HOUSE FILE 803
BY COMMITTEE ON HUMAN RESOURCES

(SUCCESSOR TO HSB 255)

(As Amended and Passed by the House March 29, 2021)

[= New Language by the House

* = Language Stricken by the House

A BILL FOR

An Act relating to duties performed by physician assistants.

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

DIVISION I

DUTIES OF PHYSICIAN ASSISTANTS

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

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

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

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

90A.8 Required conditions for boxing matches.

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

2. A contestant shall not take part in a boxing match unless the contestant has presented a valid registration identification card issued pursuant to section 90A.3 to the commissioner prior to the weigh-in for the boxing match. The contestant shall pass a rigorous physical examination to determine the contestant's fitness to engage in any such match within twenty-four hours of the start of the match. The examination shall be conducted by a licensed practicing physician or physician assistant designated or authorized by the commissioner.

Sec. 3. Section 96.5, subsection 1, paragraphs d and e, Code 2021, are amended to read as follows:

d. The individual left employment because of illness, injury, or pregnancy upon the advice of a licensed and practicing physician or physician assistant, and upon knowledge of the necessity for absence immediately notified the employer, or the employer consented to the absence, and after recovering from the illness, injury, or pregnancy, when recovery was certified by a licensed and practicing physician or physician

assistant, the individual returned to the employer and offered to perform services and the individual's regular work or comparable suitable work was not available, if so found by the department, provided the individual is otherwise eligible.

e. The individual left employment upon the advice of a licensed and practicing physician or physician assistant, for the sole purpose of taking a member of the individual's family to a place having a different climate, during which time the individual shall be deemed unavailable for work, and notwithstanding during such absence the individual secures temporary employment, and returned to the individual's regular employer and offered the individual's services and the individual's regular work or comparable work was not available, provided the individual is otherwise eligible.

Sec. 4. Section 135.109, subsection 3, paragraph b, Code 2021, is amended to read as follows:

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

Sec. 5. Section 135.146, subsection 2, Code 2021, is amended to read as follows:

2. Participation in the vaccination program shall be voluntary, except for first responders who are classified as having occupational exposure to blood-borne pathogens as defined by the occupational safety and health administration standard contained in 29 C.F.R. §1910.1030. First responders who are so classified shall be required to receive the vaccinations as described in subsection 1. A first responder shall be exempt from this requirement, however, when a written statement from a licensed physician or physician assistant is presented indicating that a vaccine is medically contraindicated for that person or the first responder signs a written statement that the administration of a vaccination conflicts with religious tenets.

Sec. 6. Section 135J.1, Code 2021, is amended by adding the

following new subsection:

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

Sec. 7. Section 135J.1, subsection 6, paragraph e, Code 2021, is amended to read as follows:

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

Sec. 8. Section 135J.3, subsections 1 and 4, Code 2021, are amended to read as follows:

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

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

Sec. 9. Section 141A.5, subsection 2, paragraph c, Code 2021, is amended to read as follows:

c. (1) Devise a procedure, as a part of the partner notification program, to provide for the notification of an identifiable third party who is a sexual partner of or who shares drug injecting equipment with a person who has tested positive for HIV, by the department or a physician or physician assistant, when all of the following situations exist:

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

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

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

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

Sec. 10. Section 141A.6, subsections 3 and 4, Code 2021, are amended to read as follows:

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

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

Sec. 11. Section 141A.7, subsection 3, Code 2021, is amended to read as follows:

3. A person may apply for voluntary treatment, contraceptive services, or screening or treatment for HIV infection and other sexually transmitted diseases directly to a licensed physician and surgeon, an osteopathic physician and surgeon, a physician assistant, or a family planning clinic. Notwithstanding any other provision of law, however, a minor shall be informed prior to testing that, upon confirmation according to prevailing medical technology of a positive HIV-related test result, the minor's legal guardian is required to be informed by the testing facility. Testing facilities

where minors are tested shall have available a program to assist minors and legal guardians with the notification process which emphasizes the need for family support and assists in making available the resources necessary to accomplish that goal. However, a testing facility which is precluded by federal statute, regulation, or centers for disease control and prevention guidelines from informing the legal guardian is exempt from the notification requirement. The minor shall give written consent to these procedures and to receive the services, screening, or treatment. Such consent is not subject to later disaffirmance by reason of minority.

Sec. 12. Section 144A.2, Code 2021, is amended by adding the following new subsections:

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

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

Sec. 13. Section 144A.4, Code 2021, is amended to read as follows:

144A.4 Revocation of declaration.

1. A declaration may be revoked at any time and in any manner by which the declarant is able to communicate the declarant's intent to revoke, without regard to mental or physical condition. A revocation is only effective as to the attending physician or attending physician assistant upon communication to such physician or physician assistant by the declarant or by another to whom the revocation was communicated.

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

Sec. 14. Section 144A.7A, subsection 1, Code 2021, is amended to read as follows:

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

Sec. 15. Section 144A.7A, subsection 3, paragraph e, Code 2021, is amended to read as follows:

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

Sec. 16. Section 144B.1, subsection 3, Code 2021, is amended to read as follows:

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

Sec. 17. Section 144B.5, subsection 1, Code 2021, is amended to read as follows:

1. A durable power of attorney for health care executed pursuant to this chapter may, but need not, be in the following form:

I hereby designate ..... as my attorney in fact (my agent) and give to my agent the power to make health care decisions for me. This power exists only when I am unable, in the judgment of my attending physician or attending physician assistant, to make those health care decisions. The attorney in fact must act consistently with my desires as stated in this document or otherwise made known.

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

This document gives my agent power to make health care

decisions on my behalf, including to consent, to refuse to consent, or to withdraw consent to the provision of any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition. This power is subject to any statement of my desires and any limitations included in this document.

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

Sec. 18. Section 144B.6, subsection 1, Code 2021, is amended to read as follows:

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

Sec. 19. Section 144D.4, subsection 3, Code 2021, is amended to read as follows:

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

Sec. 20. Section 144F.2, subsection 1, paragraph b, Code 2021, is amended to read as follows:

b. A legal representative who is an agent under a durable power of attorney for health care pursuant to chapter 144B

shall be given the opportunity to designate a lay caregiver in lieu of the patient's designation of a lay caregiver only if, consistent with chapter 144B, in the judgment of the attending physician or attending physician assistant, the patient is unable to make the health care decision. A legal representative who is a guardian shall be given the opportunity to designate a lay caregiver in lieu of the patient's designation of a lay caregiver to the extent consistent with the powers and duties granted the guardian pursuant to section 633.635.

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

189A.6 Health examination of employees.

The operator of any establishment shall require all employees of such establishment to have a health examination by a physician or physician assistant and a certified health certificate for each employee shall be kept on file by the operator. The secretary may at any time require an employee of an establishment to submit to a health examination by a physician or physician assistant. No person suffering from any communicable disease, including any communicable skin disease, and no person with infected wounds, and no person who is a "carrier" of a communicable disease shall be employed in any capacity in an establishment. No person shall work or be employed in or about any establishment during the time in which a communicable disease exists in the home in which such person resides unless such person has obtained a certificate from a physician or physician assistant to the effect that no danger of public contagion or infection will result from the employment of such person in such establishment. Every person employed by an establishment and engaged in direct physical contact with meat or poultry products during its preparation, processing, or storage, shall be clean in person, wear clean washable outer garments and a suitable cap or other head covering used exclusively in such work. Only persons

specifically designated by the operator of an establishment shall be permitted to touch meat or poultry products with their hands, and the persons so designated shall keep their hands scrupulously clean.

Sec. 22. Section 225.9, Code 2021, is amended to read as follows:

225.9 Voluntary private patients.

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

Sec. 23. Section 225.10, unnumbered paragraph 1, Code 2021, is amended to read as follows:

Persons suffering from mental diseases may be admitted to the state psychiatric hospital as voluntary public patients if a physician authorized to practice medicine or osteopathic medicine in the state of Iowa or a physician assistant who meets the qualifications set forth in the definition of a mental health professional in section 228.1 files information with the regional administrator for the person's county of residence, stating all of the following:

Sec. 24. Section 225.10, subsections 1 and 2, Code 2021, are amended to read as follows:

1. That the physician or physician assistant [who meets the qualifications set forth in the definition of a mental health professional in section 228.1] has examined the person and finds that the person is suffering from some abnormal

mental condition that can probably be remedied by observation, treatment, and hospital care.

2. That the physician or physician assistant [who meets the qualifications set forth in the definition of a mental health professional in section 228.1] believes it would be appropriate for the person to enter the state psychiatric hospital for that purpose and that the person is willing to do so.

Sec. 25. Section 225.12, Code 2021, is amended to read as follows:

225.12 Voluntary public patient — physician's report.

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

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

1. When a respondent arrives at the state psychiatric hospital, the admitting physician, or a physician assistant who meets the qualifications set forth in the definition of a mental health professional in section 228.1, shall examine the respondent and determine whether or not, in the physician's or physician assistant's judgment, the respondent is a fit subject for observation, treatment, and hospital care. If, upon examination, the physician or physician assistant [who meets the qualifications set forth in the definition of a mental health professional in section 228.1] decides that the respondent should be admitted to the hospital, the respondent shall be provided a proper bed in the hospital. The physician or physician assistant [who meets the qualifications set forth in the definition of a mental health professional in section 228.1] who has charge of the respondent shall proceed with

observation, medical treatment, and hospital care as in the physician's or physician assistant's judgment are proper and necessary, in compliance with sections 229.13 to 229.16. After the respondent's admission, the observation, medical treatment, and hospital care of the respondent may be provided by a mental health professional, as defined in section 228.1, who is licensed as a physician, advanced registered nurse practitioner, or physician assistant.

Sec. 27. Section 225.16, subsection 1, Code 2021, is amended to read as follows:

1. If the regional administrator for a person's county of residence finds from the physician's information or from the information of a physician assistant who meets the qualifications set forth in the definition of a mental health professional in section 228.1 which was filed under the provisions of section 225.10 that it would be appropriate for the person to be admitted to the state psychiatric hospital, and the report of the regional administrator made pursuant to section 225.13 shows that the person and those who are legally responsible for the person are not able to pay the expenses incurred at the hospital, or are able to pay only a part of the expenses, the person shall be considered to be a voluntary public patient and the regional administrator shall direct that the person shall be sent to the state psychiatric hospital at the state university of Iowa for observation, treatment, and hospital care.

Sec. 28. Section 225C.14, subsection 2, Code 2021, is amended to read as follows:

2. As used in this section and sections 225C.15, 225C.16, and 225C.17, the term *"medical emergency"* means a situation in which a prospective patient is received at a state mental health institute in a condition which, in the opinion of the chief medical officer, or that officer's physician or physician assistant designee, provided that a physician assistant designee meets the qualifications set forth in the definition

of a mental health professional in section 228.1, requires the immediate admission of the person notwithstanding the policy stated in subsection 1.

Sec. 29. Section 225C.16, subsection 1, Code 2021, is amended to read as follows:

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

Sec. 30. Section 232.71B, subsection 10, Code 2021, is amended to read as follows:

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

Sec. 31. Section 232.78, subsection 4, unnumbered paragraph 1, Code 2021, is amended to read as follows:

The juvenile court may enter an order authorizing a physician or physician assistant or hospital to provide emergency medical or surgical procedures before the filing of a petition under this chapter provided:

Sec. 32. Section 232.78, subsection 5, unnumbered paragraph 1, Code 2021, is amended to read as follows:

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

Sec. 33. Section 232.79, subsection 1, unnumbered paragraph 1, Code 2021, is amended to read as follows:

A peace officer or juvenile court officer may take a child into custody, a physician or physician assistant treating a child may keep the child in custody, or a juvenile court officer may authorize a peace officer, physician or physician assistant, or medical security personnel to take a child into custody, without a court order as required under section 232.78 and without the consent of a parent, guardian, or custodian provided that both of the following apply:

Sec. 34. Section 232.79, subsection 2, paragraph a, Code 2021, is amended to read as follows:

a. Bring the child immediately to a place designated by the rules of the court for this purpose, unless the person is a physician or physician assistant treating the child and the child is or will presently be admitted to a hospital.

Sec. 35. Section 232.83, subsection 2, unnumbered paragraph 1, Code 2021, is amended to read as follows:

Anyone authorized to conduct a preliminary investigation

in response to a complaint may apply for, or the court on its own motion may enter an ex parte order authorizing a physician or physician assistant or hospital to conduct an outpatient physical examination or authorizing a physician or physician assistant, a psychologist certified under section 154B.7, or a community mental health center accredited pursuant to chapter 230A to conduct an outpatient mental examination of a child if necessary to identify the nature, extent, and causes of any injuries, emotional damage, or other such needs of a child as specified in section 232.2, subsection 6, paragraph *"c"*, *"e"*, or *"f"*, provided that all of the following apply:

Sec. 36. Section 232.95, subsection 2, paragraph c, Code 2021, is amended to read as follows:

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

Sec. 37. Section 234.22, Code 2021, is amended to read as follows:

234.22 Extent of services.

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

Sec. 38. Section 235A.13, subsection 9, Code 2021, is amended to read as follows:

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

Sec. 39. Section 237A.5, subsection 1, Code 2021, is amended to read as follows:

1. All personnel in licensed or registered facilities shall have good health as evidenced by a report following a

preemployment physical examination taken within six months prior to beginning employment. The examination shall include communicable disease tests by a licensed physician as defined in section 135C.1 or a licensed physician assistant as defined in section 148C.1 and shall be repeated every three years after initial employment. Controlled medical conditions which would not affect the performance of the employee in the capacity employed shall not prohibit employment.

Sec. 40. Section 237A.13, subsection 1, paragraph d, Code 2021, is amended to read as follows:

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

Sec. 41. Section 249.3, subsection 2, paragraph a, subparagraph (2), Code 2021, is amended to read as follows:

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

Sec. 42. Section 321.375, subsection 4, paragraph b, subparagraph (4), Code 2021, is amended to read as follows:

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

Sec. 43. Section 321.446, subsection 3, paragraph c, Code 2021, is amended to read as follows:

c. The transportation of a child who has been certified by a physician licensed under chapter 148 or a physician assistant licensed under chapter 148C as having a medical, physical, or mental condition that prevents or makes inadvisable securing the child in a child restraint system, safety belt, or safety

harness.

Sec. 44. Section 347B.5, Code 2021, is amended to read as follows:

347B.5 Admission — labor required.

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

Sec. 45. Section 347B.6, Code 2021, is amended to read as follows:

347B.6 Order for admission.

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

Sec. 46. Section 514C.17, subsections 1 and 2, Code 2021, are amended to read as follows:

1. Except as provided under subsection 2 or 3, if a carrier, as defined in section 513B.2, or a plan established pursuant to chapter 509A for public employees, terminates its contract with a participating health care provider, a covered individual who

is undergoing a specified course of treatment for a terminal illness or a related condition, with the recommendation of the covered individual's treating physician licensed under chapter 148 or treating physician assistant licensed under chapter 148C may continue to receive coverage for treatment received from the covered individual's physician or physician assistant for the terminal illness or a related condition, for a period of up to ninety days. Payment for covered benefits and benefit levels shall be according to the terms and conditions of the contract.

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

Sec. 47. Section 514C.18, subsection 1, unnumbered paragraph 1, Code 2021, is amended to read as follows:

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

Sec. 48. Section 514C.18, subsection 1, paragraph b, subparagraphs (1) and (2), Code 2021, are amended to read as

follows:

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

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

Sec. 49. Section 514C.20, subsection 1, paragraphs a and b, Code 2021, are amended to read as follows:

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

b. Any individual upon a determination by a licensed dentist and the individual's treating physician licensed pursuant to chapter 148 or treating physician assistant licensed pursuant to chapter 148C, that such individual has one or more medical conditions that would create significant or undue medical risk for the individual in the course of delivery of any necessary dental treatment or surgery if not rendered in a hospital or ambulatory surgical center.

Sec. 50. Section 514C.25, subsection 1, paragraph a, Code 2021, is amended to read as follows:

a. Notwithstanding the uniformity of treatment requirements of section 514C.6, a policy, contract, or plan providing for third-party payment or prepayment of health or medical expenses shall provide coverage benefits for medically necessary prosthetic devices when prescribed by a physician licensed under chapter 148 or physician assistant licensed under chapter 148C. Such coverage benefits for medically necessary prosthetic devices shall provide coverage for medically necessary prosthetic devices that, at a minimum, equals the coverage and payment for medically necessary prosthetic devices provided under the most recent federal laws for health insurance for the aged and disabled pursuant to 42 U.S.C. §1395k, 13951, and 1395m, and 42 C.F.R. §410.100, 414.202, 414.210, and 414.228, as applicable.

DIVISION II

DUTIES OF PHYSICIAN ASSISTANTS — RULES

Sec. 51. NEW SECTION. **147.77 Powers, privileges, rights, or duties provided by rule — applicability to physician assistants.**

1. The following agencies that adopt rules pursuant to chapter 17A providing a power, privilege, right, or duty to a physician licensed under chapter 148 or other profession licensed under this subtitle relating to the following subjects shall, consistent with the scope of practice of physician assistants licensed under chapter 148C, and unless otherwise inconsistent with state or federal law, provide the same power, privilege, right, or duty by rule to a physician assistant licensed under chapter 148C:

a. The department of administrative services, with respect to rules relating to the following:

(1) Retroactive conversion of vacation time to sick leave for vacation time spent under the care of a physician.

(2) Certification of a catastrophic illness by a physician for purposes of donation of leave and second medical

opinions and updates sought from a physician relating to such certifications.

b. The department on aging, with respect to rules relating to a written order from a physician for an older individual requesting a therapeutic diet, and the interpretation of such orders.

c. The department of corrections, with respect to rules relating to the following:

(1) That a parolee shall not use, purchase, possess, or transfer any drugs unless prescribed by a physician.

(2) That a serious medical need is one that has been diagnosed by a physician as requiring treatment or is one so obvious that a lay person would easily recognize the necessity for a physician's attention.

(3) That each jail shall have a designated licensed physician, licensed osteopathic physician, or medical resource designated for the medical supervision, care, and treatment of prisoners as deemed necessary and appropriate.

(4) That prescription medication, as ordered by a licensed physician, licensed osteopathic physician, or licensed dentist shall be provided in accordance with the directions of the prescribing physician or dentist. Prisoners with medication from a personal physician, osteopathic physician, or dentist may be evaluated by a physician, osteopathic physician, or dentist selected by the jail administrator to determine if the present medication is appropriate.

(5) That expired drugs or drugs not in unit dose packaging, whose administration had been discontinued by the attending physician, shall be destroyed by the jail administrator or designee in the presence of a witness.

(6) That special diets in jails prescribed by a physician shall be followed and documented, that the physician who prescribes the special diet shall specify a date on which the diet will be reviewed for renewal or discontinuation, and that unless specified by the prescribing physician, a certified

dietitian shall develop the menu.

(7) That special diets prescribed by a physician for the care and treatment of juveniles in nonsecure hold shall be followed and documented.

(8) For medical services in temporary holding facilities, that a serious medical need is one that has been diagnosed by a physician as requiring treatment or one that is so obvious that a lay person would easily recognize the necessity for a physician's attention.

(9) For medical resources in temporary holding facilities, that each facility shall have a designated licensed physician, licensed osteopathic physician, or medical resource designated for the medical supervision, care, and treatment of detainees as deemed necessary and appropriate.

(10) Medication procedures in temporary holding facilities, that prescription medication, as ordered by a licensed physician, licensed osteopathic physician, or licensed dentist shall be provided in accordance with the directions of the prescribing physician or dentist. Detainees with medication from a personal physician, osteopathic physician, or dentist may be evaluated by a physician, osteopathic physician, or dentist selected by the facility administrator to determine if the present medication is appropriate.

(11) For medication storage in temporary holding facilities, that expired drugs or drugs not in unit dose packaging, whose administration had been discontinued by the attending physician, shall be destroyed by the facility administrator or designee in the presence of a witness.

(12) For medical diets in temporary holding facilities, that special diets as prescribed by a physician shall be followed and documented.

(13) For medical care and treatment for juveniles in nonsecure holds in temporary holding facilities, that special diets as prescribed by a physician shall be followed and documented.

d. The economic development authority, with respect to rules relating to the certification of a person with a disability for the purpose of the targeted small business program, that in order to be considered a person with a disability for the purpose of the targeted small business program, the person must qualify and receive certification as having a disability from a licensed medical physician or must have been found eligible for vocational rehabilitation services by the department of education, division of vocational rehabilitation services, or by the department for the blind.

e. The department of education, with respect to rules relating to the following:

(1) For statements relating to medication administration policies, that a statement that persons administering medication shall include authorized practitioners, such as licensed registered nurses and physicians, and persons to whom authorized practitioners have delegated the administration of prescription and nonprescription drugs. Individuals shall self-administer asthma or other airway constricting disease medication or possess and have use of an epinephrine auto-injector with parent and physician consent on file, without the necessity of demonstrating competency to self-administer these medications.

(2) For medication administration courses relating to medication administration policies, that a medication administration course be conducted by a registered nurse or licensed pharmacist and include an annual medication administration procedural skills check completed with a registered nurse or pharmacist.

(3) For school-based youth services programs, that preventive and primary health care services shall be delivered by specifically credentialed providers as specified.

f. The department of human services, with respect to rules relating to the following:

(1) That an incident for purposes of accreditation

of providers of services to persons with mental illness, intellectual disabilities, or developmental disabilities includes but is not limited to an occurrence involving the individual using the service that results in a physical injury to or by the individual that requires a physician's treatment or admission to a hospital.

(2) That a mental health professional, for purposes of accreditation of providers of services to persons with mental illness, intellectual disabilities, or developmental disabilities, includes a medical professional licensed in this state, provided that the professional otherwise meets all of the conditions to qualify as a mental health professional.

(3) That home health aide services for purposes of disability services management and regional services may include medications specifically ordered by a physician.

(4) That payment relating to the state supplementary assistance program for residential care shall only be made when there is on file an order written by a physician certifying that the applicant or recipient being admitted requires residential care but does not require nursing services.

(5) That a case folder for a facility participating in the state supplementary assistance program must include a physician's statement certifying that a resident does not require nursing services.

(6) That personnel providing psychological evaluations and counseling or psychotherapy services for area education agencies under the medical assistance program include specified professions endorsed, licensed, or registered in this state, provided that the professional otherwise meets all of the conditions to qualify as a mental health professional.

(7) That personnel providing psychological evaluations and counseling or psychotherapy services for providers of infant and toddler program services under the medical assistance program include specified professions endorsed, licensed, or registered in this state, provided that the professional

otherwise meets all of the conditions to qualify as a mental health professional.

(8) That personnel providing other services for providers of infant and toddler program services under the medical assistance program include specified professions recognized, endorsed, or licensed in this state, provided that the professional otherwise meets all of the conditions to qualify as a mental health professional.

(9) That personnel providing psychological evaluations and counseling or psychotherapy services for providers of local education agency services under the medical assistance program include specified professions endorsed, licensed, or registered in this state, provided that the professional otherwise meets all of the conditions to qualify as a mental health professional.

(10) That personnel providing other services for providers of local education agency services under the medical assistance program include specified professions recognized, endorsed, or licensed in this state, provided that the professional otherwise meets all of the conditions to qualify as a mental health professional.

(11) For payment for medically necessary home health agency services under the medical assistance program, that payment shall be approved for medically necessary home health agency services prescribed by a physician in a plan of home health care provided by a Medicare-certified home health agency.

(12) For authorization for medically necessary home health agency services under the medical assistance program, that services shall be authorized by a physician, evidenced by the physician's signature and date on a plan of treatment.

(13) For treatment plans of home health agencies under the medical assistance program, that a member's medical condition shall be reflected by the date last seen by a physician, if available.

(14) For items included in treatment plans of home health

agencies under the medical assistance program, that a plan of care shall include a physician's signature and date and that the plan of care must be signed and dated by the physician before the claim for service is submitted for reimbursement.

(15) For skilled nursing services provided by a home health agency under the medical assistance program, that medical documentation shall be submitted justifying the need for continued visits, including the physician's estimate of the length of time that additional visits will be necessary, and that daily skilled nursing visits or multiple daily visits for wound care or insulin injections shall be covered when ordered by a physician and included in the plan of care.

(16) For physical therapy services provided by a home health agency under the medical assistance program, that payment shall be made for physical therapy services when the services follow a treatment plan established by the physician after any needed consultation with the qualified physical therapist.

(17) For occupational therapy services provided by a home health agency under the medical assistance program, that payment shall be made for occupational therapy services when the services follow a treatment plan established by the physician.

(18) For speech therapy services provided by a home health agency under the medical assistance program, that payment shall be made for speech therapy services when the services follow a treatment plan established by the physician.

(19) For home health aide services provided by a home health agency under the medical assistance program, that the service as well as the frequency and duration are stated in a written plan of treatment established by a physician.

(20) For home health aide services provided by a home health agency under the medical assistance program, that services provided for specified durations when ordered by a physician and included in a plan of care shall be allowed as intermittent services.

(21) For home health aide services provided by a home health agency under the medical assistance program, that personal care services include helping the member take medications specifically ordered by a physician.

(22) For private duty nursing or personal care services for persons aged twenty and under, under the medical assistance program, that private duty nursing services are those services which are provided by a registered nurse or a licensed practical nurse under the direction of the member's physician to a member in the member's place of residence or outside the member's residence, when normal life activities take the member outside the place of residence.

(23) For private duty nursing or personal care services for persons aged twenty and under, under the medical assistance program, that services shall be provided according to a written plan of care authorized by a licensed physician.

(24) For private duty nursing or personal care services for persons aged twenty and under, under the medical assistance program, that personal care services are those services provided by a home health aide or certified nurse's aide and which are delegated and supervised by a registered nurse under the direction of the member's physician to a member in the member's place of residence or outside the member's residence, when normal life activities take the member outside the place of residence, and that these services shall be in accordance with the member's plan of care and authorized by a physician.

(25) For requirements for private duty nursing or personal care services for persons aged twenty and under, under the medical assistance program, that private duty nursing or personal care services shall be ordered in writing by a physician as evidenced by the physician's signature on the plan of care.

(26) For obtaining prescription medications for children in juvenile detention and shelter care homes, that prescription medication provided to residents shall be dispensed only from a

licensed pharmacy in this state in accordance with state law, from a licensed pharmacy in another state according to the laws of that state, or by a licensed physician.

(27) For health and dental programs provided by agencies providing foster care services, that a child's physical examination shall be performed by a licensed physician or licensed nurse practitioner.

(28) For health and dental programs provided by agencies providing foster care services, that if documentation of prior immunization is unavailable, immunizations required by the department of public health shall begin within thirty days of placement, unless contraindicated and unless a statement from a physician to that effect is included in the child's medical record, and that a statement from a physician, referring agency, parent, or guardian indicating immunizations are current is sufficient documentation of immunizations.

(29) For the dispensing, storage, authorization, and recording of medications in child care centers, that all medications shall be stored in their original containers, with accompanying physician or pharmacist's directions and label intact and stored so they are inaccessible to children and the public.

(30) For an infants' area in a child care center, that upon the recommendation of a child's physician or the area education agency serving the child, a child who is two years of age or older with a disability that results in significant developmental delays in physical and cognitive functioning who does not pose a threat to the safety of the infants may, if appropriate and for a limited time approved by the department, remain in the infant area.

(31) For facility requirements for a child development home, that the telephone number for each child's physician shall be written on paper and readily accessible by the telephone.

(32) For medications and hazardous materials in a child

development home, that medications shall be given only with the parent's or doctor's written authorization, and that each prescribed medication shall be accompanied by a physician's or pharmacist's direction.

(33) For medical reports regarding the health of a family in a family life home, that a medical report shall provide significant findings of a physician, such as the presence or absence of any communicable disease.

(34) For medical reexaminations of a family in a family life home, that medical reexaminations may be required at the discretion of a physician.

(35) For medical examinations of a client in a family life home, that a physician shall certify that the client is free from any communicable disease and does not require a higher level of care than that provided by a family life home.

(36) For the records of a client in a family life home, that the family shall have available at all times, the name, address, and telephone number of the client's physician.

(37) For the facility requirements for a child care home, that the telephone number for each child's physician shall be written on paper and readily accessible by the telephone.

(38) For the administration of medications at a child care home, that medications shall be given only with the parent's or doctor's written authorization and each prescribed medication shall be accompanied by a physician's or pharmacist's direction.

(39) For payments for foster care, that an intellectual disabilities professional includes specified professions, provided that the professional otherwise meets all of the conditions to qualify as an intellectual disabilities professional.

(40) For payments for foster care, that a mental health professional includes specified professions, provided that the professional otherwise meets all of the conditions to qualify as a mental health professional.

(41) For the subsidized adoption program, that a qualified intellectual disability professional includes specified professions, provided that the professional otherwise meets all of the conditions to qualify as a qualified intellectual disability professional.

(42) For the subsidized adoption program, that a qualified mental health professional includes specified professions, provided that the professional otherwise meets all of the conditions to qualify as a qualified mental health professional.

(43) For the information provided to a foster care provider by a department worker at the time of placement, that the information shall include the names, addresses, and telephone numbers of the child's physician and dentist.

g. The department of inspections and appeals, with respect to rules relating to the following:

(1) For the qualifications of an attending physician at a hospice, that the person shall have an active Iowa license to practice medicine.

(2) For residential care facilities for persons with intellectual disabilities, that a qualified intellectual disability professional includes specified professions, provided that the professional otherwise meets all of the conditions to qualify as a qualified intellectual disability professional.

(3) For nursing facilities, that a qualified intellectual disabilities professional includes specified professions, provided that the professional otherwise meets all of the conditions to qualify as a qualified intellectual disabilities professional.

(4) For intermediate care facilities for persons with mental illness, that a qualified mental health professional includes specified professions, provided that the professional otherwise meets all of the conditions to qualify as a qualified mental health professional.

(5) For notifications submitted to the department from a subacute mental health care facility in the event of an accident causing a major injury, including as a major injury an injury which requires consultation with the attending physician or designee of the physician or advanced registered nurse practitioner who determines that an injury is a major injury.

h. The racing and gaming commission, with respect to rules relating to the following:

(1) For the grounds for denial, suspension, or revocation of an occupational or vendor license, that a license shall be denied if the applicant has a history of mental illness without demonstrating successful treatment by a licensed medical physician.

(2) For the qualifications for jockeys, that a jockey shall pass a physical examination by a licensed physician affirming fitness to participate as a jockey.

(3) For the regulation of licensees in restricted areas of a racing facility, that licensees whose duties require them to be in a restricted area of a racing facility shall not have present within their systems any controlled substance as listed in schedules I to V of U.S.C. Tit. 21 (Food and Drug Section 812), chapter 124, or any prescription drug unless it was obtained directly or pursuant to valid prescription or order from a duly licensed physician who is acting in the course of professional practice.

i. The Iowa law enforcement academy, with respect to rules relating to the following:

(1) For the minimum standards for law enforcement officers, that an officer is examined by a licensed physician or surgeon.

(2) For hiring standards must be reverified if an individual is not hired by an Iowa law enforcement agency during a specified period of time following completion of the course of study, that the individual must be examined by a licensed physician or surgeon.

(3) For the selection or appointment of reserve peace

officers, that the person shall be examined by a licensed physician or surgeon.

j. The natural resource commission, with respect to rules relating to the following:

(1) That the grounds for revoking or suspending an instructor license include participation in a course while ingesting prescription medication in a manner contrary to the dosing directions given by the prescribing physician.

(2) For applications for use of a crossbow for deer and turkey hunting by handicapped individuals, that an application must include a statement signed by the applicant's physician declaring that the individual is not physically capable of shooting a bow and arrow.

(3) For authorization for the use of a crossbow for deer and turkey hunting by handicapped individuals, that if a conservation officer has probable cause to believe the person's handicapped status has improved, making it possible for the person to shoot a bow and arrow, the department of natural resources may, upon the officer's request, require the person to obtain in writing a current physician's statement.

(4) For licenses for nonresidents to participate in a special deer hunting season for severely disabled persons, that a nonresident applying for the license must have on file with the department of natural resources either a copy of a disabilities parking permit issued by a state department of transportation or an Iowa department of natural resources form signed by a physician that verifies their disability.

k. The Iowa department of public health, with respect to rules relating to the following:

(1) That *"impaired glucose tolerance"*, for purposes of outpatient diabetes education programs, means a condition in which blood glucose levels are higher than normal, diagnosed by a physician, and treated with a food plan, exercise, or weight control.

(2) For instructors for programs not recognized by the

American diabetes association or accredited by the American association of diabetes educators, that the primary instructors shall be one or more of specified health care professionals who are knowledgeable about the disease process of diabetes and the treatment of diabetes.

(3) For the written form for participation in the prescription drug donation repository program, that the form shall include the name and telephone number of the responsible pharmacist, physician, or nurse practitioner who is employed by or under contract with the pharmacy or medical facility, and shall also include a statement, signed and dated by the responsible pharmacist, physician, or nurse practitioner, indicating that the pharmacy or medical facility meets the eligibility requirements and shall comply with the requirements established by rule.

(4) For the dispensing of donated prescription drugs and supplies, that donated drugs and supplies may be dispensed only if the drugs or supplies are prescribed by a health care practitioner for use by an eligible individual and are dispensed by a licensed pharmacist, physician, or nurse practitioner.

l. The department of public safety, with respect to rules relating to permits to carry weapons, that an unlawful user of or addicted to any controlled substance includes any person who is a current user of a controlled substance in a manner other than as prescribed by a licensed physician.

m. The department of transportation, with respect to rules relating to exemptions from motor vehicle window transparency requirements, that a motor vehicle fitted with a front windshield, a front side window, or a front sidewing with less than seventy percent but not less than thirty-five percent light transmittance before July 4, 2012, may continue to be maintained and operated with a front windshield, a front side window, or a front sidewing with less than seventy percent but not less than thirty-five percent light transmittance on or

after July 4, 2012, so long as the vehicle continues to be used for the transport of a passenger or operator who documented in the manner specified by the department a medical need for such reduced transparency, which document was signed by the person's physician before July 4, 2012.

n. The Iowa department of veterans affairs, with respect to rules relating to expenses relating to the purchase of durable equipment or services, that individuals requesting reimbursement who need durable equipment as a medical necessity should provide information from a physician.

o. The department of workforce development, with respect to rules relating to the following:

(1) That a voluntary quit shall be presumed to be without good cause attributable to the employer for purposes of unemployment compensation if a claimant left employment because of illness or injury which was not caused or aggravated by the employment or pregnancy and failed to obtain the advice of a licensed and practicing physician, obtain certification of release for work from a licensed and practicing physician, or return to the employer and offer services upon recovery and certification for work by a licensed and practicing physician.

(2) That for purposes of unemployment compensation, it is a reason for a claimant leaving employment with good cause attributable to the employer if the claimant left employment because of illness, injury, or pregnancy upon the advice of a licensed and practicing physician, and upon recovery, when recovery was certified by a licensed and practicing physician, the claimant returned and offered to perform services to the employer, but no suitable, comparable work was available.

(3) That for purposes of unemployment compensation it is a reason for a claimant leaving employment with good cause attributable to the employer if the claimant left employment upon the advice of a licensed and practicing physician for the sole purpose of taking a family member to a place having a different climate and subsequently returned to the claimant's

regular employer and offered to perform services, but the claimant's regular or comparable work was not available.

p. The labor services division of the department of workforce development, with respect to rules relating to the following:

(1) For the disclosure of a trade secret relating to a hazardous chemical during a medical emergency, that where a treating physician or nurse determines that a medical emergency exists and the specific chemical identity of a hazardous chemical is necessary for emergency or first-aid treatment, the chemical manufacturer, importer, or employer shall immediately disclose the specific chemical identity of a trade secret chemical to that treating physician or nurse, regardless of the existence of a written statement of need or a confidentiality agreement.

(2) For the disclosure of a trade secret relating to a hazardous chemical in a nonemergency situation, that in nonemergency situations, a chemical manufacturer, importer, or employer shall, upon request, disclose a specific chemical identity, otherwise permitted to be withheld by rule, to a specified health professional providing medical or other occupational health services to exposed employees or designated representatives in specified circumstances.

(3) For applications for a license to practice asbestos removal, that except as noted in rule, only worker and contractor/supervisor license applicants must submit a respiratory protection and physician's certification forms.

(4) For documentation held by persons licensed for asbestos abatement in an area that is subject to a disaster emergency proclamation, that the labor commissioner deems an individual contractor, supervisor, or worker to be licensed and authorized for asbestos abatement if the individual, in addition to other specified conditions, makes immediately available on the work site a copy of a physician's statement indicating that, consistent with federal law, a licensed physician has examined

the individual within the past twelve months and approved the individual to work while wearing a respirator.

(5) That the contents of an application for an event license for a covered athletic event other than a professional wrestling event shall contain, along with other requirements, a copy of the medical license of the ringside physician and the date, time, and location of the ringside physician's examination of the contestants.

(6) For the responsibilities of the promoter of an athletic event, that the promoter submit test results to the ringside physician no later than at the time of the physical showing that each contestant scheduled for the event tested negative for the human immunodeficiency, hepatitis B, and hepatitis C viruses within the one-year period prior to the event, and that the contestant shall not participate and the physician shall notify the promoter that the contestant is prohibited from participating for medical reasons if specified circumstances occur.

(7) For injuries during a professional boxing match, that if a contestant claims to be injured during the bout, the referee shall stop the bout and request the attending physician to make an examination. If the physician decides that the contestant has been injured as the result of a foul, the physician shall advise the referee of the injury. If the physician is of the opinion that the injured contestant may be able to continue, the physician shall order an intermission, after which the physician shall make another examination and again advise the referee of the injured contestant's condition. It shall be the duty of the promoter to have an approved physician in attendance during the entire duration of all bouts.

(8) For persons allowed in a ring during a professional boxing match, that no person other than the contestants and the referee shall enter the ring during the bout, excepting the seconds between the rounds or the attending physician if asked by the referee to examine an injury to a contestant.

(9) For the weighing of contestants in a professional boxing match, that contestants shall be weighed and examined on the day of the scheduled match by the attending ring physician at a time and place to be determined by the commissioner.

(10) For attending ring physicians during a professional boxing match, that when a boxer has been injured seriously, knocked out, or technically knocked out, the referee shall immediately summon the attending ring physician to aid the stricken boxer, and that managers, handlers, and seconds shall not attend to the stricken boxer, except at the request of the physician.

(11) For the keeping of time during a professional boxing match, that the timekeeper shall keep an exact record of time taken out at the request of a referee for an examination of a contestant by the physician.

(12) For the suspension of contestants during a professional boxing match that is an elimination tournament, that a contestant who for specified reasons is not permitted to box in the state for a period of time shall be examined by a physician approved by the commissioner before being permitted to fight again.

(13) For the designation of officials for professional kickboxing, that the designation of physicians is subject to the approval of the commissioner or designee.

(14) For officials for a mixed martial arts event, that officials shall include a physician.

(15) For the keeping of time for a mixed martial arts event, that the timekeeper shall keep an exact record of time taken out at the request of a referee for an examination of a contestant by the physician.

(16) For persons allowed in the cage during a mixed martial arts event, that a physician may enter the cage to examine a contestant upon the request of the referee.

(17) For the decorum of persons involved in a mixed martial arts event, that a contestant is exempt from prohibitions on

specified conduct while interacting with the contestant's opponent during a round, but if the round is stopped by the physician or referee for a time out, the prohibitions shall apply to the contestant.

(18) For the examination of contestants in a mixed martial arts event, that on the day of the event, at a time and place to be approved by the commissioner, the ringside physician shall conduct a rigorous physical examination to determine the contestant's fitness to participate in a mixed martial arts match, and that a contestant deemed not fit by the physician shall not participate in the event.

(19) For injuries during a mixed martial arts event, that if a contestant claims to be injured or when a contestant has been injured seriously or knocked out, the referee shall immediately stop the fight and summon the attending ring physician to make an examination of the stricken fighter. If the physician decides that the contestant has been injured, the physician shall advise the referee of the severity of the injury. If the physician is of the opinion the injured contestant may be able to continue, the physician shall order an intermission, after which the physician shall make another examination and again advise the referee of the injured contestant's condition. Managers, handlers, and seconds shall not attend to the stricken fighter, except at the request of the physician.

2. This section shall not be construed to expand, diminish, or otherwise modify the scope of practice of any profession licensed under this subtitle.

3. The rulemaking requirements provided in this section shall not be construed to prohibit the agencies listed in subsection 1 from engaging in further rulemaking not in conflict with this section or state or federal law relating to the subject matter of this section or to otherwise diminish the authority to engage in rulemaking provided to those agencies by any other statute.]