CHAPTER 148C

PHYSICIAN ASSISTANTS

Referred to in \$124E.2, 135.24, 135.61, 135.105D, 135B.7, 135G.1, 135P.1, 136C.3, 137.105, 142C.7, 144.29A, 144D.1, 147.74, 147.76, 147.107, 147.136A, 147A.13, 148.13, 148H.4, 216.8C, 225C.6, 249A.4, 261.114, 261.116, 272C.1, 280.16, 321.34, 321.186, 321L.2, 514C.11, 514C.13, 702.8, 702.17, 708.3A, 714H.4

Enforcement, §147.87, 147.92 Penalty, general, §147.86 Drug dispensing, supplying, and prescribing; limitations, rules, see §147.107 and 91 Acts, ch 238, §2

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148C.1 Definitions.

1. "Approved program" means a program for the education of physician assistants which has been accredited by the accreditation review commission on education for the physician assistant or its successor, or, if accredited prior to 2001, either by the committee on allied health education and accreditation, or the commission on accreditation of allied health education programs.

2. "Board" means the board of physician assistants created under chapter 147.

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

4. "Department" means the department of public health.

5. "Licensed physician assistant" or "licensed PA." means a person who is licensed by the board to practice as a physician assistant under the supervision of one or more physicians. "Supervision" does not require the personal presence of the supervising physician at the place where medical services are rendered except insofar as the personal presence is expressly required by this chapter or required by rules of the board adopted pursuant to this chapter.

6. *"Physician"* means a person who is currently licensed in Iowa to practice medicine and surgery or osteopathic medicine and surgery. Notwithstanding this subsection, a physician supervising a physician assistant practicing in a federal facility or under federal authority shall not be required to obtain licensure beyond licensure requirements mandated by the federal government for supervising physicians.

7. "*Physician assistant*" or "*P.A.*" means a person who meets the qualifications under this chapter and is licensed to practice medicine by the board.

8. *"Supervising physician"* means a physician who supervises the medical services provided by a physician assistant consistent with the physician assistant's education, training, or experience and who accepts ultimate responsibility for the medical care provided by the supervising physician-physician assistant team.

[C73, 75, 77, 79, §148B.1; C81, §148C.1]

88 Acts, ch 1225, §15; 2003 Acts, ch 93, §6 – 8, 14; 2004 Acts, ch 1101, §23; 2007 Acts, ch 10, §105; 2008 Acts, ch 1088, §141; 2020 Acts, ch 1020, §4, 12

Referred to in §321J.11, 462A.14A Section amended

148C.2 Approved programs. Repealed by 2003 Acts, ch 93, §13, 14.

148C.3 Licensure.

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

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

b. Evidence of passing the national commission on the certification of physician assistants' national certifying examination or an equivalent examination approved by the board.

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

2. Rules shall be adopted by the board pursuant to this chapter requiring a licensed physician assistant to be supervised by physicians. The rules shall provide that not more than five physician assistants shall be supervised by a physician at one time. The rules shall also provide that a physician assistant shall notify the board of the identity of the physician assistant's supervising physician and of any change in the status of the supervisory relationship.

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

4. The board may issue a temporary license under special circumstances and upon conditions prescribed by the board. A temporary license shall not be valid for more than one year and shall not be renewed more than once.

5. The board may issue an inactive license under conditions prescribed by rules adopted by the board.

6. The board shall adopt rules pursuant to this section after consultation with the board of medicine.

[C73, 75, 77, 79, §148B.3; C81, §148C.3; 82 Acts, ch 1005, §5]

88 Acts, ch 1225, §17; 2003 Acts, ch 93, §9, 14; 2004 Acts, ch 1101, §24; 2007 Acts, ch 10, §106; 2012 Acts, ch 1037, §1; 2020 Acts, ch 1020, §5, 12

Referred to in §148C.4, 272C.2C Subsections 1 and 3 amended

148C.4 Services performed by physician assistants.

1. A physician assistant may provide any legal medical service for which the physician assistant has been prepared by the physician assistant's education, training, or experience and is competent to perform. For the purposes of this section, "legal medical service for which the physician assistant has been prepared by the physician assistant's education, training, or experience and is competent to perform" includes making a pronouncement of death for a patient whose death is anticipated if the death occurs in a licensed hospital, a licensed health care facility, a correctional institution listed in section 904.102, a Medicare-certified home health agency, or a Medicare-certified hospice program or facility.

2. *a.* Notwithstanding subsection 1, a physician assistant licensed pursuant to this chapter or authorized to practice in any other state or federal jurisdiction who voluntarily and gratuitously, and other than in the ordinary course of the physician assistant's employment or practice, responds to a need for medical care created by an emergency or a state or local disaster may render such care that the physician assistant is able to provide without supervision as described in this section or with such supervision as is available.

b. A physician who supervises a physician assistant providing medical care pursuant to this subsection shall not be required to meet the requirements of rules adopted pursuant to section 148C.3, subsection 2, relating to supervision by physicians. A physician providing physician assistant supervision pursuant to this subsection or a physician assistant, who voluntarily and gratuitously, and other than in the ordinary course of the physician assistant's

employment or practice, responds to a need for medical care created by an emergency or a state or local disaster shall not be subject to criminal liability by reason of having issued or executed the orders for such care, and shall not be liable for civil damages for acts or omissions relating to the issuance or execution of the orders unless the acts or omissions constitute recklessness.

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

[C73, 75, 77, 79, §148B.4; C81, §148C.4]

⁸⁸ Acts, ch 1225, §18; 2001 Acts, ch 113, §1; 2003 Acts, ch 93, §10, 14; 2009 Acts, ch 41,
⁸²⁶³; 2017 Acts, ch 96, §2; 2020 Acts, ch 1020, §6, 7, 12 Referred to in §147.107, 489.1102, 489.1105, 496C.4, 496C.7

Subsection 1 amended NEW subsection 3

148C.5 Supervising physicians — board of medicine — rulemaking requirements.

1. If the board commences a contested case hearing against a physician assistant by delivering a statement of charges and notice of hearing to the physician assistant, the board shall deliver a copy of the statement of charges and notice of hearing to the physician assistant's supervising physician.

2. The board shall adopt rules pursuant to chapter 17A to establish specific procedures for consulting with and sharing information with the board of medicine regarding complaints that a physician assistant may have been inadequately supervised by the physician assistant's supervising physician.

3. The board shall not amend or rescind any of the following rules unless, prior to the submission of such an amendment or rescission to the administrative rules coordinator, the board consults with and receives approval from the board of medicine to make such a submission:

a. 645 IAC 326.1 regarding the following terms:

- (1) "Physician".
- (2) "Physician assistant".
- (3) "Supervising physician".
- (4) "Supervision".
- b. 645 IAC 326.2(1)(f).
- c. 645 IAC 326.4(6).
- d. 645 IAC 326.8.
- *e*. 645 IAC 326.19(3)(b)(3).
- f. 645 IAC 327.1(1)(s)(1) (4).
- g. 645 IAC 327.1(1)(u).
- h. 645 IAC 327.1(1)(z).
- *i*. 645 IAC 327.4(1)(b)(2) (4).
- j. 645 IAC 327.4(2).
- k. 645 IAC 327.6(1)(d).
- 2017 Acts, ch 60, §1, 5

148C.5A Initiating disciplinary proceedings — advice from board of medical examiners. Repealed by 2003 Acts, ch 93, §13, 14.

148C.6 Reserved.

148C.6A and 148C.7 Repealed by 2003 Acts, ch 93, §13, 14.

148C.8 Right to delegate.

Nothing in this chapter affects or limits a physician's existing right to delegate various medical tasks to aides, assistants or others acting under the physician's supervision or direction, including orthopedic physician assistant technologists. Such aides, assistants, orthopedic physician assistant technologists, and others who perform only those tasks which can be so delegated shall not be required to qualify as physician assistants under this chapter.

[C73, 75, 77, 79, \$148B.8; C81, \$148C.8] 88 Acts, ch 1225, \$22; 2015 Acts, ch 29, \$114

148C.9 Eye examination restricted.

A physician assistant shall not be permitted to prescribe lenses, prisms, or contact lenses for the aid, relief, or correction of human vision. A physician assistant shall not be permitted to measure the visual power and visual efficiency of the human eye, as distinguished from routine visual screening, except in the personal presence of a supervising physician at the place where such services are rendered.

[C73, 75, 77, 79, \$148B.9; C81, \$148C.9] 88 Acts, ch 1225, \$23

148C.10 Applicability of other provisions of law.

The provisions of chapter 147, not otherwise inconsistent with the provisions of this chapter, shall apply to the provisions of this chapter.

[C73, 75, 77, 79, §148B.10; C81, §148C.10]

148C.11 Prohibition — crime.

A person not licensed as required by this chapter who practices as a physician assistant is guilty of a serious misdemeanor.

[82 Acts, ch 1005, §7] 88 Acts, ch 1225, §24; 2003 Acts, ch 93, §11, 14

148C.12 Annual report.

By January 31 of each year the board and the board of medicine shall provide to the general assembly and the governor a joint report detailing the boards' collaborative efforts and team building practices.

2007 Acts, ch 10, §184; 2007 Acts, ch 218, §189

148C.13 Investigators for physician assistants.

1. The board may appoint investigators, who shall not be members of the board, to administer and aid in the enforcement of the provisions of law relating to physician assistants. The amount of compensation for the investigators shall be determined pursuant to chapter 8A, subchapter IV.

2. Investigators authorized by the board have the powers and status of peace officers when enforcing this chapter and chapters 147 and 272C.

2008 Acts, ch 1088, §57