



Fields of Opportunities

STATE OF IOWA

KIM REYNOLDS, GOVERNOR
ADAM GREGG, LIEUTENANT GOVERNOR

IOWA BOARD OF MEDICINE
MARK BOWDEN, M.P.A., EXECUTIVE DIRECTOR

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FREQUENTLY ASKED QUESTIONS

PHYSICIAN SUPERVISION OF A PHYSICIAN ASSISTANT: IOWA ADMINISTRATIVE CODE 653-21.3 AND 653-21.4

1. When will the Board begin enforcing the new rules (IAC 653-21.3 & 653-21.4)?

The new rules became effective September 20, 2017, and the Board will begin enforcing them on January 1, 2018.

2. Do I need to use a supervisory agreement form approved by the Board?

No. You may use the form of your choice. It needs to address the supervisory elements expressed in Iowa Administrative Code 653.21.4. A sample agreement is available on the Board's website, www.medicalboard.iowa.gov

3. Do I need to file a copy of the supervisory agreement with the Board?

No. However, you must maintain a copy of the agreement and provide a copy to the Board upon request.

4. Does each supervising physician need to have a separate supervisory agreement for each physician assistant?

No. Multiple supervising physicians may use a single agreement for each physician assistant when appropriate.

5. What is the purpose of the supervisory agreement?

The purpose of the agreement is to define the nature and extent of the lawfully required supervisory relationship and to express the expectations of each party. The agreement must be in place prior to provision of supervision.

6. When do I need to notify the Board of a new relationship with a physician assistant?

Within 60 days of the provision of initial supervision and at the time of the physician's license renewal.

7. How often do I need to update the supervisory agreement?

There is no specific timeline. However, the agreement must include a provision which ensures that each supervising physician and physician assistant conduct ongoing discussions and evaluation of the agreement.

8. Do the rules require a specific number of face-to-face meetings?

No. The rules do not require a specific number of meetings, face-to-face or otherwise.

9. Does each supervising physician need to complete a specific number of chart reviews?

No. Each supervising physician must ensure that meaningful chart reviews occur for each physician assistant, but the chart reviews may be performed by one or more supervising physician. Documentation of the chart reviews may include, but is not limited to, placing the supervising physician's signature or initials on the charts reviewed.

10. Does the chart reviewer have to be a supervising physician?

Yes. The chart reviewer must be a supervising physician. At least one supervising physician should be familiar with the care provided by the physician assistant.

11. Do the rules change the supervisory requirements at a remote medical site?

No. The new rules are identical to the minimum requirements established by the Iowa Board of Physician Assistants.

12. Does an alternate supervising physician need to complete a supervisory agreement?

An alternate supervising physician is a physician who does not regularly provide supervision of the physician assistant and as such the alternate may not have a supervising agreement. The Board reminds all physicians who supervise a physician assistant that the physician is ultimately responsible for care provided.

13. Does the supervising physician need to document that chart reviews were discussed with the physician assistant?

No. In the supervisory agreement, the supervising physician needs to identify when and how charts are reviewed and how the findings of the review will be discussed with the physician assistant. The supervising physician does not need to document the discussions with the physician assistant.

14. Does the supervisory agreement need to include a comprehensive list of every medical service delegated to the physician assistant?

No. The supervisory agreement may include a summary of the services delegated or a comprehensive list of services delegated, at the discretion of supervising physician. **A list of services which may be performed by a physician assistant can be found in Iowa Administrative Code 645-327.1(1), presented here:**

MEDICAL SERVICES DELEGATED TO A PHYSICIAN ASSISTANT (Iowa Administrative Code 645—327.1)

654—327.1(1) The medical services to be provided by the physician assistant are those delegated by a supervising physician. The ultimate role of the physician assistant cannot be rigidly defined because of the variations in practice requirements due to geographic, economic, and sociologic factors. The high degree of responsibility a physician assistant may assume requires that, at the conclusion of the formal education, the physician assistant possess the knowledge, skills and abilities necessary to provide those services appropriate to the practice setting. The physician assistant's services may be utilized in any clinical settings including, but not limited to, the office, the ambulatory clinic, the hospital, the patient's home, extended care facilities and nursing homes. Diagnostic and therapeutic medical tasks for which the supervising physician has sufficient training or experience may be

delegated to the physician assistant after a supervising physician determines the physician assistant's proficiency and competence. The medical services to be provided by the physician assistant include, but are not limited to, the following:

- a.* The initial approach to a patient of any age group in any setting to elicit a medical history and perform a physical examination.
- b.* Assessment, diagnosis and treatment of medical or surgical problems and recording the findings.
- c.* Order, interpret, or perform laboratory tests, X-rays or other medical procedures or studies.
- d.* Performance of therapeutic procedures such as injections, immunizations, suturing and care of wounds, removal of foreign bodies, ear and eye irrigation and other clinical procedures.
- e.* Performance of office surgical procedures including, but not limited to, skin biopsy, mole or wart removal, toenail removal, removal of a foreign body, arthrocentesis, incision and drainage of abscesses.
- f.* Assisting in surgery.
- g.* Prenatal and postnatal care and assisting a physician in obstetrical care.
- h.* Care of orthopedic problems.
- i.* Performing and screening the results of special medical examinations including, but not limited to, electrocardiogram or Holter monitoring, radiography, audiometric and vision screening, tonometry, and pulmonary function screening tests.
- j.* Instruction and counseling of patients regarding physical and mental health on matters such as diets, disease, therapy, and normal growth and development.
- k.* Function in the hospital setting by performing medical histories and physical examinations, making patient rounds, recording patient progress notes and other appropriate medical records, assisting in surgery, performing or assisting with medical procedures, providing emergency medical services and issuing, transmitting and executing patient care orders as delegated by the supervising physician.
- l.* Providing services to patients requiring continuing care (i.e., home, nursing home, extended care facilities).
- m.* Referring patients to specialty or subspecialty physicians, medical facilities or social agencies as indicated by the patients' problems.
- n.* Immediate evaluation, treatment and institution of procedures essential to providing an appropriate response to emergency medical problems.
- o.* Order drugs and supplies in the office, and assist in keeping records and in the upkeep of equipment.
- p.* Admit patients to a hospital or health care facility.
- q.* Order diets, physical therapy, inhalation therapy, or other rehabilitative services as indicated by the patient's problems.
- r.* Administer any drug (a single dose).
- s.* Prescribe drugs and medical devices under the following conditions:
 - (1) The physician assistant shall have passed the national certifying examination conducted by the National Commission on the Certification of Physician Assistants or its successor examination approved by the board. Physician assistants with a temporary license may order drugs and medical devices only with the prior approval and direction of a supervising physician. Prior approval may include discussion of the specific medical problems with a supervising physician prior to the patient's being seen by the physician assistant.
 - (2) The physician assistant may not prescribe Schedule II controlled substances which are listed as depressants in Iowa Code chapter 124. The physician assistant may order Schedule II controlled substances which are listed as depressants in Iowa Code chapter 124 only with the prior approval and direction of a physician. Prior approval may include discussion of the specific medical problems with a supervising physician prior to the patient's being seen by the physician assistant.
 - (3) The physician assistant shall inform the board of any limitation on the prescriptive authority of the physician assistant in addition to the limitations set out in 327.1(1) "s"(2).
 - (4) A physician assistant shall not prescribe substances that the supervising physician does not have the authority to prescribe except as allowed in 327.1(1) "n."
 - (5) The physician assistant may prescribe, supply and administer drugs and medical devices in all settings including, but not limited to, hospitals, health care facilities, health care

institutions, clinics, offices, health maintenance organizations, and outpatient and emergency care settings except as limited by 327.1(1)“s”(2).

(6) A physician assistant who is an authorized prescriber may request, receive, and supply sample drugs and medical devices except as limited by 327.1(1)“s”(2).

(7) The board of physician assistants shall be the only board to regulate the practice of physician assistants relating to prescribing and supplying prescription drugs, controlled substances and medical devices.

t. Supply properly packaged and labeled prescription drugs, controlled substances or medical devices when pharmacist services are not reasonably available or when it is in the best interests of the patient as delegated by a supervising physician.

(1) When the physician assistant is the prescriber of the medications under 327.1(1)“s,” these medications shall be supplied for the purpose of accommodating the patient and shall not be sold for more than the cost of the drug and reasonable overhead costs as they relate to supplying prescription drugs to the patient and not at a profit to the physician or physician assistant.

(2) When a physician assistant supplies medication on the direct order of a physician, subparagraph (1) does not apply.

(3) A nurse or staff assistant may assist the physician assistant in supplying medications when prescriptive drug supplying authority is delegated by a supervising physician to the physician assistant under 327.1(1)“s.”

u. When a physician assistant supplies medications as delegated by a supervising physician in a remote site, the physician assistant shall secure the regular advice and consultation of a pharmacist regarding the distribution, storage and appropriate use of prescription drugs, controlled substances, and medical devices.

v. May, at the request of the peace officer, withdraw a specimen of blood from a patient for the purpose of determining the alcohol concentration or the presence of drugs.

w. Direct medical personnel, health professionals and others involved in caring for patients in the execution of patient care.

x. May authenticate medical forms by signing the form and including a supervising physician’s name.

y. Perform other duties appropriate to a physician’s practice.

z. Health care providers shall consider the instructions of the physician assistant to be instructions of a supervising physician if the instructions concern duties delegated to the physician assistant by the supervising physician.

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IOWA BOARD OF MEDICINE CONTACTS

KENT NEBEL, DIRECTOR OF LEGAL AFFAIRS
(515) 281-7088 | kent.nebel@iowa.gov

MARK BOWDEN, EXECUTIVE DIRECTOR
(515) 242-3268 | mark.bowden@iowa.gov