shall keep an exact record of
13 time taken out at the request of a referee for an examination
14 of a contestant by the physician or physician assistant,
15 replacing a glove, or adjusting any equipment during a round.
16 The timekeeper shall provide a whistle and shall sound the
17 whistle ten seconds before the start of each round of boxing
18 bouts. The timekeeper shall be impartial and shall not signal
19 interested parties at any time during a bout.

20 (12) For the suspension of contestants during an
21 elimination tournament pursuant to 875 IAC 174.6, including
22 that a contestant who suffers a knockout or where the referee
23 stops a fight on a technical knockout shall not be permitted
24 to box in the state for a period of thirty days. Before being
25 permitted to fight again, the contestant shall be examined by a
26 physician or physician assistant approved by the commissioner.

27 (13) For the designation of officials for professional
28 kickboxing pursuant to 875 IAC 176.4(1), including that the
29 designation of officials, referees, physicians or physician
30 assistants, timekeepers, judges, kick counters, scorekeepers,
31 contestants, seconds, and managers is subject to the approval
32 of the commissioner or designee.

33 (14) For officials for a mixed martial arts event pursuant
34 to 875 IAC 177.4(1), including that officials shall consist
35 of three judges, two referees, the physician or physician

1 assistant, and the timekeeper.

2 (15) For the keeping of time for a mixed martial arts event
3 pursuant to 875 IAC 177.4(3), including that the timekeeper
4 shall keep an exact record of time taken out at the request of
5 a referee for an examination of a contestant by the physician
6 or physician assistant, replacing a glove, or adjusting
7 any equipment during a round. The timekeeper shall notify
8 contestants at the beginning and end of each round. The
9 timekeeper shall be impartial and shall not signal interested
10 parties at any time during a match.

11 (16) For persons allowed in the cage during a mixed martial
12 arts event pursuant to 875 IAC 177.4(8), including that no
13 person other than the two contestants and the referee shall
14 enter the cage during the match. However, the physician or
15 physician assistant may enter the cage to examine a contestant
16 upon the request of the referee.

17 (17) For the decorum of persons involved in a mixed martial
18 arts event pursuant to 875 IAC 177.4(10)(d), including that a
19 contestant is exempt from 875 IAC 177.4(10)(a)(1) and (2) while
20 interacting with the contestant's opponent during a round.
21 However, if the round is stopped by the physician, physician
22 assistant, or referee for a time out, 875 IAC 177.4(10)(a)(1)
23 and (2) shall apply to a contestant.

24 (18) For the examination of contestants in a mixed martial
25 arts event pursuant to 875 IAC 177.5(13), including that on the
26 day of the event, at a time and place to be approved by the
27 commissioner, the ringside physician or physician assistant
28 shall conduct a rigorous physical examination to determine
29 the contestant's fitness to participate in an mixed martial
30 arts match. A contestant deemed not fit by the physician or
31 physician assistant shall not participate in the event.

32 (19) For injuries during a mixed martial arts event pursuant
33 to 875 IAC 177.6(7), including that if a contestant claims to
34 be injured or when a contestant has been injured seriously or
35 knocked out, the referee shall immediately stop the fight and

1 summon the attending ring physician or physician assistant to
2 make an examination of the stricken fighter. If the physician
3 or physician assistant decides that the contestant has been
4 injured, the physician or physician assistant shall advise the
5 referee of the severity of the injury. If the physician or
6 physician assistant is of the opinion the injured contestant
7 may be able to continue, the physician or physician assistant
8 shall order a five-minute intermission, after which the
9 physician or physician assistant shall make another examination
10 and again advise the referee of the injured contestant's
11 condition. Managers, handlers, and seconds shall not attend to
12 the stricken fighter, except at the request of the physician
13 or physician assistant.

14 2. The boards listed in subsection 1, upon adoption of
15 rules pursuant to chapter 17A as required by this section of
16 this Act shall not thereafter approve a notice of intended
17 action pursuant to section 17A.4(1)(a), for the amendment or
18 rescission of such rules for a period of two years from the
19 effective date of this Act.

20 3. Except as provided in subsection 2, the rulemaking
21 requirements provided in this section of this Act shall not
22 be construed to prohibit the boards listed in subsection 1
23 from engaging in further rulemaking not in conflict with this
24 section of this Act relating to the subject matter of this
25 section or to otherwise diminish the authority to engage in
26 rulemaking provided to those boards by any other statute.

27

EXPLANATION

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

30 This bill relates to duties that may be performed by
31 physician assistants in Code sections 90A.8 (required
32 conditions for boxing matches), 135.109 (Iowa domestic abuse
33 death review team membership), 135.146 (first responder
34 vaccination program), 135J.3 (licensed hospice program —
35 basic requirements), 141A.5 (partner notification program —

1 HIV), 141A.6 (HIV-related conditions — consent, testing, and
2 reporting — penalty), 141A.7 (HIV test results — counseling
3 — application for services), 144A.4 (life-sustaining
4 procedures — revocation of declaration), 144A.7A
5 (out-of-hospital do-not-resuscitate orders), 144B.5 (durable
6 power of attorney for health care — form), 144B.6 (attorney
7 in fact — priority to make decisions), 144D.4 (physician
8 orders for scope of treatment — general provisions), 144F.2
9 (discharge policies — opportunity to designate lay caregiver),
10 189A.6 (meat and poultry inspections — health examination of
11 employees), 225.9 (voluntary private psychiatric patients),
12 225.10 (voluntary public psychiatric patients), 225.12
13 (voluntary public psychiatric patients — physician's report),
14 225.15 (examination and treatment — psychiatric patients),
15 225.16 (voluntary public psychiatric patients — admission),
16 225C.14 (preliminary diagnostic evaluation — state mental
17 health institutes), 225C.16 (referrals for evaluation — state
18 mental health institute), 232.71B (duties of the department
19 of human services upon receipt of child abuse report), 232.78
20 (temporary custody of a child pursuant to ex parte court
21 order), 232.79 (custody of a child without court order), 232.83
22 (child sexual abuse involving a person not responsible for
23 the care of the child), 232.95 (hearing concerning temporary
24 removal of a child), 234.22 (extent of family planning and
25 birth control services), 235A.13 (definitions — child abuse),
26 237A.5 (child care facility personnel), 237A.13 (state child
27 care assistance), 249.3 (state supplementary assistance
28 eligibility), 321.375 (school bus drivers — qualifications —
29 grounds for suspension), 321.446 (child restraint devices),
30 347B.5 (county care facility admission — labor required),
31 347B.6 (county care facility — order for admission),
32 411.5 (peace officer and fire fighter retirement system —
33 administration), 411.6 (benefits), 514C.17 (health and accident
34 insurance — continuity of care — terminal illness), 514C.18
35 (diabetes coverage), 514C.20 (mandated coverage for dental

1 care — anesthesia and certain hospital charges), and 514C.25
2 (coverage for prosthetic devices).

3 The bill also directs the department of human services,
4 department on aging, department of corrections, economic
5 development authority, department of education, department of
6 inspections and appeals, racing and gaming commission, law
7 enforcement academy, natural resource commission, department
8 of public health, department of public safety, department
9 of transportation, Iowa department of veterans affairs, and
10 department of workforce development, including the labor
11 services division, to adopt rules adding physician assistants
12 to lists of health care workers that may perform certain
13 duties. The bill prohibits those boards from amending or
14 rescinding such rules for a period of two years from the
15 effective date of the bill.