

Reisetter, Sarah [IDPH]

From: Caroline A. Woods <CAWoods@dbq.edu>
Sent: Wednesday, June 01, 2016 11:50 AM
To: Reisetter, Sarah [IDPH]
Subject: Not in favor of ARC 2531C

Hi:
Please accept my opposition to ARC 2531C. Overall, and factoring in the pluses and minuses, it appears there is no need for changes to the current PA rules, and if anything, things will become more complicated if it passes. I am in opposition to the proposed ARC 2417C.

Caroline

Caroline A V Woods, MS, PA-C

Assistant Professor
Physician Assistant Program
University of Dubuque
2000 University Ave
Dubuque, IA 52001

563-589-3563

Reisetter, Sarah [IDPH]

From: Anne Marie Langlois <langlois@cableone.net>
Sent: Tuesday, May 31, 2016 3:30 PM
To: Reisetter, Sarah [IDPH]
Cc: Edfriedman
Subject: ARC 2417C

Dear Sarah,

I am. PA working in Hawarden Regional Medical in Sioux county. I work with Dr. Dale Nystrom and am concerned about the changes in supervision. Please vote against these changes.

Physician and PA role works so well in rural areas and should continue as it is.

Thanks for your time and consideration.

Anne Marie Langlois PA-C Sent from my iPhone

Reisetter, Sarah [IDPH]

From: Robert <robertwittpa@hotmail.com>
Sent: Tuesday, May 31, 2016 2:29 PM
To: Reisetter, Sarah [IDPH]
Subject: Fw: urgent - need comment on restrictive PA rules by June 3rd
Attachments: witt letter 5-30-16.docx

Sent from my LG G3, an AT&T 4G LTE smartphone

----- Original message-----

From: Edfriedman
Date: Mon, May 30, 2016 9:57 PM
To: RobertWittPA@hotmail.com;
Subject:urgent - need comment on restrictive PA rules by June 3rd

Bob, Please review attached and send to sarah.reisetter@idph.iowa.gov by June 3, 2016. Thanks, Ed

May 30, 2016

Dear PA Board members,

Thank you for this opportunity to comment on the proposed PA rules, ARC 2531C. While writing rules is challenging, these proposed regulations are unneeded and have major problems. There is no credible evidence that the current rules and the PA Board have not been protecting the public well for the past 29 years. Therefore, these additional rules are unneeded and should not be adopted.

- 1) Additionally, these proposed rules go far beyond what is authorized by the statute. The statute, SF 505, does not require restrictive PA rules nor transfer of PA board authority to the medical board as these regulations would do.
- 2) Specific problems with the proposed rules include:
 - a) requiring *face to face meetings* would needlessly disrupt tele-psychiatry and other telemedicine practices in the state, decreasing access to care and increasing costs. Authority to require physician personal presence is that of the PA Board by statute (Iowa Code 148C.1(4)). Also changing the statutory "personal" presence ARC 2531C's "physical" presence is not explained and can only serve to limit access to care by needlessly restricting PA use of telemedicine as well as flexibility. The legislature directed the PA and medical boards to cooperate to encourage the utilization of PAs (Iowa Code 147.13(3)). ARC 2531C does the opposite through unneeded, costly restrictions that discourage utilization of PAs.
 - b) requiring the supervisee to assess whether the supervisor has adequate education and relevant experience. Is a PA to be responsible for assessing the qualifications of a neurosurgeon or a cardiovascular surgeon?
 - c) chart review requirement is unnecessary and unworkable for multiple supervising physicians. PAs should be allowed to use the method utilized for all other comparable practitioners in the practice.
 - d) delegated services - conflicts with IAC 645-327.1(1) which states the "ultimate role of the PA cannot be defined... This section also conflicts with IAC 645-327.1(1) that requires training or experience by mandating training and experience.
 - e) consultation - already in the PA rules but adds the vague term "timely". No evidence of need provided.
 - f) alternate supervision – adds another requirement with no evidence of need.
 - g) failure to supervise- already in existing rules. This puts PA disciplinary rules, IAC 645-328, and PA CME rules, IAC 645-329, under the medical board with no justification.
- 4) waiver requires approval of both the PA and medical board – but medical board rules prohibit standards waivers. That eliminates the flexibility needed to meet the needs of the ever changing practice of medicine.

NPs have none of these requirements and no physician site visit mandate. Since the current PA rules are working and there is no objective evidence that these additional requirements will improve patient care or safety, or that these proposals are not anti-competitive, these regulations should not be

promulgated. Furthermore, these new requirements conflict with existing PA rules. PA rules should be flexible to allow medical innovations and individual differences in physician practices necessary to best meet the needs of the patients.

Since the current PA rules are working and there is no evidence that new rules are needed. And there is no legislative mandate to incorporate these additional PA restrictions. These new requirements should be dropped.

Contrary to SF 505's requirement that minimum standards or a definition of supervision rules be adopted ARC 2531C mandates both. Rules may not contradict statute.

No justification is provided for giving the medical board veto authority over amendments PA rules. Iowa Code 148C.3(6) gives the medical board advisory authority by statute regarding PA rules.

I am a former chair of the Iowa PA Board who has practiced in Iowa for more than 35 years. So I am familiar with PA practice, and PA rules and regulations.

Thank you for your attention to these comments.

Sincerely,

Bob Witt, PA
Marshalltown

Reisetter, Sarah [IDPH]

From: Stebral, Laurie A (Family Medicine) <laurie-stebral@uiowa.edu>
Sent: Tuesday, May 31, 2016 1:21 PM
To: Reisetter, Sarah [IDPH]
Subject: PA Letter sent on behalf of Dr. James
Attachments: IA Board of Medicine_PA_5-31-16.pdf

Laurie Stebral
Secretary to Paul A. James, MD / Chair & DEO
Donald J. and Anna M. Otilie Chair in the Department of Family Medicine
Carver College of Medicine / The University of Iowa
01290-E PFP
200 Hawkins DR NE
Iowa City IA 52242
TEL: 319-384-7702
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laurie-stebral@uiowa.edu

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University of Iowa Health Care

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May 31, 2016

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

Dear Ms. Riesetter,

I am writing to provide input on the proposed "Specific Minimum Standards for Appropriate Supervision of a Physician Assistant by a Physician." I am the Chairman of the Department of Family Medicine at the University of Iowa and have practiced clinical family medicine for almost 30 years. I have practiced in three states and have had PA supervision responsibilities in each of them. I am deeply concerned about access to care for Iowans, especially rural Iowans; I am concerned about the quality of care that Iowans receive and I am concerned about the rising costs of health care in Iowa. It is thus important for me to express my concern and opposition to legislation found in the appropriations bill (SF 505) that will require onerous administrative requirements by supervising physicians and PA's that will reduce access, yet not improve quality of care.

For example, at the Family Medicine Clinic at the University of Iowa Hospitals and Clinics, there are over twenty different supervising physicians for two highly trained PA's. These PA's are under the direct observation of physicians every day, seeking guidance or reassurance in the course of caring for patients. We do have a medical director who has administrative oversight and meets regularly with the PA's. However, expecting the PA to set aside time to meet with every faculty member for whom they may seek counsel may actually reduce access to oversight as we limit the faculty who can supervise. This is an unintended consequence to this legislation.

I thus ask that members of the Iowa Board of Physician Assistants not support the joint rule for "minimum standards" as currently stated. It is important that we not micromanage and add more bureaucracy to a process that has not shown itself to be broken. One recommended approach would be to support a joint definition of supervision like: "Supervision means an ongoing process by which a

physician and physician assistant jointly ensure the medical services provided by a physician assistant are appropriate, pursuant to 645 IAC 327.1(1) and 645 IAC 326.8(4).” If specific minimum standards are required, I encourage the Medical Board to consider the location and specifically designate high-risk locations that are noteworthy (though I hope this would be based on sound evidence and not conjecture.)

I specifically hope to develop and test innovative team-based delivery care models and I fear that legislation such as that proposed can make it more difficult to implement these types of team-based processes. Thank you for your consideration of my request.

Sincerely,

A handwritten signature in cursive script that reads "Paul James M.D.".

Paul A. James M.D.
Donald J. and Anna M. Otilie Chair Department of Family Medicine
Chair & Department Executive Director

Reisetter, Sarah [IDPH]

From: barbara krugler <barbar.krugler@gmail.com>
Sent: Tuesday, May 31, 2016 12:39 PM
To: Reisetter, Sarah [IDPH]
Subject: PA Rules Changes

Ms. Reisetter

I oppose the changes to PA rules, there no evidence that by moving the PA under the Medical Board of better outcomes, I feel the changes are more knee jerk reaction and there is no evidenced that these practice changes improve care to patients. At the national level less restrictive changes are being mandate through out the Country why is Iowa going backwards becoming more restrictive makes not sense time of short falls for providers in the rural community. These changes hurt not only the Physician Assistants and our patients; please do not allow changes to occur.

Thank you

Sincerely

Barbara Krugler PA-C MPAS MBA

Reisetter, Sarah [IDPH]

From: Jankovich, Christopher J <Christopher.Jankovich@alegent.org>
Sent: Tuesday, May 31, 2016 9:01 AM
To: Reisetter, Sarah [IDPH]
Subject: FW: Urgent - please review and send to PA board by June 3 c/o sarah.reisetter@idph.iowa.gov

Christopher Jankovich PA-C

From: Edfriedman [edfriedman@aol.com]
Sent: Tuesday, May 31, 2016 12:08 AM
To: Jankovich, Christopher J
Subject: Urgent - please review and send to PA board by June 3 c/o sarah.reisetter@idph.iowa.gov

CAUTION: This email is not from a CHI source. Only click links or open attachments you know are safe.

Dear PA Board,

Please vote no on proposed PA rule, ARC 2531C. Physician Assistants should be able to regulate themselves, like Nurses and Doctors do for their professions. There is enough supervision at present to protect the public. There is no evidence to show a need to pursue any other cause of action.

Thank you.

Christopher Jankovich PA-C
Logan

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Reisetter, Sarah [IDPH]

From: Dave Faldmo <dfaldmo@slandchc.com>
Sent: Tuesday, May 31, 2016 8:28 AM
To: Reisetter, Sarah [IDPH]
Subject: ARC 2417C

Hi Sarah,

I am reaching out to you in regards to ARC 2417C. There is no evidence of need for more PA rules as the current system is working well. Research shows no disciplinary action by the PA or medical board regarding PA supervision for the past 10 years.

As quality director and medical director at the Siouxland Community Health Center in Sioux City, Iowa, I can attest that the current PA rules have always worked well in ensuring adequate supervision and has allowed for increased access to care for many underserved patients in our community. We really heavily on both our PAs and NPs at our health center and could not survive without them. Increasing regulatory requirements for PAs is regressive and counterproductive in meeting the needs of our community.

Respectfully,

David N. Faldmo PA-C, MPAS
Quality Director/Medical Director
Community Health Center Executive Fellow

dfaldmo@slandchc.com
Siouxland Community Health Center
1021 Nebraska St.
Sioux City, IA 51102
www.slandchc.org
Clinic: 712-252-2477
Fax: 712-252-5920
Toll Free 1-888-371-1965
Cell: 712-490-6250

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Reisetter, Sarah [IDPH]

From: no-reply@iowa.gov
Sent: Tuesday, May 31, 2016 8:24 AM
To: Reisetter, Sarah [IDPH]
Cc: dfaldmo@slandchc.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

There is no evidence of need for more PA rules as the current system is working well. Research shows no disciplinary action by the PA or medical board regarding PA supervision for the past 10 years. As medical director at a at the Siouxland Community Health Center in Sioux City, Iowa, I can attest that the current PA rules have always worked well in ensuring adequate supervision and has allowed for increased access to care for many underserved patients in our community. We really heavily on both our PAs and NPs at our safety net health center and could not survive without them. Increasing regulatory requirements is regressive and counterproductive in meeting the needs of our community.

Contact Information

Name: **David N. Faldmo**
Email: dfaldmo@slandchc.com
Phone: **(712) 490-6250**

Reisetter, Sarah [IDPH]

From: JIM PHARES <jsphares@msn.com>
Sent: Tuesday, May 31, 2016 2:44 AM
To: Reisetter, Sarah [IDPH]; James.Phares
Subject: Stop adding rules to cripple Iowa Physician Assistants

Ms. Reisetter, The current rules have worked well for ten years. If rules are passed, make the rules that improve delivery of health care in Iowa. Not limit or add more road blocks.

Jim Phares P.A.-C
447 Primrose Drive
Hudson, Iowa 50643
563-343-6044

Sent from my Samsung Galaxy Tab® S

Reisetter, Sarah [IDPH]

From: Wegner, Jennifer <Jennifer.Wegner@PPHeartland.org>
Sent: Wednesday, May 25, 2016 1:36 PM
To: Reisetter, Sarah [IDPH]
Subject: please reject new rules

Hi Sarah,

I writing to urge you to reject the proposed PA rules.

There is no evidence of need for more PA rules as the current system is working well. Research shows no disciplinary action by the PA or medical board regarding PA supervision for the past 10 years.

We want to avoid rules that make it more difficult to serve patients, especially in underserved areas like Iowa.

Thanks for your time,
Jennifer Wegner PA-C

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Reisetter, Sarah [IDPH]

From: Stein, Katelyn Danielle <Katelyn.D.Stein@dmu.edu>
Sent: Wednesday, May 25, 2016 12:54 PM
To: Reisetter, Sarah [IDPH]
Subject: Don't Change Laws to Work Against PAs
Attachments: IPAS Letter.docx

Katelyn Stein

Physician Assistant Student 2017
Des Moines Univeristy
515.408.6123

DES MOINES  UNIVERSITY

Dear Iowa Physician Assistant Board Members,

As a Physician Assistant student who has invested substantial time and money to begin my career as a PA, it is beyond deterring to hear about these new restrictive laws that could be passed. I have to reflect on why these absurd rules would be passed. Physician Assistants have been working under the current regulations for decades and have had an extremely positive effect on the health care community. Why would we create such drastic laws that would limit our practice and my future practice in Iowa?

I have lived my entire life in Iowa, and my only goal after PA school has always been to remain and practice in Iowa for the rest of my career. However, it appears that, contrary to national PA trends, Iowa is moving toward more restrictive PA regulations, without any evidence that the current regulations are not working. Not only will these rules make me less able to do what I've been trained for, they will make me less competitive in the workforce, since nurse practitioners have no such regulation. Many places will preferentially hire other midlevel practitioners if the regulations become far stricter for physician assistants. With reluctance, this will compel me to look into practicing in neighboring states where I am allowed to use my skills to help patients.

Please keep Iowa a state with sensible PA regulations. I encourage you to thoroughly consider all the negative implications this legislation could have on future Physician Assistants to come.

Sincerely,

Katelyn Stein

Des Moines University – Physician Assistant 2017

Reisetter, Sarah [IDPH]

From: James Earel <jim.earel@gmail.com>
Sent: Tuesday, May 24, 2016 4:04 PM
To: Reisetter, Sarah [IDPH]
Subject: ARC 2417C Comments

To: The Iowa Board Of Physician Assistants,

I am writing to you today in opposition of the newly renoticed proposed rules, ARC 2417C. While several major changes have been made to make the rules more palatable to PAs and their supervising physicians, these rules still provide increased restrictions and supervision requirements that are neither needed nor called for by HF505 from the legislature.

Several of the most onerous rules have been changed or removed; however, the most problematic of the rules, 327.8(3), remains. Even if we did away with all the other rules, just having this one would be a huge detriment to PA practice. By allowing the medical board to have a say in whether new supervision rules can be changed, it basically, it takes away all power of the PA board with regard to supervision. The PA board will never be able to amend or change rules regarding supervision going forward with the medical board keeping PAs in check. The recent rule change allowing a 5:1 supervision ratio was opposed by the medical board and if these rules would have been in place at that time, that ratio would have never been changed. With PA practice continuing to evolve and as the numbers of practicing PAs grow, the PA board needs the autonomy to make decisions regarding PA practice that are in the best interests of PAs and the public we serve. To allow these set of rules to go through will be the first step in the dissolution of the PA board as the medical board will no doubt continue to push through other legislation and regulations designed to restrict PA practice and handcuff the PA board, and in doing so, try and show that the PA board is no longer needed and PAs should once again be under the medical board.

Putting 327.8(4) aside, the other remaining rules laid out are mostly redundant or in contrast with current regulations and rules. These other rules will put additional time and monetary constraints on PAs as well as physicians and practices and are truly not needed. Rather than go down the rabbit hole the the medical board has pointed us towards, why not simply provide a definition of PA supervision as asked in SF505. Indeed, the new rules do have a definition of supervision in them, making the remaining rules unneeded. The boards were given two choices, provide a definition or a minimum standard. Since a minimum standard cannot be agreed upon, simply provide the definition which was added at the last committee meeting.

I hope that this note will help to convince you to oppose the addition of the proposed rules and instead will convince you that simply a definition of supervision is all that is needed to satisfy the legislature at this point.

Thank you for your consideration.

Sincerely,

Jim Earel PA-C

Reisetter, Sarah [IDPH]

From: Amber E. Houge <Amber.Houge@mercyhealth.com>
Sent: Tuesday, May 24, 2016 1:37 PM
To: Reisetter, Sarah [IDPH]
Subject: RE: Comment Period Open Until June 3 - ARC 2531C - Iowa Board of Physician Assistants Amended Notice of Intended Action

Hello,

As a PA practicing in a rural area, I can have multiple different supervising physicians. We are implementing E-ER with the physician in a different state possibly being my supervising physician. Because of these circumstance I have questions regarding how each supervising physician is going to review a sample of each PA's documentation. How is this tracked? Is this done yearly? Who is responsible to get this done and tracking of the information?

Thank you for your hard work in improving PA practice in the state of Iowa.
Amber Houge PA-C

From: Reisetter, Sarah [IDPH] [mailto:Sarah.Reisetter@idph.iowa.gov]
Sent: Tuesday, May 24, 2016 12:02 PM
To: Bowden, Mark [IBM]; Jennifer-harbison@uiowa.edu; David-asprey@uiowa.edu; pstecklein@iowapca.org; joel.rand@dmu.edu; susan.huppert@dmu.edu; 'Teresa.armstrong@IASpecialty.com'; 'skoehlerpac@gmail.com'; 'djanssen01@q.com'; Hamed Tewfik, MD; Allison S. Schoenfelder; Diane Clark (bcdc1@wctatel.net); Ronald Cheney DO (ronalfred40@gmail.com); sandra@iowapolicy.com; Dennis Tibben; Leah McWilliams (leah@ioma.org); 'Boattenhamer, Greg' (BOATTENG@ihaonline.org); EdFriedman@aol.com; Reynolds, Susan [IDPH]; Tom Cope (tomwcope@msn.com); ckelly@iowamedical.org; lcoyte@aol.com; laurie@laurieclair.com; Nebel, Kent [IBM]; Ahrendsen, Jon; allens@ihaonline.org; Bussanmas, Julie [AG]; Olds, John [IBM]; Aaron Todd; kevin@iasocanes.org; kennedyclarej@sau.edu; apeer@aapa.org; Sieverding, Craig O.; Eric Tempelis; David Adelman (dadelman@cgagroup.com); Dawn Millard; Luan Montag; claire-shapleigh@uiowa.edu; WGall@dbq.edu; nmeyer@iowaclinic.com; Barbara.Krugler@va.gov; klparks007@aol.com; Jennifer.Schreier@unitypoint.org; vinnette.frank@iaspecialty.com; bloomingermmaryj@sau.edu; stephen-rumelhart@uiowa.edu; Michael.Farley2@va.gov; frankie@integrativemc.com; k.galloway@mchsi.com; keith-mueller@uiowa.edu; stacey@iapasociety.org; IPAS.Board@assoc-mgmt.com; jmccllland@mcfarlandclinic.com; Amber E. Houge; anthony-brenneman@uiowa.edu; VanCompernelle, David [AG]; Firch, Marvin [IDPH]
Cc: Pettengill, Dawn [LEGIS]; Reynolds, Susan [IDPH]; Firch, Marvin [IDPH]
Subject: Comment Period Open Until June 3 - ARC 2531C - Iowa Board of Physician Assistants Amended Notice of Intended Action

Please see the below message and invitation to comment from Susan Koehler, PA-C, Chair of the Iowa Board of Physician Assistants:

Dear Colleagues and Stakeholders:

On April 20, 2016, the PA Board voted to notice an amended PA Joint Supervision Rule to allow more time for receipt of stakeholder input on the amended joint supervisory rule as well as an opportunity to reconsider the jobs and financial impact of the rule as amended. We invite you to review the amended rule, now known as ARC 2531C, and submit comments to the PA Board in care of sarah.reisetter@idph.iowa.gov. The DEADLINE for comments is Friday, June 3, 2016.

You are also invited to attend (in person or by conference call) the public hearing on the amended joint rule on Friday, June 3, from 9 – 10 a.m. in the 5th floor board conference room at the Lucas State Office Building. At the

public hearing, persons will be asked to provide names and addresses for the record and to confine remarks to the subject of the proposed amendments. To join the conference call on June 3, dial 1-866-685-1580. The conference code is 9654122968.

The amended rule ARC 2531C is posted on our web site: <http://www.idph.iowa.gov/Licensure/Iowa-Board-of-Physician-Assistants>. A brief summary of the changes from the original draft of the supervisory rules is as follows:

AMENDED RULE ARC 2531C Joint Rule for Supervision of PAs

Major changes:

1. Adding DEFINITIONS of "remote medical site" and "supervision" consistent with current PA rules.
2. Clarify and change frequency of face-to-face meetings: Face-to-face meetings at the remote site location must occur TWICE a year. Only ONE of the PA's supervising physicians is required to perform the remote site face-to-face meetings.
3. Remove the requirement for the supervising physicians to complete ANNUAL REVIEWS for the PAs they supervise.
4. Chart reviews: ALL supervising physicians must review a sample of charts for EVERY PA they supervise. There is no frequency requirement.
5. Waiver or variance from this particular supervision rule can be granted ONLY upon approval by both boards.

Thank you for your interest in this rulemaking. Please forward this email to other interested stakeholders as you wish.

Susan Koehler, PA-C
Chairperson, Iowa Board of Physician Assistants

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Reisetter, Sarah [IDPH]

From: no-reply@iowa.gov
Sent: Tuesday, May 24, 2016 11:09 AM
To: Reisetter, Sarah [IDPH]
Cc: rgmpacsr@metc.net
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 no disciplinary action by the PA or medical board regarding PA supervision for the past 10 years. These rule changes are not needed. The current system is working well. The PA board needs to maintain its autonomy.

Contact Information

Name: **Russell G Marquardt, MPAS, PA-C**
Email: rgmpacsr@metc.net
Phone: **(712) 764-4070**

Reisetter, Sarah [IDPH]

From: Johnson, Carolyn <carolyn-johnson@uiowa.edu>
Sent: Tuesday, May 24, 2016 10:12 AM
To: Reisetter, Sarah [IDPH]
Subject: IA2531C

Why is the PA board considering more restrictive rules at a time when a PAs ability to extend medical services is more than essential than ever? Study after study has demonstrated our quality of service and patient satisfaction to match other providers including MDs. Who benefits from these proposed restrictions? It is my impression that there hasn't been problems with supervision so I ask the proverbial "if it ain't broke why fix it?"

Carolyn Johnson, PA-C
Department of Neurology
University of Iowa Hospitals and Clinics

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Reisetter, Sarah [IDPH]

From: Susan Koehler <skoehlerpac@gmail.com>
Sent: Sunday, May 15, 2016 12:20 PM
To: Barb Glass
Cc: Reisetter, Sarah [IDPH]
Subject: Re: Just Say NO

Thanks for your comments. We will also post them on the web site.
Sent from my iPhone

On May 10, 2016, at 5:17 PM, Barb Glass <b.glasss@att.net> wrote:

As a retired PA, I try to remain connected to what's happening in my profession. I have been very concerned about recent anti-PA efforts. Please keep PA regulation under the PA Board. Vote no on the proposed antiPA rules (AR 2417C). Thank you.

Reisetter, Sarah [IDPH]

From: Hegmann, Theresa <theresa-hegmann@uiowa.edu>
Sent: Wednesday, April 20, 2016 2:50 PM
To: Susan Koehler; Adam Peer
Cc: Reisetter, Sarah [IDPH]
Subject: RE: seeking updated info on financial impact of proposed rule

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Susan (and Adam),

Melissa Gentry had asked about that also, yesterday, so I re-did my very simplistic figures using the new criteria in the amended rules – informally – and sent that to her. I also simplified my table, just to make the math easier to follow. In general, the estimates are really on the conservative side, both for patient seen per hour, and for patient visit costs, so I think it's an under-estimate of lost revenue, if anything. It's very interesting that so few hours per year could add up to so much lost revenue – but when you take 75 physicians and PA's away from patient care, even for a small number of hours, it really adds up. **Please note: this hasn't been "vetted" through the program DEO or dean's office though, so it's not an official estimate, just a rough idea.** I'll copy it below for you though.

As I've noted, the various university departments all have robust chart review / QI programs – but in general they don't match up supervising physicians so that they specifically review PA charts for visits that happened while they were "on service" and supervising that PA. For this reason, many of the existing departmental chart review processes don't even come close to meeting the requirements in the amended joint rule – and it would be *really* complicated to make that happen on a system-wide basis. So, to meet the proposed new requirements, UIHC PA's are going to have to specifically send additional charts for review to each of their supervising physicians, and those docs are going to have to set aside additional time for chart review. The revised rules would obviously be easier to implement in smaller practices, so I'm not sure it's valid to extrapolate this model to the rest of the state.

Chart review is not the preferred method of supervision at UIHC departments – since staff docs are generally available for immediate consultation in a "staffing room", supervision usually happens in-person, face-to-face, much of the time. Chart review is used for QI/QA purposes, not for supervision. (Another reason why I'd argue that this rule moves us backwards in time....).

Modified Projection of Revenue Loss Related to Implementation of Proposed Joint Rules for Supervision of PA's by Physicians in the UIHC System – April 2016

Summary: A conservative estimate of the total yearly revenue loss to UIHC for implementing the *amended* (April 8th, 2016 version) proposed joint rule for supervision of the 75 PA's supervised by UIHC physicians comes to a total of **\$315,000**, or \$4200 per PA. Extrapolating this cost to the 1000 or so PA's working in the state of Iowa would give an estimate of 3 to 5 million in lost patient revenue, but may not apply to all PA-physician teams, depending on the situation.

Explanation: UIHC currently employs about 75 physician assistants (PA's). Between physician time and PA time required for scheduling, conducting, and documenting the required meetings and chart review activities that are added by the new proposed joint regulations, approximately 1200 fewer patients would be seen over a year's time, even assuming a conservative estimate of 2 patients per provider per hour of time lost to added administrative requirements. This estimate does not include any travel time and mileage costs that might be involved in the required "face-to-face" visits. This model also uses a conservative estimate for cost per visit (\$300 for physicians, \$200 for PA's), in line with outpatient family practice or internal medicine visits. Lost revenue from

specialty clinics, surgical consults, ER visits, etc. would likely be much higher. Note that in the UIHC system, there is a pre-existing QI chart review system in place in each department for all providers (physicians, PA's, ARNP's, etc.), but that system would not meet the chart review requirements of the proposed rule, so supervising physicians would have to specifically add more chart review time to go over PA charts. Also, PA's at UIHC generally have immediate access to a staff physician for consultation at the time of the patient visit, so that PA supervision is accomplished in a manner similar to supervision of resident and fellow physicians. However, this system also would not technically meet the requirements in the proposed rule, so additional meetings would be required.

Lost patient visit time also translates into decreased access to care for patients, which is a cost to the medical system, but hard to quantify in dollars.

Employee category	Extra administrative hours per year per PA	Patient visits lost	Overall Lost revenue to UIHC per year
Supervising Physician (SP) (Multiple depts affected, including: FP, IM, ETC, outpt specialties, inpatient specialties, surgical)	~ 5 hrs per year (~4 hrs chart review per year + 2 face-to-face scheduled meetings x 0.5 hr each)	75 SP's x 2 pt/hr x 5 hr/yr = 750 patients/yr	750 pt/yr x \$300/pt = \$225,000
Physician Assistant (PA) (multiple depts.)	~ 3 hrs per year (1 hr for meetings, 2 hrs for meeting prep, chart prep and documentation of meetings and chart review process)	75 PA's x 2 pt/hr x 3 hr/yr = 450 patients/yr	450 pt/yr x \$200/pt = \$90,000
Totals:	8 hrs per year of added administrative time, per PA employed	1200 patient visits lost per year	\$315,000 lost revenue per year

Thanks,
theresa

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From: Susan Koehler [mailto:skoehlerpac@gmail.com]
Sent: Wednesday, April 20, 2016 2:19 PM
To: Adam Peer; Hegmann, Theresa
Cc: Reisetter, Sarah [IDPH]
Subject: seeking updated info on financial impact of proposed rule

Hello Adam and Theresa--

At today's PA Board meeting, we recognized that the proposed (revised) minimum supervision rule may still have a negative impact on jobs for PAs, impose financial burdens on health care systems, does not address the role of modern health information technology and new trends such as telemedicine, and may ultimately decrease access to health care for the citizens of Iowa.

The Board voted to formally notice an amended notice of intended action to allow more time for the Board to consider stakeholder comments on the revised rule. I anticipate that another public hearing will be held, probably in late May or early/mid June, and then the board will consider appropriate action.

Since the revised rule does have some changes (ie twice yearly visits to remote sites and chart review by each SP for each PA they supervise, along with waivers/variances allowed only by joint board approval), we thought it would be helpful if your organizations would consider updating the cost analyses you provided earlier this year.

below is a link to the rule on the IA PA Board web site:

<http://www.idph.iowa.gov/Portals/1/userfiles/26/PA/ARC%202372C%20-%20language%20adopted%20by%20Board%20of%20Medicine%20-%20April%2015%2C%202016.pdf>

Thank you for your help,
Susan Koehler PA-C
acting chair, PA Board

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