

**MEDICINE BOARD[653]**

**Adopted and Filed**

Pursuant to the authority of Iowa Code section 147.76, the Board of Medicine hereby amends Chapter 21, “Physician Supervision of a Physician Assistant,” Iowa Administrative Code.

One purpose of Chapter 21 is to establish factors that would render a physician ineligible to supervise a physician assistant. These amendments establish that a physician is ineligible to supervise a physician assistant if the physician does not have a written supervisory agreement in place with each physician assistant supervised by the physician.

The Board approved a Notice of Intended Action on April 28, 2017. The Notice was published as **ARC 3069C** in the Iowa Administrative Bulletin on May 24, 2017. A public hearing was held on June 13, 2017. Several revisions were made from the amendments published under Notice, based on comments received in writing or presented at the public hearing.

In rule 653—21.3(148), the reporting period was expanded from 30 days to 60 days.

In rule 653—21.4(148,272C), the Board determined it would provide a sample supervisory agreement form instead of approving forms used by the supervising physician.

In subrule 21.4(4), the Board added patient complaints to the topics of conversation between the supervising physician and the physician assistant. Also, the Board determined that the supervisory agreement shall also include a provision which ensures that each supervising physician and physician assistant conduct an ongoing discussion and evaluation of the supervisory agreement.

In subrule 21.4(5), the Board determined that chart review documentation may include a supervising physician’s signing or initialing the chart of a patient diagnosed and/or treated by the physician assistant. The Board determined that each supervising physician shall ensure that there is an ongoing review of a representative sample of the physician assistant’s charts and that the findings from the ongoing review are discussed with the physician assistant.

The Board did not adopt proposed subrule 21.4(6) and renumbered the remaining subrules accordingly.

At its regularly scheduled meeting held on July 21, 2017, the Board voted to adopt and file the Noticed amendments published on May 24, 2017, with the changes detailed above.

After analysis and review of this rule making, no negative impact on private sector jobs and employment opportunities within the state of Iowa has been found. Other than requiring a written supervisory agreement, the elements covered in the agreement are existing supervisory requirements found in the Iowa Code and the Iowa Administrative Code.

These amendments are intended to implement Iowa Code chapters 147, 148 and 272C.

These amendments will become effective September 20, 2017.

The following amendments are adopted.

ITEM 1. Adopt the following **new** subrule 21.1(3):

**21.1(3)** The physician does not have a written supervisory agreement in place with each physician assistant supervised by the physician.

ITEM 2. Amend rule 653—21.3(148) as follows:

**653—21.3(148) Board notification.** A physician who supervises a physician assistant shall notify the board of the supervisory relationship within 60 days of the provision of initial supervision and at the time of the physician’s license renewal.

ITEM 3. Renumber rules **653—21.4(148,272C)** to **653—21.7(17A,147,148,272C)** as **653—21.5(148,272C)** to **653—21.8(17A,147,148,272C)**.

ITEM 4. Adopt the following new rule **653—21.4(148,272C)**:

**653—21.4(148,272C) Supervisory agreements.** Each physician who supervises a physician assistant shall establish a written supervisory agreement prior to supervising a physician assistant. A sample supervisory agreement form is available from the board. The purpose of the supervisory agreement is to define the nature and extent of the supervisory relationship and the expectations of each party. The supervisory agreement shall take into account the physician assistant's demonstrated skills, training and experience, proximity of the supervising physician to the physician assistant, and the nature and scope of the medical practice. The supervising physician shall maintain a copy of the supervisory agreement and provide a copy of the agreement to the board upon request. The supervisory agreement shall, at a minimum, address the following provisions.

**21.4(1) Review of requirements.** The supervisory agreement shall include a provision which ensures that the supervising physician and the physician assistant review all of the requirements of physician assistant licensure, practice, supervision, and delegation of medical services as set forth in Iowa Code section 148.13 and chapter 148C, this chapter, and 645—Chapters 326 to 329.

**21.4(2) Assessment of education, training, skills, and experience.** The supervisory agreement shall include a provision which ensures that each supervising physician assesses the education, training, skills, and relevant experience of the physician assistant prior to providing supervision. Each supervising physician and physician assistant shall ensure that the other party has the appropriate education, training, skills, and relevant experience necessary to successfully collaborate on patient care delivered by the team. Thereafter, each supervising physician shall regularly evaluate the clinical judgment, skills, performance and patient care of the physician assistant and shall provide appropriate feedback to the physician assistant.

**21.4(3) Delegated services.** The supervisory agreement shall include a provision which addresses the services the supervising physician delegates to the physician assistant. The medical services and medical tasks delegated to and provided by the physician assistant shall be in compliance with 645—subrule 327.1(1). All delegated medical services shall be within the scope of practice of the supervising physician and the physician assistant. The supervising physician and the physician assistant shall have the education, training, skills, and relevant experience necessary to perform the delegated services prior to delegation.

**21.4(4) Communication.** The supervisory agreement shall include a provision which sets forth expectations for communication. Each supervising physician and physician assistant shall communicate about and consult on patient complaints, medical problems, complications, emergencies, and patient referrals as indicated by the clinical condition of the patient. The supervising physician shall be available for timely consultation with the physician assistant, either in person or by telephonic or other electronic means. The supervisory agreement shall also include a provision which ensures that each supervising physician and physician assistant conduct ongoing discussions and evaluation of the supervisory agreement, including supervision; expectations for both parties; assessment of education, training, skills, and relevant experience; review of delegated services; review of the medical services provided by the physician assistant; and the types of cases and situations when the supervising physician expects to be consulted.

**21.4(5) Chart review.** The supervisory agreement shall include a provision which sets forth the plan for completing and documenting chart reviews. Documentation may include, but is not limited to, the supervising physician's placing the supervising physician's signature or initials on the charts reviewed. Each supervising physician shall ensure that an ongoing review of a representative sample of the physician assistant's patient charts encompassing the scope of the physician assistant's practice provided under the physician's supervision occurs and that the findings of the review are discussed with the physician assistant.

**21.4(6) Remote medical site.** The supervisory agreement shall include a provision which ensures that the supervising physician visits a remote medical site to provide additional medical direction,

medical services and consultation at least every two weeks or less frequently as specified in unusual or emergency circumstances. When visits are less frequent than every two weeks in unusual or emergency circumstances, the physician shall notify the board in writing of these circumstances within 30 days. “Remote medical site” means a medical clinic for ambulatory patients which is away from the main practice location of a supervising physician and in which a supervising physician is present less than 50 percent of the time when the remote medical site is open. “Remote medical site” will not apply to nursing homes, patient homes, hospital outpatient departments, outreach clinics, or any location at which medical care is incidentally provided (e.g., diet center, free clinic, site for athletic physicals, jail facility). The board shall only grant a waiver or variance of this provision if substantially equal protection of public health, safety, and welfare will be afforded by a means other than that prescribed in this rule.

**21.4(7) *Alternate supervision.*** The supervisory agreement shall include a provision which sets forth the expectations and plan for alternate supervision. If the supervising physician will not be available for any reason, an alternate supervising physician must be available to ensure continuity of supervision. The supervising physician will ensure that the alternate supervising physician is available for a timely consultation and will ensure that the physician assistant is notified of the means by which to reach the alternate supervising physician. The physician assistant may not practice if supervision is unavailable, except as otherwise provided in Iowa Code chapter 148C or 645—Chapters 326 to 329.

ITEM 5. Adopt the following **new** subrule 21.5(4):

**21.5(4)** The physician fails to adequately direct and supervise a physician assistant or fails to comply with the minimum standards of supervision in accordance with this chapter, Iowa Code section 148.13 and chapter 148C, and 645—Chapters 326 to 329.

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EDITOR’S NOTE: For replacement pages for IAC, see IAC Supplement 8/16/17.