Reisetter, Sarah [IDPH]

From: no-reply@iowa.gov
Sent: Wednesday, June 01, 2016 7:04 PM
To: Reisetter, Sarah [IDPH]
Cc: janice.lawrence@alegent.org
Subject: Public Comment Received on ARC 2531C

A new public comment has been received on **ARC 2531C**. The comment and contact information are listed below.

Comment

There is no evidence of need for more PA rules as the current system is working well. Research shows there has been no disciplinary action by the PA or Medical Board regarding supervision in the past 10 years. JL

Contact Information

Name: **Janice Lawrence PA-C**
Email: janice.lawrence@alegent.org

Reisetter, Sarah [IDPH]

From: Ziwei Just <zjust@phcinc.net>
Sent: Wednesday, June 01, 2016 8:37 PM
To: Reisetter, Sarah [IDPH]
Subject: New proposed PA rules.

Dear Sarah,

I want to ask the PA Board not to move forward with the new PA rules ARC 2531C. Rules are unnecessary and require a lot of additional administrative tasks that would cost more money without having any positive effect on health care quality or access. The quality assurance program at PHC is an adequate demonstration of patient quality so additional regulations are not necessary and our licenses should not be tied to such programs. Also there is no reason why the medical board should have veto power over new rules and waivers by the PA board. Health care is changing and regulation needs to remain flexible to address the needs of the future. It should be the practice that decides what works best for their patient population and not a state regulatory agency.

Ziwei just

Sent from my iPhone

Reisetter, Sarah [IDPH]

From: no-reply@iowa.gov
Sent: Wednesday, June 01, 2016 9:57 PM
To: Reisetter, Sarah [IDPH]
Cc: Ajkopfmannelson@yahoo.com
Subject: Public Comment Received on ARC 2531C

A new public comment has been received on **ARC 2531C**. The comment and contact information are listed below.

The comment was made on paragraph **34**.

Document Content

327.8(4) Joint waiver or variance. Rule 645—327.8(147,148,148C,86GA,SF505) may only be waived upon approval by both the board of medicine and the board of physician assistants pursuant to 653—Chapter 3 and 645—Chapter 18, Iowa Code section 17A.9A, or any other provision of law.

Comment

See prior comment. This is based on PA board making a "minor change" in aligning the rural guidlines with federal law. The medical board didn't like that so they are now trying to control all decisions. They are anti PA. This is a proven, well known fact that even they cannot deny in good conscience. DO NOT put this into law please!

Contact Information

Name: **Jeremy Nelson**
Email: Ajkopfmannelson@yahoo.com
Phone: **(970) 261-3905**

Reisetter, Sarah [IDPH]

From: no-reply@iowa.gov
Sent: Wednesday, June 01, 2016 10:13 PM
To: Reisetter, Sarah [IDPH]
Cc: Ajkopfmannelson@yahoo.com
Subject: Public Comment Received on ARC 2531C

A new public comment has been received on **ARC 2531C**. The comment and contact information are listed below.

Comment

Thank you again for the opportunity to give comments. I am so glad you are allowing the working PAs voice to our futures. I am happy to see you took our feedback to heart during the last public hearing. It gives me more faith in you who put in the extra effort for all of us. I will try to be quick and blunt and then will copy what IPAS and AAPA have already suggested. First, I urge you all to be very careful as far as making specific rules. With the recent case of dental assistants vs dentists it is very likely Iowa can be and will be sued for being anticompetitive. If the NPs can do it and we can't it is anti competitive and we will see this sweep the country. Most of the bullet points are redundant to current law and I beg of you to satisfy SF 505 (a cheap trick placed in an irrelevant bill) by simply defining "supervision" It should refer to safety of patients, providing quality care, be defined as a collaborative relationship and defined at the practice site between each Physician and PA. That's it!! I am happy to draft a wonderful few sentences for you, but I know you've been given great examples already. The rest is redundant and already in law and is not necessary. It will make it even harder to figure out what can and should be done for PAs, Physicians, and administrators. The current law is scattered and difficult to locate, so why add another place? NO to joint rule making!!! This makes no logical sense. I will move to Wisconsin or Nebraska to be closer to family of you pass this and Iowa will be short one more rural ER PA. IPAS respectfully urges the board not to proceed with the proposed rules in their present form. The society respectfully suggests that the board modify the rule draft to: • Require the board to compile and distribute applicable PA laws to physicians and PAs; • Create a definition of supervision consistent with best practice and national trends; • Decline to adopt administrative rule amendments that restate existing requirements or create requirements not supported by evidence that the rule will increase patient safety; and • Not bind future boards from amending administrative rules or grant waivers for compelling situations. Please find a summary of our suggestions as well as our specific suggestion attached. Background Senate File 505 (SF 505), passed by the Iowa legislature in its 2015 session, directs the board of medicine and the board of physician assistants to "jointly adopt rules pursuant to chapter 17A to establish specific minimum standards or a definition of supervision for appropriate supervision of physician assistants by physicians." [emphasis added] This is a narrowly focused directive to both boards by the legislature. Any proposed regulation that goes beyond defining supervision or minimum standards exceeds the legislature's intent and directive. We fully support creating a legal environment that enhances patient safety, encourages innovation, and enables PAs to practice to the top of their education and experience. However, many of the proposals, such as: • Requiring physicians to review and document an ambiguous number of patient records; • Imposing mandatory in-person and meeting onsite requirements; and • Duplicating existing parts of both the code and administrative code would add administrative burden to team practice without enhancing public protection or patient care. Additionally, as presented, neither board would have the authority to waive these requirements should a compelling case be presented. The society strongly opposes these and any similar proposals. As we reviewed this draft (and similar proposals), the society could not find evidence that these additional requirements will increase patient safety or enhance access to care provided by PA-physician teams. This troubles us. At face value, these proposals would restrict the activities of PAs without evidence that these restrictions protect the public. In fact, we have yet to

see the problem any of these proposals seek to remedy. A physician or PA's limited time should be spent treating patients, not on completing onerous administrative requirements not complying with requirements that lack evidence. The argument for these additional requirements seems to rest primarily on the fact that they exist is some form in another jurisdiction instead of actual evidence that they will create any form of improvement here in Iowa. As an alternative, the society is suggesting to the boards that a definition of what supervision means in the PA context be adopted. Additionally, to assist both physicians and PAs in complying with the requirements found in both the code and administrative code, we suggest the PA board compile the appropriate legal requirements and distribute them. Thank you in advance for allowing us to share our perspective with you. Please let me know if you have any question.

Contact Information

Name: **Jeremy Nelson**
Email: Ajkopfmannelson@yahoo.com
Phone: **(319) 358-5736**

Reisetter, Sarah [IDPH]

From: no-reply@iowa.gov
Sent: Wednesday, June 01, 2016 9:53 PM
To: Reisetter, Sarah [IDPH]
Cc: Ajkopfmannelson@yahoo.com
Subject: Public Comment Received on ARC 2531C

A new public comment has been received on **ARC 2531C**. The comment and contact information are listed below.

The comment was made on paragraph **33**.

Document Content

327.8(3) Amendment. Rule 645—327.8(147,148,148C,86GA,SF505) may only be amended by agreement of the board of medicine and the board of physician assistants through a joint rule-making process.

Comment

This makes absolutely no sense. This essentially makes The PA Board useless. -example ; look at this current process. It has taken a year and we are nowhere yet. PA Board has NEVER done this wrong and therefore do NOT need an anti PA board to be able to keep the profession back. They have opposed EVERY peice of legislation presented that allows PAs to treat patients. This is actually evidence that this is a bad idea, whereas there is NO evidence joint decision making would help.

Contact Information

Name: **Jeremy Nelson**
Email: Ajkopfmannelson@yahoo.com
Phone: **(970) 261-3905**

Reisetter, Sarah [IDPH]

From: Jeff Cater <jeffrey.cater@gmail.com>
Sent: Thursday, June 02, 2016 8:40 AM
To: Reisetter, Sarah [IDPH]
Subject: PA Board proposed changes

Dear PA Board-

Please keep PA regulation with the PA board. The unneeded, restrictive and costly rules found in ARC 2531C are nothing more than a solution in search of a problem. They should be rejected.

Thanks for considering my viewpoint.

Jeffrey M. Cater PA-C, MPAS
Chief Physician Assistant
Department of Emergency Medicine
St. Luke's Hospital
Cedar Rapids, Ia. 52402
319-369-7105