

MEDICINE BOARD[653]

Notice of Intended Action

Proposing rule making related to supervision of physician assistants and providing an opportunity for public comment

The Medicine Board hereby proposes to amend Chapter 21, "Physician Supervision of a Physician Assistant," Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is proposed under the authority provided in Iowa Code chapters 147, 148 and 272C.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code chapters 147, 148 and 272C.

Purpose and Summary

This proposed rule making amends the minimum requirements for a physician who supervises a physician assistant at a remote medical site.

Fiscal Impact

This rule making will likely reduce the administrative costs associated with the supervision of a physician assistant at a remote medical site and increase access to health care services provided at remote medical sites. The rule making will likely have a positive fiscal impact, which is difficult to measure at this time.

Jobs Impact

This rule making will likely reduce the administrative burdens associated with the supervision of a physician assistant at a remote medical site and increase access to health care services provided at remote medical sites. The rule making will likely have a positive jobs impact, which is difficult to measure at this time.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Board for a waiver of the discretionary provisions, pursuant to 653—Chapter 3 and rule 653—21.8(17A,147,148,272C).

Public Comment

Any interested person may submit written or oral comments concerning this proposed rule making. Written or oral comments in response to this rule making must be received by the Board no later than 4:30 p.m. on October 3, 2018. Comments should be directed to:

Kent M. Nebel
Iowa Board of Medicine
400 S.W. Eighth Street, Suite C
Des Moines, Iowa 50309
Phone: 515.281.7088
Fax: 515.281.8641
Email: kent.nebel@iowa.gov

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

October 3, 2018	Board Office
10 a.m.	400 S.W. Eighth Street, Suite C
	Des Moines, Iowa

Persons who wish to make oral comments at the public hearing may be asked to state their names for the record and to confine their remarks to the subject of this proposed rule making.

Any persons who intend to attend the public hearing and have special requirements, such as those related to hearing or mobility impairments, should contact the Board and advise of specific needs.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rule-making action is proposed:

Amend subrule 21.4(6) as follows:

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 the supervising physician and in which a the 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 supervisory agreement shall include a provision which ensures that the supervising physician visits the remote medical site, or communicates with a physician assistant at the remote medical site via electronic communications, at least every two weeks to provide additional medical direction, medical services and consultation specific to the medical services provided at the remote medical site. For purposes of this subrule, communication may consist of, but shall not be limited to, in-person meetings or two-way, interactive communication directly between the supervising physician and the physician assistant via the telephone, secure messaging, electronic mail, or chart review. The supervisory agreement shall also include a provision which ensures that at least one supervising physician meets in person, and documents the meeting, with the physician assistant at the remote medical site at least once every six months to evaluate and discuss the medical facilities, resources, and

medical services provided at the remote medical site. 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.



Iowa Physician Assistant Society

6919 Vista Drive
West Des Moines, IA 50266
ph: (515) 282-8192 fax: (515) 282-9117

October 2, 2018

Kyle Ulveling, MD, Chair
Board of Medicine, State of Iowa
400 SW 8th Street, Suite C
Des Moines, IA 50309
Kent.Nebel@Iowa.gov

In re: Public comments to ARC 3992C, relating to: physician supervision of PA-staffed remote medical sites.

Dear Chair Ulveling and the Board of Medicine Members:

The Iowa PA Society (IPAS), would like to commend the board for updating the Remote Medical Site supervision requirements and allowing the opportunity to comment on ARC 3992 through amending chapter 21 of title 653. That being said, the on-site rule requirement is outdated and unnecessary and we are requesting the complete removal of 21.4(6).

The current rule is placing unnecessary burdens on physicians, thus limiting access to quality healthcare in needed areas. We respect the work you have done to protect the public via physician regulation and commend you for your willingness to modernize rules to increase access to quality healthcare and flexibility.

IPAS appreciates the goal of the proposed language allowing for communication between a physician and PA to be performed in various secure manners, removing the burdensome mandate of biweekly in-person meetings. However, there still is not any evidence supporting such a requirement and we would rather see the amount of collaboration and communication be decided within each PA-physician relationship at the practice level, determined by the level of training and experience of each PA, and decided by the hiring entity.

IPAS has seen many clinics close doors because a PA could not continue to work in remote medical sites due to these outdated rules, including clinics in Wapello, Sigourney, Belle Plaine, and Lowden. IPAS has also been receiving numerous stories about clinics that are hiring nurse practitioners in the place of qualified PAs due to employers' perceptions that PA's require burdensome administrative oversight. This affects our rural underserved areas as well as many clinics in urban areas that provide access to patients who cannot otherwise be seen in a timely fashion. We do not believe the Board of Medicine intends to support rules that are anticompetitive.

Ultimately, IPAS and its members request that the Board of Medicine remove 21.4(6) in its entirety for the following reasons:

1. To make Iowa PA remote site rules consistent with federal Rural Health Clinic regulations;
2. To be consistent with the PA rules of 27 states and the District of Columbia;
3. To be consistent with the PA rules in 4 of the 6 states bordering Iowa (IL, WI, MN, SD): NE allows its PA regulatory agency to waive the physician visit requirements if the PA has at least two years of experience;

4. Matches the regulatory flexibility recommended by major national physician organizations including the AAFP, AOA and the ACP;
5. Follows the advice of the US Federal Trade Commission by permitting the marketplace to allow selection of the most qualified practitioner;
6. Treats PAs like other comparable medical professionals.

Thank you all for your time, dedication, and hard work. Please consider our testimony and if any further information is needed we are happy to work together with you.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Nelson PA', with a stylized flourish.

On behalf of IPAS members
Jeremy L Nelson, PA
Iowa PA Society President
ajkopfmannelson@yahoo.com



Nebel, Kent <kent.nebel@iowa.gov>

ARC 3992C

1 message

Douglas, Richard S. <Richard.Douglas@va.gov>
To: "kent.nebel@iowa.gov" <kent.nebel@iowa.gov>

Wed, Oct 3, 2018 at 9:32 AM

Mr Nebel,

Please allow remote site PA rules (ARC 3992C) to match the federal rules and those of the majority of Iowa bordering states, that allow the practice to determine the details of supervision. There are a number of sites in Iowa that potentially have decreased medical care without this change.

Thank you,

Rick Douglas, PA-C

Ankeny, IA

In re: Public comments to ARC 3992C, relating to: physician supervision of PA-staffed remote medical sites.

Dear Dr. Uveling and Board of Medicine members,

My name is Laura Delaney. I am a PA educator and a practicing PA in Ankeny. We have many students that apply to our program and this is the first year we have students asking about barriers for PAs to practice in Iowa. Current students are also questioning their ability to get a job in Iowa as they are hearing of instances that physicians are not hiring PAs due to the constraints of burdensome compliance measures. I am sad to say I have to currently acknowledge both.

Thank you for this opportunity to comment on ARC 3992C that amends chapter 21 of title 653 relating to physician supervision of physician assistant (PA) – staffed remote medical sites.

I appreciate the additional flexibility the proposed rule provides. However, the proposed rule still places a burden on physicians (and PAs) without any evidence that the rule provides benefits that outweigh the costs. Instead, the supervising physician and PA should decide the appropriate communication necessary based on the education, experience, skills and experience of each. I would like to urge the board to eliminate 21.4(6) entirely, consistent with nearby states and federal policy. This could be done by adding the following provision to the proposed rule, ARC 3992C, “Notwithstanding any provisions to the contrary, at least one supervising physician and the PA practicing at the remote site shall document a meeting via any form of secure communication at least once every six months to evaluate and discuss the medical facilities resources and medical services provided at the remote medical site.”

This change would allow physicians and medical practices to tailor a PA’s supervision details to the PAs education and experience. And this change would allow the regulatory flexibility recommended by the American Academy of Family Physicians, the American College of Physicians, the American Osteopathic Association and the American Academy of PAs.

Very importantly, allowing the practice to determine the details of supervision would permit PA psychiatric practices that have been granted exceptions from the every 2 weeks physician visit requirement to continue to provide care through telemedicine. Telemedicine rules do not require physician presence but the current and proposed PA remote site rules (ARC 3992C) do.

Allowing the practice to determine the details of supervision has been proven to be successful in improving access to care already in Iowa through the exception process already authorized in the PA Board’s rules. Most importantly, this proposed amendment would increase access to care in Iowa’s rural and medically underserved areas where it is the most challenging to find and keep medical care. It should be adopted.

Thank you for your time and attention to this request to consider my comments.

Sincerely,

Laura Delaney, PA-C



Nebel, Kent <kent.nebel@iowa.gov>

Iowa Medical Board Remote Site Rules (ARC 3992C)

1 message

David Yurdin, PA-C, AAHIVMS <dyurdin@phcinc.net>
To: kent.nebel@iowa.gov

Wed, Oct 3, 2018 at 8:26 AM

Dear Iowa Board of Medicine members,

I am writing to ask that the proposed PA remote site clinic rules be made **consistent with the federal rules and those of the majority of states**; including most of Iowa's neighboring states. That could be done by amending the rule to read;

At least one supervising physician and the PA practicing at the remote site shall document a meeting, via any form of secure communication at least once every six months to evaluate and discuss the medical facilities, resources, and medical services provided at the remote medical site.

This proposed change would make Iowa's PA rules consistent with the Federal Rural Health Clinic rules, decrease costs of providing care in rural areas, and reduce physician downtime spent traveling instead of seeing patients, and thereby improving availability of care in small towns.

Allowing the practice to determine the details of PA practice oversight has proven safe and effective in other states and in four of Iowa's bordering states. It is time for Iowa to do the same.

Thank you for efforts to help increase care in our under-served areas and your attention to these comments.

Sincerely,

David L. Yurdin, PA-C, AAHIVS
Clinical Director**The Project of PHC**1200 University Ave. #120 | Des Moines, IA 50314
O: 515-248-1561 | F: 515-248-1510
dyurdin@phcinc.net | phciowa.org

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October 2, 2018

Kent Nebel, JD
Interim Executive Director
Iowa Board of Medicine
400 SW Eighth Street, Suite C
Des Moines, IA 50309
Delivered via email: kent.nebel@iowa.gov

RE: ARC 3992C, Supervision of physician assistants at remote medical sites, 21.4(6)

Dear Mr. Nebel:

On behalf of the undersigned physician organizations, we are writing in regards to proposed amendments to ARC 3992C, regarding supervision of physician assistants at remote medical sites. These changes would amend the current rules that a supervising physician must visit every two weeks to providing an option for allowing for electronic communication every two weeks and in-person visits every six weeks. This poses a threat to patient safety in Iowa.

While we greatly respect the role that these health care providers play in a physician-led environment, physician assistants simply do not have the necessary education and training to recognize, diagnose and treat potentially harmful skin conditions—knowledge that is developed over numerous years in medical school, residency and fellowships. Historically, physician assistants were introduced to provide primary care services to treat patients primarily in underserved areas under the supervision of a physician. As such, there is a lack of formal education and specialty training necessary to provide comprehensive patient care without adequate supervision. In a study of dermatologists using non-physician providers in their practice, only 10% of respondents said their physician assistants and other non-physician providers (such as advanced practice registered nurses) had received formal dermatology training, and just over half had completed a dermatology rotation during their education.ⁱ

In order to gain the competence to accurately diagnose and prescribe treatment, a physician must undergo more than 10,000 hours of intense medical education and training. Without this vast level of training and experience, the safety of patients in Iowa could be at risk. For optimum care, patients should have the opportunity to receive a proper examination by an appropriately trained and licensed physician and follow-up care by a physician assistant under the direct, on-site supervision of a qualified, licensed physician.ⁱⁱ

For these reasons, we urge you to oppose any amendments to ARC 3992C and ask you to protect patients in Iowa by requiring the direct on-site supervision of physician assistants. Should you have any questions or need further information, please do not hesitate to contact Emily Ninnemann, ASDSA Manager of Advocacy and Practice Affairs, at (847) 956-9121, or by email at eninnemann@asds.net.

Sincerely,

American Society for Dermatologic Surgery Association
Iowa Dermatological Society

ⁱ Hibler B, Rossi A. The Use of Non-physicians in Cosmetic Dermatology: Legal and Regulatory Standards. *Current Dermatology Reports*, 2015: p. 1-8

ⁱⁱ ASDSA *Position on Delegation*. <https://www.asds.net/Portals/0/PDF/asdsa/asdsa-position-statement-delegation.pdf>



Nebel, Kent <kent.nebel@iowa.gov>

PA rules for supervision of remote clinic sites

1 message

Mike Farley & Mary Timp <mikemaryjean@gmail.com>
To: Kent.nebel@iowa.gov

Tue, Oct 2, 2018 at 3:22 PM

I am writing to ask for approval of changes in supervision regulations of remote clinic sites staffed by Physician Assistants.

Physician/Physician Assistant teams have been providing quality health care to clinics in small towns for 40+ years. Many times this PA staffed clinic is the ONLY readily accessible health care for that community. Preserving these ACCESS points is critical to the overall health of rural Iowa--both physical and economic. Nothing you do should put this health care model which is effective and valuable in jeopardy.

Others have written you asking that Iowa adopt rules that mirror those of the federal government (Medicare/Medicaid) and many of our neighboring states.
I support that proposal and urge you to adopt it.

Thank you.

Sincerely,

Michael Farley, PA-C/Graduate U of I PA program 1982/IA LIC 000688
3221 SW 33rd St.
Des Moines, Iowa 50321



September 25, 2018

Electronic Delivery

Kyle Ulveling, MD, Chair
Board of Medicine, State of Iowa
400 SW 8th Street, Suite C
Des Moines, IA 50309
Kent.Nebel@iowa.gov

In re: Public comments to ARC 3992C, relating to: physician supervision of PA-staffed remote medical sites.

Dear Chair Ulveling and Members,

On behalf of the members of the American Academy of PAs (AAPA), thank you for this opportunity to comment on ARC 3992C that amends chapter 21 of title 653 relating to physician supervision of physician assistant (PA) – staffed remote medical sites.

Under the current rule, generally, a supervising physician must visit a remote medical site at least every two weeks. Under the proposed rule, a supervising physician must visit or communicate with a remote medical site at least every two weeks, and at least one supervising physician must visit and document a remote medical site once every six months.

AAPA appreciates the additional flexibility the proposed rule provides. However, the proposed rule still places a burden on physicians (and PAs) without any evidence that the rule provides benefits that outweigh the costs. Instead, the supervising physician and PA should decide the appropriate communication necessary based on the education, experience, skills and experience of each. AAPA urges the board to eliminate 21.4(6) entirely, consistent with nearby states and federal policy.

Promulgating unnecessary requirements may result in placing the board in the unfortunate position of disciplining physicians (and harming PAs) otherwise providing excellent patient care who failed to comply with the technical aspects of an arcane rule.

AAPA encourages the board to avoid unnecessary requirements that divert the time and resources of supervising physicians and PAs towards burdensome compliance measures instead of caring for Iowans.

Thank you again for this opportunity to comment on the above-captioned rule. If you have any questions, please feel free to contact me at 571-319-4314 or apeer@aapa.org.

Sincerely,

Adam S. Peer, Director
State Advocacy
American Academy of PAs

cc: Jeremy L. Nelson, PA-C, President, Iowa PA Society ajkopfmannelson@yahoo.com
Stacey Reichling, Executive Director, Iowa PA Society stacey@iapasociety.org
Susan Koehler, PA-C, Chair, Iowa Board of Physician Assistants



Nebel, Kent <kent.nebel@iowa.gov>

remote site clinic rules

1 message

Fri, Sep 28, 2018 at 9:02 PM

Natalie Weber <NWeber@dbq.edu>
To: "kent.nebel@iowa.gov" <kent.nebel@iowa.gov>

Dear Iowa Board of Medicine members,

I am writing to ask that the proposed PA remote site clinic rules be made consistent with the federal rules and those of the majority of states; including most of Iowa's neighboring states. That could be done by amending the rule to read as follows:

At least one supervising physician and the PA practicing at the remote site shall document a meeting, via any form of secure communication at least once every six months to evaluate and discuss the medical facilities, resources, and medical services provided at the remote medical site.

This proposed change would make Iowa's PA rules consistent with the Federal Rural Health Clinic rules, decrease costs of providing care in rural areas, and reduce physician downtime spent traveling instead of seeing patients, and thereby improving availability of care in small towns.

It would also allow PAs to be competitive in the market based on qualifications and not overlooked or not recruited because of a strict supervisory rule.

Allowing the practice to determine the details of PA practice oversight has proven safe and effective in the majority of states and in four of Iowa's bordering states. It is time for Iowa to do the same.

Thank you for efforts to help increase care in our underserved areas and your attention to these comments. University of Dubuque's PA program is dedicated to its mission of training clinicians to serve in rural and underserved areas, however, this rule as currently written does not support one of the primary roles of PAs in health care. As the current rule stands, it puts unnecessary limitations on qualified health professionals who are educated in patient-centered teams and provider collaboration. This can be effectively and efficiently done through various secure communication methods not requiring an on-site visit.

Please consider aligning this rule with federal rules.

Sincerely,

Natalie

Natalie Weber, PA-C, MSPAS

Program Director

University of Dubuque, Physician Assistant Program

2000 University Ave, Dubuque, IA 52001

Office: (563)589-3665 F: (563)589-3650

Email: nweber@dbq.edu



Nebel, Kent <kent.nebel@iowa.gov>

Comment On BOM Proposed Changes To Remote Site Rules

1 message

Karn Johansen <johansek@mercyhealth.com>
To: "Kent.nebel@iowa.gov" <Kent.nebel@iowa.gov>

Thu, Sep 27, 2018 at 12:31 PM

Dear Iowa Board of Medicine members,

I am writing to ask that the proposed PA remote site clinic rules be made consistent with the federal rules and those of the majority of states; including most of Iowa's neighboring states. That could be done by amending the rule to read;

At least one supervising physician and the PA practicing at the remote site shall document a meeting, via any form of secure communication at least once every six months to evaluate and discuss the medical facilities, resources, and medical services provided at the remote medical site.

This proposed change would make Iowa's PA rules consistent with the Federal Rural Health Clinic rules, decrease costs of providing care in rural areas, and reduce physician downtime spent traveling instead of seeing patients, and thereby improving availability of care in small towns.

Allowing the practice to determine the details of PA practice oversight has proven safe and effective in the majority of states and in four of Iowa's bordering states. It is time for Iowa to do the same.

Thank you for efforts to help increase care in our underserved areas and your attention to these comments.

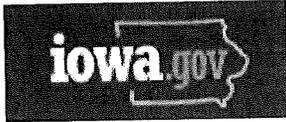
Sincerely,

Karn Johansen PA-C

Mason City, Iowa

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Nebel, Kent <kent.nebel@iowa.gov>

remote site rules

1 message

megstipe@aol.com <megstipe@aol.com>
To: Kent.nebel@iowa.gov

Wed, Sep 26, 2018 at 7:15 PM

Dear Iowa Board of Medicine members,

I am writing to ask that the proposed PA remote site clinic rules be made consistent with the federal rules and those of the majority of states; including most of Iowa's neighboring states. That could be done by amending the rule to read;

At least one supervising physician and the PA practicing at the remote site shall document a meeting, via any form of secure communication at least once every six months to evaluate and discuss the medical facilities, resources, and medical services provided at the remote medical site.

This proposed change would make Iowa's PA rules consistent with the Federal Rural Health Clinic rules, decrease costs of providing care in rural areas, and reduce physician downtime spent traveling instead of seeing patients, and thereby improving availability of care in small towns.

Allowing the practice to determine the details of PA practice oversight has proven safe and effective in the majority of states and in four of Iowa's bordering states. It is time for Iowa to do the same.

Thank you for efforts to help increase care in our underserved areas and your attention to these comments.

Sincerely,

Meghan Bohlender PA-C



Nebel, Kent <kent.nebel@iowa.gov>

Rural PA supervision

1 message

Thu, Sep 27, 2018 at 5:52 AM

Danie Frazee <fsdfrazee@aol.com>

To: Kent.nebel@iowa.gov

Dear Iowa Board of Medicine members,

As a PA who spent 11 years as sole provider at rural Clinic, I am writing to ask that the proposed PA remote site clinic rules be made consistent with the federal rules and those of the majority of states; including most of Iowa's neighboring states. That could be done by amending the rule to read;

At least one supervising physician and the PA practicing at the remote site shall document a meeting, via any form of secure communication at least once every six months to evaluate and discuss the medical facilities, resources, and medical services provided at the remote medical site.

This proposed change would make Iowa's PA rules consistent with the Federal Rural Health Clinic rules, decrease costs of providing care in rural areas, and reduce physician downtime spent traveling instead of seeing patients, and thereby improving availability of care in small towns.

Allowing the practice to determine the details of PA practice oversight has proven safe and effective in the majority of states and in four of Iowa's bordering states. It is time for Iowa to do the same.

I am also concerned that recent legislation has been prejudicial towards PAs making us less marketable in the state and adding administrative burden to physicians. If rules are to be changed for PAs it should also be for our nurse practitioner colleagues to be fair.

Thank you for efforts to help increase care in our underserved areas and your attention to these comments.

Sincerely,

Danie Frazee PA-C, MPAS

Sent from my iPhone



Nebel, Kent <kent.nebel@iowa.gov>

Remote Site Clinic Rules

1 message

Unger, Michael S. <Michael.Unger@unitypoint.org>
To: "Kent.nebel@iowa.gov" <Kent.nebel@iowa.gov>

Wed, Sep 26, 2018 at 12:09 PM

Dear Iowa Board of Medicine members,

I am writing to ask that the proposed PA remote site clinic rules be made consistent with the federal rules and those of the majority of states; including most of Iowa's neighboring states. That could be done by amending the rule to read;

At least one supervising physician and the PA practicing at the remote site shall document a meeting, via any form of secure communication at least once every six months to evaluate and discuss the medical facilities, resources, and medical services provided at the remote medical site.

This proposed change would make Iowa's PA rules consistent with the Federal Rural Health Clinic rules, decrease costs of providing care in rural areas, and reduce physician downtime spent traveling instead of seeing patients, and thereby improving availability of care in small towns.

Allowing the practice to determine the details of PA practice oversight has proven safe and effective in the majority of states and in four of Iowa's bordering states. It is time for Iowa to do the same.

Thank you for efforts to help increase care in our underserved areas and your attention to these comments.

Sincerely,

Michael S. Unger, PA-C

UnityPoint Clinic – Sunnybrook

5885 Sunnybrook Drive

Sioux City, Iowa 51106

(712) 266-2700

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supporting PA supervision at remote sites

1 message

Jayson Gesulga <gesulga.jayson@gmail.com>
To: Kent.nebel@iowa.gov

Tue, Sep 25, 2018 at 7:57 PM

Dear Iowa Board of Medicine members,

I am writing to ask that the proposed PA remote site clinic rules be made consistent with the federal rules and those of the majority of states; including most of Iowa's neighboring states. That could be done by amending the rule to read;

At least one supervising physician and the PA practicing at the remote site shall document a meeting, via any form of secure communication at least once every six months to evaluate and discuss the medical facilities, resources, and medical services provided at the remote medical site.

This proposed change would make Iowa's PA rules consistent with the Federal Rural Health Clinic rules, decrease costs of providing care in rural areas, and reduce physician downtime spent traveling instead of seeing patients, and thereby improving availability of care in small towns.

Allowing the practice to determine the details of PA practice oversight has proven safe and effective in the majority of states and in four of Iowa's bordering states. It is time for Iowa to do the same.

Thank you for efforts to help increase care in our underserved areas and your attention to these comments.

Sincerely,

Jayson Gesulga, PA-C



Nebel, Kent <kent.nebel@iowa.gov>

PA rules change

1 message

Jankovich, Christopher J <Christopher.Jankovich@alegent.org>

Tue, Sep 25, 2018 at 11:14 AM

To: "Kent.nebel@iowa.gov" <Kent.nebel@iowa.gov>

Dear Iowa Board of Medicine members,

I am writing to ask that the proposed PA remote site clinic rules be made consistent with the federal rules and those of the majority of states; including most of Iowa's neighboring states. That could be done by amending the rule to read;

At least one supervising physician and the PA practicing at the remote site shall document a meeting, via any form of secure communication at least once every six months to evaluate and discuss the medical facilities, resources, and medical services provided at the remote medical site.

This proposed change would make Iowa's PA rules consistent with the Federal Rural Health Clinic rules, decrease costs of providing care in rural areas, and reduce physician downtime spent traveling instead of seeing patients, and thereby improving availability of care in small towns.

Allowing the practice to determine the details of PA practice oversight has proven safe and effective in the majority of states and in four of Iowa's bordering states. It is time for Iowa to do the same.

Thank you for efforts to help increase care in our underserved areas and your attention to these comments.

Sincerely

Christopher Jankovich PA-C

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Nebel, Kent <kent.nebel@iowa.gov>

BOM- remote site clinic rules

1 message

Rachel Frederick <rfr frederick@storymedical.org>

Tue, Sep 25, 2018 at 10:15 AM

To: Kent.nebel@iowa.gov

Dear Iowa Board of Medicine members,

I am writing to ask that the proposed PA remote site clinic rules be made consistent with the federal rules and those of the majority of states; including most of Iowa's neighboring states. That could be done by amending the rule to read;

At least one supervising physician and the PA practicing at the remote site shall document a meeting, via any form of secure communication at least once every six months to evaluate and discuss the medical facilities, resources, and medical services provided at the remote medical site.

This proposed change would make Iowa's PA rules consistent with the Federal Rural Health Clinic rules, decrease costs of providing care in rural areas, and reduce physician downtime spent traveling instead of seeing patients, and thereby improving availability of care in small towns.

Allowing the practice to determine the details of PA practice oversight has proven safe and effective in the majority of states and in four of Iowa's bordering states. It is time for Iowa to do the same.

Thank you for efforts to help increase care in our underserved areas and your attention to these comments.

Sincerely,

Rachel Frederick, PA-C

Sharon Marie Johnson MS, PA-C
6827 Mark Twain Ct.
Johnston, IA 50131

September 25, 2018

Iowa Board of Medicine
400 S.W. Eighth Street, Suite C
Des Moines, Iowa 50309

Dear Iowa Board of Medicine members,

I am writing to ask that the proposed PA remote site clinic rules be made consistent with the federal rules and those of the majority of states; including most of Iowa's neighboring states. That could be done by amending the rule to read;

At least one supervising physician and the PA practicing at the remote site shall document a meeting, via any form of secure communication at least once every six months to evaluate and discuss the medical facilities, resources, and medical services provided at the remote medical site.

This proposed change would make Iowa's PA rules consistent with the Federal Rural Health Clinic rules, decrease costs of providing care in rural areas, and reduce physician downtime spent traveling instead of seeing patients, and thereby improving availability of care in small towns.

Allowing the practice to determine the details of PA practice oversight has proven safe and effective in the majority of states and in four of Iowa's bordering states. It is time for Iowa to do the same.

Thank you for efforts to help increase care in our underserved areas and your attention to these comments.

Sincerely,

Sharon Marie Johnson MS, PA-C



Nebel, Kent <kent.nebel@iowa.gov>

Proposed PA regulations

1 message

Wiegert, Jessica Ann <Jessica.A.Wiegert@alumni.dmu.edu>
To: "Kent.nebel@iowa.gov" <Kent.nebel@iowa.gov>

Mon, Sep 24, 2018 at 4:23 PM

Dear Iowa Board of Medicine members,

I am writing to ask that the proposed PA remote site clinic rules be made consistent with the federal rules and those of the majority of states; including most of Iowa's neighboring states. That could be done by amending the rule to read;

At least one supervising physician and the PA practicing at the remote site shall document a meeting, via any form of secure communication at least once every six months to evaluate and discuss the medical facilities, resources, and medical services provided at the remote medical site.

This proposed change would make Iowa's PA rules consistent with the Federal Rural Health Clinic rules, decrease costs of providing care in rural areas, and reduce physician downtime spent traveling instead of seeing patients, and thereby improving availability of care in small towns.

Allowing the practice to determine the details of PA practice oversight has proven safe and effective in the majority of states and in four of Iowa's bordering states. It is time for Iowa to do the same.

Thank you for efforts to help increase care in our underserved areas and your attention to these comments.

Sincerely,

Jessica Sheets PA-C



Nebel, Kent <kent.nebel@iowa.gov>

Iowa Board of Medicine's Remote Site Rules

1 message

Gross, Brady Michael <Brady.M.Gross@dmu.edu>
To: "Kent.nebel@iowa.gov" <Kent.nebel@iowa.gov>

Tue, Sep 25, 2018 at 7:58 AM

Dear Iowa Board of Medicine members,

I am writing to ask that the proposed PA remote site clinic rules be made consistent with the federal rules and those of the majority of states; including most of Iowa's neighboring states. That could be done by amending the rule to read;

At least one supervising physician and the PA practicing at the remote site shall document a meeting, via any form of secure communication at least once every six months to evaluate and discuss the medical facilities, resources, and medical services provided at the remote medical site.

This proposed change would make Iowa's PA rules consistent with the Federal Rural Health Clinic rules, decrease costs of providing care in rural areas, and reduce physician downtime spent traveling instead of seeing patients, and thereby improving availability of care in small towns.

Allowing the practice to determine the details of PA practice oversight has proven safe and effective in the majority of states and in four of Iowa's bordering states. It is time for Iowa to do the same.

Thank you for efforts to help increase care in our underserved areas and your attention to these comments.

Sincerely,

Brady Gross, PA-S

Master of Science in Physician Assistant Studies Class of 2019

PA '19 Class President

Student Government Representative | College of Health Sciences

Student Admissions Ambassador

Des Moines University

Brady.M.Gross@dmu.edu

(507) 216-2540



Nebel, Kent <kent.nebel@iowa.gov>

Proposed remote site rules

1 message

Katy Meyer <katymeyer87@gmail.com>
To: Kent.nebel@iowa.gov

Mon, Sep 24, 2018 at 5:38 PM

Dear Iowa Board of Medicine members,

I am writing to ask that the proposed PA remote site clinic rules be made consistent with the federal rules and those of the majority of states; including most of Iowa's neighboring states. That could be done by amending the rule to read;

At least one supervising physician and the PA practicing at the remote site shall document a meeting, via any form of secure communication at least once every six months to evaluate and discuss the medical facilities, resources, and medical services provided at the remote medical site.

This proposed change would make Iowa's PA rules consistent with the Federal Rural Health Clinic rules, decrease costs of providing care in rural areas, and reduce physician downtime spent traveling instead of seeing patients, and thereby improving availability of care in small towns.

Allowing the practice to determine the details of PA practice oversight has proven safe and effective in the majority of states and in four of Iowa's bordering states. It is time for Iowa to do the same.

Thank you for efforts to help increase care in our underserved areas and your attention to these comments.

Sincerely,

Katy Meyer, PA-C

Sent from my iPhone



Nebel, Kent <kent.nebel@iowa.gov>

PA Requirements

1 message

pamela bartine <pmbartine@hotmail.com>
To: "Kent.nebel@iowa.gov" <Kent.nebel@iowa.gov>

Mon, Sep 24, 2018 at 9:11 PM

Dear Iowa Board of Medicine members,

I am writing to ask that the proposed PA remote site clinic rules be made consistent with the federal rules and those of the majority of states; including most of Iowa's neighboring states. That could be done by amending the rule to read;

At least one supervising physician and the PA practicing at the remote site shall document a meeting, via any form of secure communication at least once every six months to evaluate and discuss the medical facilities, resources, and medical services provided at the remote medical site.

This proposed change would make Iowa's PA rules consistent with the Federal Rural Health Clinic rules, decrease costs of providing care in rural areas, and reduce physician downtime spent traveling instead of seeing patients, and thereby improving availability of care in small towns.

Allowing the practice to determine the details of PA practice oversight has proven safe and effective in the majority of states and in four of Iowa's bordering states. It is time for Iowa to do the same.

I'm concerned that if we continue with such strict guidelines, such positions in the rural settings are more likely to be filled by Advanced Practice Clinicians other than Physician Assistants, who require no supervision at all. In the long run, that may not be what's best for our patients, nor for the Physician Assistant profession. It may negatively impact physicians also.

Thank you for efforts to help increase care in our underserved areas and your attention to these comments.

Sincerely,

Pamela Sigmund PA-C



Nebel, Kent <kent.nebel@iowa.gov>

PA Supervision Rules

1 message

CHAD or HEIDI QUIST <chquist31@msn.com>
To: "Kent.nebel@iowa.gov" <Kent.nebel@iowa.gov>

Mon, Sep 24, 2018 at 3:54 PM

Dear Iowa Board of Medicine members,

I am writing to ask that the proposed PA remote site clinic rules be made consistent with the federal rules and those of the majority of states; including most of Iowa's neighboring states. That could be done by amending the rule to read;

At least one supervising physician and the PA practicing at the remote site shall document a meeting, via any form of secure communication at least once every six months to evaluate and discuss the medical facilities, resources, and medical services provided at the remote medical site.

This proposed change would make Iowa's PA rules consistent with the Federal Rural Health Clinic rules, decrease costs of providing care in rural areas, and reduce physician downtime spent traveling instead of seeing patients, and thereby improving availability of care in small towns.

Allowing the practice to determine the details of PA practice oversight has proven safe and effective in the majority of states and in four of Iowa's bordering states. It is time for Iowa to do the same.

Thank you for efforts to help increase care in our underserved areas and your attention to these comments. As a mental health practice owner, I am very interested in improving Iowa's mental health access. These changes would greatly assist us in our endeavor

Sincerely,

Chad Quist PA-C, MBA
Director of Operations
Heartland Christian Counseling
Urbandale Iowa

Chad Quist PA-C, MBA
Heidi Vermeer-Quist, Psy.D.
Vermeer Quist Consulting
heidi@vqconsult.com
515-720-5436
chad@vqconsult.com
515-720-3809

Be kind, for everyone you meet is fighting a great battle.
- Ian MacClaran



Nebel, Kent <kent.nebel@iowa.gov>

(no subject)

1 message

Doobay, Marc F <marc-doobay@uiowa.edu>
To: "Kent.nebel@iowa.gov" <Kent.nebel@iowa.gov>

Mon, Sep 24, 2018 at 10:14 AM

Dear Iowa Board of Medicine members,

I am writing to ask that the proposed PA remote site clinic rules be made consistent with the federal rules and those of the majority of states; including most of Iowa's neighboring states. That could be done by amending the rule to read;

At least one supervising physician and the PA practicing at the remote site shall document a meeting, via any form of secure communication at least once every six months to evaluate and discuss the medical facilities, resources, and medical services provided at the remote medical site.

This proposed change would make Iowa's PA rules consistent with the Federal Rural Health Clinic rules, decrease costs of providing care in rural areas, and reduce physician downtime spent traveling instead of seeing patients, and thereby improving availability of care in small towns.

Allowing the practice to determine the details of PA practice oversight has proven safe and effective in the majority of states and in four of Iowa's bordering states. It is time for Iowa to do the same.

Thank you for efforts to help increase care in our underserved areas and your attention to these comments.

Sincerely,

Marc Doobay

Marc Doobay, MPAS PA-C

Department of Family Medicine

University of Iowa Hospitals and Clinics

marc-doobay@uiowa.edu

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Nebel, Kent <kent.nebel@iowa.gov>

PA practice rules

1 message

JIM PHARES <jsphares@msn.com>

Wed, Oct 3, 2018 at 10:07 AM

To: "kent.nebel@iowa.gov" <kent.nebel@iowa.gov>

Mr. Nebel,

I am writing to ask your support ARC 3992C that would allow the matching to federal rules and those of the majority of Iowa bordering states that allow the practice to determine the details of supervision.

Sincerely,

Jim Phares

447 Primrose Dr.

Hudson, Iowa. 50643

563 343 6044



Nebel, Kent <kent.nebel@iowa.gov>

(no subject)

1 message

Sparrow, Samantha M <samantha-sparrow@uiowa.edu>
To: "kent.nebel@iowa.gov" <kent.nebel@iowa.gov>

Wed, Oct 3, 2018 at 10:09 AM

Dear Iowa Board of Medicine members,

I am writing to ask that the proposed PA remote site clinic rules be made consistent with the federal rules and those of the majority of states; including most of Iowa's neighboring states. That could be done by amending the rule to read;

At least one supervising physician and the PA practicing at the remote site shall document a meeting, via any form of secure communication at least once every six months to evaluate and discuss the medical facilities, resources, and medical services provided at the remote medical site.

This proposed change would make Iowa's PA rules consistent with the Federal Rural Health Clinic rules, decrease costs of providing care in rural areas, and reduce physician downtime spent traveling instead of seeing patients, and thereby improving availability of care in small towns.

Allowing the practice to determine the details of PA practice oversight has proven safe and effective in the majority of states and in four of Iowa's bordering states. It is time for Iowa to do the same. As a new PA graduate from the University of Iowa, I would love to stay in Iowa and provide care to Iowa residents. Making remote site clinic rules consistent will allow me to stay in Iowa and provide the best possible care for the duration of my career.

Thank you for efforts to help increase care in our underserved areas and your attention to these comments.

Sincerely,

Samantha Sparrow

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10/03/2018

From,

Priya Philip, PA-C
1251, 334TH Street
Woodward Resource Center,
Woodward, IA – 50276

To,

Kent M. Nebel
Iowa Board of Medicine
400 S.W. Eighth Street, Suite C
Des Moines, Iowa 50309

Dear Mr.Nebel and Iowa Board of Medicine Members,

I received email from Iowa PA Society about the proposed remote site rules for PAs and the Supervising Physicians. I am writing to ask that the proposed PA remote site clinic rules be made consistent with the federal rules and those of the majority of states; including most of Iowa's neighboring states. That could be done by amending the rule to read;

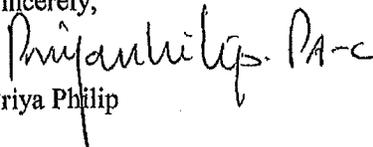
At least one supervising physician and the PA practicing at the remote site shall document a meeting, via any form of secure communication at least once every six months to evaluate and discuss the medical facilities, resources, and medical services provided at the remote medical site.

This proposed change would make Iowa's PA rules consistent with the Federal Rural Health Clinic rules, decrease costs of providing care in rural areas, and reduce physician downtime spent traveling instead of seeing patients, and thereby improving availability of care in small towns.

Allowing the practice to determine the details of PA practice oversight has proven safe and effective in the majority of states and in four of Iowa's bordering states. It is time for Iowa to do the same.

Thank you for efforts to help increase care in our underserved areas and your attention to these comments.

Sincerely,


Priya Philip 10/3/18

October 3, 2018

Kent Nebel, Interim Executive Director
Iowa Board of Medicine
400 SW Eighth St, Suite C
Des Moines, IA 50309

Dear Executive Director Nebel and members of the Board of Medicine,

This note is intended as a comment on the proposed amendments to ARC 3992C, regarding supervision of physician assistants at remote medical sites. I am commenting on the proposed rule change as a member of the physician assistant profession, and as a medical educator of both PA and MD students. The comments in this letter are based on my own observations and represent my own personal opinions. I am not writing as a representative of my employer.

The first part of the proposed amendment which allows 2-way interactive communication by electronic means or chart review as a mechanism of communication between PA's and physicians is a very sensible change and will decrease regulatory burdens and increase flexibility without sacrificing patient safety or quality of care. Specifying that such communication must occur "*at least every 2 weeks*" is an unnecessary micro-management of physician practice, but all-in-all this part of the proposed amendment is an improvement on the status quo.

However, the second part of the proposed amendment, requiring in part that the physician must, "*meet in person, and document the meeting, with the physician assistant at the remote medical site at least once every 6 months,*" is the type of regulatory red-tape micro-management that frightens hospital and clinic administrators, as well as physicians, and leads to organizations choosing, as a matter of policy, to avoid hiring PA's. Why not let physicians determine the time interval for visits that makes sense for their situation?

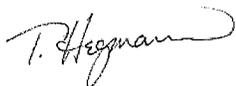
It's not that the requirement in itself is unreasonable – most likely this is already happening in virtually all cases. However, to have that level of detail mandated in medical board regulations presents a regulatory hurdle – and a legal hazard – that is not involved when physicians work in a team with other APP professions. For example, what happens if a physician visit happens one day after the 6-month limit? Or what if the visit happened on time, but a newly hired receptionist forgot to document it? Does it put the physician at risk of discipline, or the organization at risk of losing reimbursement? That level of micro-management in regulations will inevitably lead to organizations choosing not to hire PA's, in favor of NP's or other professions not subject to this level of regulatory red-tape. If I were a clinic administrator comparing the current regulatory requirements across various APP professions, it would be clear that hiring a physician assistant carries with it an extra burden of red-tape and uncertainty in Iowa (though not in our neighboring states!).

I know for a fact that the new medical board regulations have already caused at least two large employers in Iowa to alter their hiring patterns to favor nurse practitioner candidates over physician assistant candidates. **Specifically, the UIHC Quickcare system has stated as a matter of policy that it will no longer hire newly graduated physician assistants because of the medical board's regulatory requirements. Additionally the CHC in Davenport stopped hiring physician assistant providers (and additionally will no longer accept PA student learners) as a direct consequence of the recent change in medical board regulations for physicians who supervise physician assistants.**

The federal government chose to remove the "every 2 week visit" rule years ago from its guidelines for rural health clinics, specifically with the intention of decreasing unnecessary regulatory burdens and saving money. Most of our neighboring states have followed the federal government's lead, and have chosen not to micro-manage the physician-PA relationship. I would request that the Iowa Board of Medicine follow the federal government's lead also and completely lift the specific time requirement for in-person visits by physicians. There is clearly no increased risk for patients, or it would have quickly become clear when the federal government stopped mandating in-person visits by physicians to rural health clinics staffed by PA's and NP's.

Thank you for the opportunity to comment on the rule-making process.

Respectfully,



Theresa Hegmann, MPAS, PA-C
West Branch, IA 52358

REDFIELD MEDICAL CLINIC

1013 First Street, Box C, Redfield, Iowa 50233

Ronald McHose, D.O.
Ed Friedmann, PA.

(515) 833-2301

October 3, 2018

Iowa Board of Medicine
400 SW 8th Street, Suite C
Des Moines, IA 50309-4686

RE: ARC 3992C Rule comment

Dear Dr. Uveling and Members of the Iowa Board of Medicine

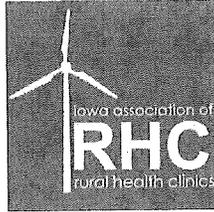
I am writing to comment on your proposed remote site PA rule (ARC 3992A). I request that the proposed remote site PA rule be modified to be consistent with the 2014 Federal Rural Health Clinics regulation and the PA requirements in the majority of states including most of Iowa's bordering states by allowing the physician and practice to determine the details of supervision including physician visits to the remote site. Such a rule would decrease the cost of providing care in small towns making it more likely that care can be sustained in rural Iowa. This more flexible rule has been found to be safe and effective in the majority of states including the four Iowa bordering states (MN, WI, IL, and SD).

In summary, this remote site PA rule modification would decrease costs, make Iowa's PA rule consistent with federal rules and most neighboring state regulations. Most importantly it will improve access to care in places where physician care is often difficult to find. Thanks you for this improvement and for considering these comments.

Sincerely,

A handwritten signature in cursive script that reads 'Ron McHose, DO'.

Ron McHose, DO



October 3, 2018

Iowa Board of Medicine
400 SW 8th St., Suite C
Des Moines, IA 50309

Director Nebel,

Thank you for the opportunity to provide comments on the Iowa Board of Medicine's proposed remote site rules. The Iowa Association of Rural Health Clinics (IARHC) represents the nearly 170 rural health clinics in Iowa.

IARHC appreciates the continued work of the Iowa Board of Medicine to ensure physician assistants are well supervised, but also do not face too strong of a burden serve rural Iowa where quality medical providers are often the most difficult to find. IARHC is supportive that the proposed rule for modernization does allow for more flexibility in regulating physicians who supervise remote physician assistants.

While patient safety is our number one concern when considering these rules, without strong evidence of patient safety concern and taking into consideration the provider shortage in Iowa, IARHC would also suggest the following is considered when finalizing these rules to ensure maintaining access to health care in rural areas of our state:

1. Matching federal regulations, changed in 2014, which leave physician visit frequency and other details to be determined by the practice and physician/physician assistant agreement. Twenty-seven states, four of which border Iowa, have moved to this practice and this would allow rural Iowa to remain competitive with our neighboring states in this continuing era of provider shortage.
2. Review and consideration of the regulatory flexibility recommended by major national physician organizations, including the American Academy of Family Physicians, American Osteopathic Association, and the American College of Physicians, who advised allowing individual practices to determine how the supervision is accomplished instead of mandating a one-size fits all regulation.

In conclusion, the IARHC supports the improved communication and flexibility aspects of the Iowa Board of Medicine's remote site rule but recommends more flexibility be left to the practice regarding the details of supervision. Thank you for your work on this proposed rule and for your consideration of our comments. If you have any questions, please contact Erica Shannon at eshannon@iowapca.org

Sincerely,

Ann Wise
President, Iowa Association of Rural Health Clinics

October 3, 2018

RE: ARC 3992C

Iowa Board of Medicine
400 SW 8th Street, Suite C
Des Moines, IA 50309-4686

Dear Dr. Uveling and Members of the Medical Board,

Thank you for continuing to work on improving the remote site rules for physician assistant clinics. The proposed rules, ARC 3992C are an improvement, but they still place excessive unneeded requirements on physician and physician assistant practices. This could be rectified by a simple change: by replacing the language requiring physician presence twice a year with the following: “notwithstanding any other provisions to the contrary, at least one supervising physician and the PA practicing at the remote site shall document a meeting via any form of secure communication at least once every six months to evaluate and discuss the medical facilities resources and medical services provided at the remote medical site.”

This would allow the physician to utilize modern technology currently in use in medical practices to easily communicate with the physician assistant whenever they need to. This need may change from month to month and year to year depending on the experience of the PA providing the services, the medical problems the PA is seeing at the clinic and will not disrupt the physician's time so they can continue to care for the patients in the primary practice site. The mode of communication and the frequency should be left up to the supervising physician who is familiar with the clinic and the expertise of the staffing PA. These rules will help control costs in providing rural medical care and will also allow practices to decide how to best organize their time and personal without having to mandate personal physician visits on an arbitrary schedule. This system works well in the 27 states that don't require physician visits and has been proven to be safe for patients and encourages innovation in rural health care delivery.

This type of flexibility is especially needed for mental health practices. Because of the severe shortage of psychiatric care, all efforts should be made to not burden the physician with unnecessary travel requirements. The telemedicine rules do not require physician presence and telemedicine has real value for providing mental health services to rural communities all over the country and in Iowa. We should be able to use it without the physician presence requirement that is currently in ARC 3992C.

Sincerely

Elizabeth Coyte, PA
Primary Health Care – Southside Clinic
2353 SE 14th Street
Des Moines, IA 50320



Nebel, Kent <kent.nebel@iowa.gov>

ARC 3992C comment

1 message

Wed, Oct 3, 2018 at 12:04 PM

Edfriedman <edfriedman@aol.com>
To: kent.nebel@iowa.gov

Dear Dr. Uveling and Board of Medicine members,

As the Iprofessional association for rural physician assistants (PAs), the PAs for Rural Health supports a PA remote site rule that is consistent with the federal rules and those of the majority of states; including most of Iowa's bordering states. This could be done by adding the following provision to the proposed rule, ARC 3992C, "Notwithstanding any provisions to the contrary, at least one supervising physician and the PA practicing at the remote site shall document a meeting via any form of secure communication at least once every six months to evaluate and discuss the medical facilities resources and medical services provided at the remote medical site."

This change would allow physicians and medical practices to tailor a PA's supervision details to the PAs education and experience. Importantly, permitting the practice to determine has been proven to be safe and effective in 27 states, including the Iowa bordering states of Illinois, Wisconsin, Minnesota and South Dakota; and in federal Rural Health Clinics regulations since 2014. And this change would allow the regulatory flexibility recommended by the American Academy of Family Physicians, the American College of Physicians, the American Osteopathic Association and the American Academy of PAs.

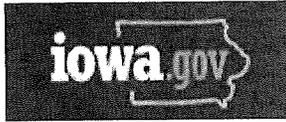
Very importantly, allowing the practice to determine the details of supervision would permit critically needed PA psychiatric practices that have been granted exceptions from the physician visit requirement to continue to provide care through telemedicine. Telemedicine rules do not require physician presence but the current and proposed PA remote site rules (ARC 3992C) do. And severe shortage of psychiatric care continues in rural Iowa, and sometimes with tragic results.

Crucially, allowing the practice to determine the details of supervision has been proven to be successful in improving access to care already in Iowa through the exception process already authorized in the PA Board's rules. This is not surprising since this change would decrease physician time spent traveling instead of seeing patients, the cost of providing care in remote sites and the administrative burdens placed on physicians. Most importantly, this proposed amendment would increase access to care in Iowa's rural and medically underserved areas where it is the most challenging to find and keep medical care. It should be adopted.

Thank you for your efforts to improve care and for considering these suggestions.

Sincerely,

Ed Friedmann, PA
Vice President, PAs for Rural Health
Redfield, Iowa



Nebel, Kent <kent.nebel@iowa.gov>

ARC3992c

1 message

James McGuire <mcguirej@mercyhealth.com>
To: "kent.nebel@iowa.gov" <kent.nebel@iowa.gov>

Wed, Oct 3, 2018 at 11:38 AM

As a PA practicing in a rural health clinic for the past 40 years in Iowa I would add my opinion that it would be most effective for rules governing remote site PA practice match those of the federal government and surrounding states. Thanks for your consideration of this issue.

Jim McGuire PA-C

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Nebel, Kent <kent.nebel@iowa.gov>

ARC 3992C

1 message

Hinrichs, Laurie J. <Laurie.Hinrichs@va.gov>
To: "Kent.nebel@iowa.gov" <Kent.nebel@iowa.gov>

Wed, Oct 3, 2018 at 11:47 AM

Dear Iowa Board of Medicine members,

I am writing to ask that the proposed PA remote site clinic rules be made consistent with the federal rules and those of the majority of states; including most of Iowa's neighboring states. That could be done by amending the rule to read-

At least one supervising physician and the PA practicing at the remote site shall document a meeting, via any form of secure communication at least once every six months to evaluate and discuss the medical facilities, resources, and medical services provided at the remote medical site.

This proposed change would make Iowa's PA rules consistent with the Federal Rural Health Clinic rules, decrease costs of providing care in rural areas, and reduce physician downtime spent traveling instead of seeing patients, and thereby improving availability of care in small towns.

Allowing the practice to determine the details of PA practice oversight has proven safe and effective in the majority of states and in four of Iowa's bordering states. It is time for Iowa to do the same.

Thank you for efforts to help increase care in our underserved areas and your attention to these comments.

Sincerely,

Laurie Hinrichs, PA-C

Ethics Consultation Committee (Co) Chair

Central Iowa Extended Care and Rehabilitation

Patient Experience "Own the Moment" Facilitator

"I CARE"

Integrity, Commitment, Advocacy, Respect, Excellence



Nebel, Kent <kent.nebel@iowa.gov>

ARC 3992C

1 message

Jodi Cahalan <jcahalan22@gmail.com>

Wed, Oct 3, 2018 at 3:59 PM

To: kent.nebel@iowa.gov

Dear Iowa Board of Medicine Members,

I am writing to ask that the proposed PA remote site clinic rules be made more consistent with federal rules and the majority of states, including several of Iowa's neighboring states.

I became a physician assistant back in 1989 and have had the opportunity to see many changes in the way that PAs can be utilized to provide exceptional care to Iowans. From gaining prescriptive privileges to clarifying our unique working relationship with our supervising physicians, we have continued to advocate for changes that will maintain a high quality of care and increase access to medical care for everyone, especially our vulnerable and rural populations.

This could be done by adding the following provision to the proposed rule, ARC 3992C, "Notwithstanding any provisions to the contrary, at least one supervising physician and the PA practicing at the remote site shall document a meeting via any form of secure communication at least once every six months to evaluate and discuss the medical facility's resources and medical services provided at the remote medical site."

This change would allow physicians and medical practices to tailor a PA's supervision details to the PA's education and experience. In addition, it is important to note that permitting the practice to determine requirements has been proven to be safe and effective in 27 states, including the Iowa-bordering states of Illinois, Wisconsin, Minnesota, and South Dakota as well as in federal Rural Health Clinics regulations since 2014. This change would allow for regulatory flexibility as recommended by the American Academy of Family Physicians, the American College of Physicians, the American Osteopathic Association, and the American Academy of Physician Assistants.

I appreciate your consideration of this request to improve access to care.

Sincerely,

Jodi L. Cahalan, Ph.D., MPH, PA-C, DFAAPA