

Original: 2212

IRRC

From: Bette Wildgust [bette.wildgust@villanova.edu]
Sent: Tuesday, November 11, 2003 10:52 AM
To: IRRC
Cc: Rtomlinson@paen.gov
Subject: 16A-4912

Importance: High



Pennsylvania
Association of Nu...

Dear Sirs

I am attaching my letter of opposition to the final form of 16A-4912, Physician delegation of services. Please consider my concerns when discussing this regulation. It will have far reaching and unintended results if passed as it stands today. Thank you
Bette Wildgust

RECEIVED
2003 NOV 12 AM 7:30
PAENSIAN REVIEW COMMISSION



Original: 2212

RECEIVED

2003 NOV 12 AM 7:30

Honorable Robert Tomlinson
Chair Senate Consumer Protection and Licensure
Senate Box 203006
Harrisburg, PA 17120-3006

PROFESSIONAL STANDARDS
REVIEW COMMISSION

Nov 11, 2003

Dear Sir:

I am writing to you as a concerned Certified Registered Nurse Anesthetist and an active member of the Pennsylvania Association of Nurse Anesthetists to emphatically oppose the final form of 16A-4912: Physician Delegation of Medical Services.

We believe the intent of global delegation to all nurses remains the same intent as prior attempts to delegate to nurse anesthetists, which was so heavily opposed by all organizations other than the Pennsylvania Society of Anesthesiologists and the Pennsylvania Medical Society. We believe that the actual intent of this regulation is to allow certain physicians to unilaterally restrict another licensee's ability to practice. We believe that the motive behind these attempts has always been, and continues to be increased financial rewards for certain physicians. The expanded regulation now has the intent to restrict practice of many different licensed professionals.

One objection to this regulation is that it *does not* define the specifics of delegation. For example anesthesia when provided by certified registered nurse anesthetists (CRNA's) is clearly not delegation, but an appropriate licensed professional activity. And, although 18.402.6f cites specifically the example of CRNA's, and states that it does not prohibit a practitioner licensed or certified by this Commonwealth from practicing within the scope of that license, the intent of making delegation an issue is to place services not previously delegated under physician supervision.

Furthermore, it sets the precedent for the next step which will be that anesthesia services should only be delegated by anesthesiologists to the exclusion of collaborative arrangements with other licensed practitioners such as dentists, podiatrists, surgeons, gastroenterologists, and cardiologists.

This delegation rule would place new burdens on the health care system in the Commonwealth by:

- a) Placing certain aspects of care under delegation of persons in many cases less qualified by experience and training, than the persons to whom they are delegating.
- b) Making the system less efficient. Rather than care being provided in a timely fashion or even simultaneously by experts, each providing that aspect of care that they are best able to give, care would be funneled through a limited number of delegators. Because of the complexity of care being given, there is no way for these few delegators to be expert and available at all times and for all aspects of care. Therefore, their delegation is nominal and potentially obstructive.
- c) Providing the framework for placing services currently provided by independent licensed practitioners under delegation. It attempts to broaden responsibilities for medical doctors.
- d) Assuming that a medical doctor is always the most appropriate or best person to perform all patient interventions (procedures, education, assessment) when there is no basis for this assumption in tradition or current practice.
- e) Creating new physician responsibilities, it creates new billable services and consequently greater costs to the citizens of the Commonwealth.
- f) In the current legal environment physicians are already leaving the state because of increased medical malpractice costs. This regulation would create an additional source of potential exposure for malpractice claims through the simple process of delegating or not delegating a specific service. The result will be that many physicians will be asked to meet delegation requirements that they may or may not have been aware of and may or may not be comfortable implementing. Further, the regulatory analysis does *not* address what percentage of physicians must be certified by their specialty boards nor does it define what level of training and experience would be necessary for delegation in specific circumstances.

As a representative of the PANA who has *personally* monitored the discussion at the State Board of Medicine, this document is being driven by individuals who have one primary concern: protecting the income of physicians.

In contrast to what has been stated, there will be a significant fiscal impact. These regulations will create billing criteria for the simplest of tasks where none now currently exists. Further they will generate increased paperwork and leave unanswered the question as to who would delegate to whom and under what specific circumstances. All that is necessary to understand and appreciate the impact of this regulation is to reference the problems with prescriptive authority that Nurse Practitioners continue to face.

Another intent of the proposed delegation rule may be to provide a door through which to bring a new and unqualified anesthesia provider (Anesthesia Assistants, or AA's) to the State of Pennsylvania. As proposed, this regulation would expand the scope of physician delegation of medical services in the Commonwealth to include licensed and unlicensed health care practitioners and even unlicensed technicians such as AA's. The American Society of Anesthesiologists (ASA) has publicly advocated the use of AA's and this regulation is simply a means to carry out their openly expressed political mission.

In summary, regulations should appropriately address a known or stated problem. It is unclear what consumer or citizens group in the Commonwealth of Pennsylvania has requested or is in need of these particular regulations, and in what context the request was ever made. These regulations are unnecessary, do not improve care, lack clarity, promote delegation of expert services to unlicensed practitioners, and lack any rational basis as to feasibility or reasonableness that would urge their implementation. These proposed regulations would have a significant negative impact on hospitals by bringing unnecessary and overly restrictive delegation practice during a time when many facilities are struggling to maintain their bottom line.

Sincerely,

Bette M Wildgust CRNA MS MSN

11/12/2003

Dear IRRC,

I am writing today to oppose the final form of 16A-4912: Physician Delegation of Services. The Board of Medicine has not demonstrated the need for this final draft and has not explained the need for this regulation. If this ruling were applied to CRNA's it would cause many problems within our practice. If this ruling were applied to any advance practice nurse it would be deleterious. The term technician is vague and ill defined. I do not want unlicensed, uncertified, and ill prepared technicians providing care in Pennsylvania. CRNA's have demonstrated our high level of competency, education and quality care. We function perfectly well within the scope of our license. Providing physicians with the ability to delegate to nurses serves only one group of people- the physicians. Please oppose 16A-4912 and support the CRNA's and other nurses in this state, and their provision of expert healthcare with out delegation.

Sincerely,

Nancy Theran, CRNA

RECEIVED
2003 NOV 18 AM 8:59
INDEPENDENT REGULATION
REVIEW COMMISSION

10

Pennsylvania Association of Nurse Anesthetists

RECEIVED

2009 NOV 10 AM 9:18

REVIEW COMMISSION

**Mr. & Mrs. Walter S. Van Dyke
107 Windy Glen
Beaver, PA 15009**

The Pennsylvania Association of Nurse Anesthetists emphatically opposes the final form of 16A-4912: Physician Delegation of Medical Services.

We believe the intent of global delegation to all nurses remains the same intent as prior attempts to delegate to nurse anesthetists, which was so heavily opposed by all organizations other than the Pennsylvania Society of Anesthesiologists and the Pennsylvania Medical Society. We believe that the actual intent of this regulation is to allow certain physicians to unilaterally restrict another licensee's ability to practice. We believe that the motive behind these attempts has always been, and continues to be increased financial rewards for certain physicians. The expanded regulation now has the intent to restrict practice of many different licensed professionals.

One objection to this regulation is that it *does not* define the specifics of delegation. For example anesthesia when provided by certified registered nurse anesthetists (CRNA's) is clearly not delegation, but an appropriate licensed professional activity. And, although 18.402.6f cites specifically the example of CRNA's, and states that it does not prohibit a practitioner licensed or certified by this Commonwealth from practicing within the scope of that license, the intent of making delegation an issue is to place services not previously delegated under physician supervision.

Furthermore, it sets the precedent for the next step which will be that anesthesia services should only be delegated by anesthesiologists to the exclusion of collaborative arrangements with other licensed practitioners such as dentists, podiatrists, surgeons, gastroenterologists, and cardiologists.

This delegation rule would place new burdens on the health care system in the Commonwealth by:

- a) Placing certain aspects of care under delegation of persons in many cases less qualified by experience and training, than the persons to whom they are delegating.

- b) Making the system less efficient. Rather than care being provided in a timely fashion or even simultaneously by experts, each providing that aspect of care that they are best able to give, care would be funneled through a limited number of delegators. Because of the complexity of care being given, there is no way for these few delegators to be expert and available at all times and for all aspects of care. Therefore, their delegation is nominal and potentially obstructive.
- c) Providing the framework for placing services currently provided by independent licensed practitioners under delegation. It attempts to broaden responsibilities for medical doctors.
- d) Assuming that a medical doctor is always the most appropriate or best person to perform all patient interventions (procedures, education, assessment) when there is no basis for this assumption in tradition or current practice.
- e) Creating new physician responsibilities, it creates new billable services and consequently greater costs to the citizens of the Commonwealth.
- f) In the current legal environment physicians are already leaving the state because of increased medical malpractice costs. This regulation would create an additional source of potential exposure for malpractice claims through the simple process of delegating or not delegating a specific service. The result will be that many physicians will be asked to meet delegation requirements that they may or may not have been aware of and may or may not be comfortable implementing. Further, the regulatory analysis does *not* address what percentage of physicians must be certified by their specialty boards nor does it define what level of training and experience would be necessary for delegation in specific circumstances.

As a representative of the PANA who has *personally* monitored the discussion at the State Board of Medicine, this document is being driven by individuals who have one primary concern: protecting the income of physicians.

In contrast to what has been stated, there will be a significant fiscal impact. These regulations will create billing criteria for the simplest of tasks where none now currently exists. Further they will generate increased paperwork

and leave unanswered the question as to who would delegate to whom and under what specific circumstances. All that is necessary to understand and appreciate the impact of this regulation is to reference the problems with prescriptive authority that Nurse Practitioners continue to face.

Another intent of the proposed delegation rule may be to provide a door through which to bring a new and unqualified anesthesia provider (Anesthesia Assistants, or AA's) to the State of Pennsylvania. As proposed, this regulation would expand the scope of physician delegation of medical services in the Commonwealth to include licensed and unlicensed health care practitioners and even unlicensed technicians such as AA's. The American Society of Anesthesiologists (ASA) has publicly advocated the use of AA's and this regulation is simply a means to carry out their openly expressed political mission.

In summary, regulations should appropriately address a known or stated problem. It is unclear what consumer or citizens group in the Commonwealth of Pennsylvania has requested or is in need of these particular regulations, and in what context the request was ever made. These regulations are unnecessary, do not improve care, lack clarity, promote delegation of expert services to unlicensed practitioners, and lack any rational basis as to feasibility or reasonableness that would urge their implementation. These proposed regulations would have a significant negative impact on hospitals by bringing unnecessary and overly restrictive delegation practice during a time when many facilities are struggling to maintain their bottom line.

Sincerely,
Eileen Han Dyke CRNA

Original: 2212

Edward Schmitt C.R.N.A.
RR # 3, Box 34
Towanda, PA 18848

RECEIVED

2003 NOV -7 AM 10:32

INDEPENDENT
REVIEW COMMISSION

John R McGinley Jr. Esq
Chairman IRRC
333 Market Street 14th Floor
Harrisburg, PA 17101

Dear Mr McGinley

I am writing to you as a licensed Certified Registered Nurse Anesthetists (CRNA) who has been working in Pennsylvania for over 30 years. I'm also a member of the Pennsylvania Association of Nurse Anesthetists (PANA). I ask your help to emphatically oppose the final form of 16A-4912: Physician Delegation of Medical Services.

I believe the intent of this delegation of all nurses remains the same intent as prior attempts to delegate to nurse anesthetists, which was so heavily opposed by all organizations other than the Pennsylvania Society of Anesthesiologists and the Pennsylvania Medical Society. The actual intent of this regulation is to allow certain physicians to unilaterally restrict another licensee's ability to practice. The real motive behind these attempts has always been, and continues to be increased financial rewards for certain physicians. The expanded regulation now has the intent to restrict practice of many different licensed professionals.

This regulation **does not** define the specifics of delegation. For example anesthesia when provided by certified registered nurse anesthetists (CRNA's) is clearly not delegation, but an appropriate licensed professional activity. And, although 18.402.6f cites specifically the example of CRNA's, and states that it does not prohibit a practitioner licensed or certified by this Commonwealth from practicing within the scope of that license, the intent of making delegation an issue is to place services not previously delegated under physician supervision.

Furthermore, it sets the precedent for the next step which will be that anesthesia services should only be delegated by anesthesiologists to the exclusion of collaborative arrangements with other licensed practitioners such as dentists, podiatrists, surgeons, gastroenterologists, and cardiologists.

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I believe that the PSA and the Board of Medicine are being driven by one primary concern: protecting and increasing the income of physicians.

In contrast to what has been stated, there will be a significant fiscal impact. These regulations will create billing criteria for the simplest of tasks where none now currently exists. Further they will generate increased paperwork and leave unanswered the question as to who would delegate to whom and under what specific circumstances. All that is necessary to understand and appreciate the impact of this regulation is to reference the problems with prescriptive authority that Nurse Practitioners continue to face.

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These regulations are unnecessary, do not improve care, lack clarity, promote delegation of expert services to unlicensed practitioners, and lack any rational basis as to feasibility or reasonableness that would urge their implementation. These proposed regulations would have a significant negative impact on hospitals by bringing unnecessary and overly restrictive delegation practice during a time when many facilities are struggling to maintain their bottom line.

Again, I ask for your help in opposing this rule.

A handwritten signature in black ink that reads "Ed Schmitt". The signature is written in a cursive, flowing style.

Ed Schmitt, CRNA

Original: 2212

IRRC
333Market Street
14th Floor
Harrisburg, Pa 17101

RECEIVED
2003 NOV -7 AM 10:34
OFFICE OF THE
REVIEW COMMISSION

Honorable Sirs

I am opposed to the final form 16A-4912: Physician Delegation of Services.

My concern to you would be:

- The regulation should appropriately address a known or stated problem. It is unclear what consumer or citizens group in the Commonwealth of Pennsylvania has requested or is in need of these particular regulations, and in what context the request was ever made.
- The Board of Medicine has not produced any evidence "explaining the need for the regulation"
- This legislation opens the door to unlicensed professionals (A.A) in this state because of the term technician used. It appears technician can be any unlicensed, certified or otherwise person in Pennsylvania a Physician chooses to delegate. The ASA has well documented its campaign to include AA's in every state.
- These regulations are unnecessary, do not improve care, lack clarity, promote delegation of expert services to unlicensed practitioners, and lack any rational bases as to feasibility or reasonableness that would urge their implementation.
- These proposed regulations would have a significant negative impact on hospitals by bringing unnecessary and overly restrictive delegation practice during a time when many facilities are struggling to maintain their bottom line.

Sincerely,

Patricia K. Kowalski, CRNA

*16 Annexing Dr
Alan Mills Dr
19342*

Original: 2212



IRRC
333Market Street
14th Floor
Harrisburg, Pa 17101

RECEIVED

2003 NOV -7 AM 10:32

REVIEW COMMISSION

Honorable Sirs

I am **opposed** to the final form 16A-4912: Physician Delegation of Services.

My concern to you would be:

- The regulation should appropriately address a known or stated problem. It is unclear what consumer or citizens group in the Commonwealth of Pennsylvania has requested or is in need of these particular regulations, and in what context the request was ever made.
- The Board of Medicine has not produced any evidence "explaining the need for the regulation"
- This legislation opens the door to unlicensed professionals (A.A) in this state because of the term technician used. It appears technician can be any unlicensed, certified or otherwise person in Pennsylvania a Physician chooses to delegate. The ASA has well documented its campaign to include AA's in every state.
- These regulations are unnecessary, do not improve care, lack clarity, promote delegation of expert services to unlicensed practitioners, and lack any rational bases as to feasibility or reasonableness that would urge their implementation.
- These proposed regulations would have a significant negative impact on hospitals by bringing unnecessary and overly restrictive delegation practice during a time when many facilities are struggling to maintain their bottom line.

Sincerely,

Michael F. Kinslow CRNA, MS
(610) 558-8193



Pennsylvania Association of Nurse Anesthetists

Michael F. Kinslow CRNA, MS

Home:
16 Annesley Dr.
Glen Mills, PA 19342
(610) 558-8193

Office:
908 N. Second St.
Harrisburg, PA 17102
(800) 495-7262
(717) 441-6046
FAX: (717) 236-2046
PANA.ORG



University of Pennsylvania Health System

Michael Kinslow, CRNA, MS
Clinical Coordinator
School of Anesthesia

800 Spruce Street

Philadelphia, PA

19107-6192

215-829-3320

215-829-8757 - Fax

215-998-1299 - Pager

Original: 2212

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2003 NOV -7 AM 10: 31

REVIEW COMMISSION

October 31, 2003
190 Zeigler Road
Rochester, PA 15074
724-452-6636

IRRC
333 Market Street
14th Floor
Harrisburg, PA 17101

Honorable Sirs;

I am a CRNA (Certified Registered Nurse Anesthetist), practicing in Allegheny County. I am writing to let you know that I oppose ed to the final form of 16A-4912: Physician Delegation of Services.

There has been no known or stated problem published pertaining to the need for this regulation. The Board Of Medicine has not produced any evidence "explaining the need for this regulation."

This legislation opens the door to unlicensed persons in the state because of the term technician. It would seem that technician can be any unlicensed, certified or other person in PA that a physician chooses to delegate. (The ASA has well documented its campaign to include Anesthesiologist assistants in every state.)

This system would be less efficient, producing more paperwork and confusion and creating new billable services increasing the escalating cost of health care to the financial gain of a certain few.

These are only a few of the ramifications of this unnecessary legislation. I am hoping that you will support my point of view.

Sincerely,



Elizabeth A. Joyce, CRNA, MA

*E Joyce CRNA MA
190 Zeigler Rd
Pa 15074*

Original: 2212

November 6, 2003

IRRC
333 Market Street
14th Floor
Harrisburg, PA 17101

RECEIVED
2003 NOV 13 AM 8:51
HARRISBURG, PA
REVIEW COMMISSION

To Whom It May Concern:

I am writing this letter to voice my strong opposition to 16A-4912: Physician Delegation of Medical Services regulation. I believe the intent of this regulation is to restrict the ability of non-physicians to provide health care in the Commonwealth of Pennsylvania.

As in the past, the Pennsylvania Medical Society and the Pennsylvania Society of Anesthesiologists have repeatedly tried to restrict the scope of practice for specialty nurses, most notably Certified Registered Nurse Anesthetists (CRNA's) and Certified Registered Nurse Practitioners (CRNP's). Previous legislative attempts have either garnered little support, or died in committee. However, once again these same physician groups are attempting to restrict the practice of another health care provider. I believe that the motive behind this latest legislative initiative, is as always, the increased financial rewards for these physician groups.

Another problem with this proposed regulation is directly related to the intent of global delegation to nurses. This regulation does not define the "specifics" of delegation, rather it is vague and therefore can be construed to include all aspects of care. For example, anesthesia when provided by CRNA's is clearly not delegation, but an appropriate licensed activity covered by Pennsylvania's Nurse Practice Act. Furthermore, although 18.4026f cites specifically the example of CRNA's and states that it does not prohibit a practitioner licensed or certified by this Commonwealth from practicing within the scope of that license, the intent of making delegation an issue is to place services not previously delegated under physician supervision. With this in mind, it is not too difficult to see that the next logical step would be that anesthesia services should only be delegated by anesthesiologists to the exclusion of collaborative arrangements with other licensed practitioners such as surgeons, dentists, or podiatrists.

In closing, I believe regulations should address a known or stated problem. In this case, The proposed delegation regulation lacks clarity, purpose and more importantly is missing a rational basis as to feasibility in relation to implementation. With this in mind, I urge you to reject this type of regulation which places one type of health care provider (physician) in direct opposition to another type of health care provider (nurse) and does nothing to foster the cohesive spirit of "teamwork" among health care providers.

Sincerely,

Jeffrey L. Karns, MSN, CRNA

406 West Oak Street
Titusville, Pennsylvania 16354
ADDRESS CORRECTION REQUESTED

Ori

Original: 2212

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2003 NOV -7 AM 10: 35

INDEPENDENT HEALTH CARE
REVIEW COMMISSION

Berthelmer

1403 Ted's Way
Duncansville, PA 16635

IRRC
333 Market Street
14th Floor
Harrisburg, PA 17101

November 4, 2003

I am corresponding to you to inform you of my strong opposition to the final form of 16A-4912: Physician Delegation of Medical Services.

I believe the intent of global delegation to all nurses is to regulate how other highly trained and educated professionals practice their certified specialty. I believe that the motive behind this attempt to unilaterally regulate and delegate medical services is solely to solidify their own financial futures. This expanded regulation has no other intent than to restrict the practices of many different licensed professionals so as to allow for those practices to be monopolized by the Pennsylvania Medical Society.

This expanded regulation does not even define the specifics of the delegation. This new delegation rule would place a further burden on the health care system in the Commonwealth by:

- a) Placing certain aspects of care under delegation of persons in many cases less qualified by experience and training, than the persons to whom they are delegating.
- b) Making the system less efficient. Rather than care being provided in a timely fashion or even simultaneously by experts, each providing that aspect of care that they are best able to give, care would be funneled through a limited number of delegators. Because of the complexity of care being given, there is no way for these few delegators to be expert and available at all times and for all aspects of care. Therefore, their delegation is nominal and potentially obstructive.
- c) Providing the framework for services currently provided by independent licensed practitioners under delegation. It attempts to broaden responsibilities for medical doctors.
- d) Assuming that a medical; doctor is always the most appropriate or best person to perform all patient interventions when there is no basis for this assumption in tradition or current practice.
- e) Creating new physician responsibilities, it creates new billable services and consequently greater costs the community.
- f) There is no delegation credentialing criteria or delineation of whom shall be capable of delineating what services. This would create a serious safety threat to the patients in this Commonwealth and they should be alerted of this!

It is obvious that the proposed delegation would do great harm to our Commonwealth. It would cause increases in the cost structure of our health system to the sole benefit of the Pennsylvania Medical Society, a health system already faltering due to cost and lack of qualified caregivers. Allowing 16A-4912 to move even one more day forward is hypocrisy and a direct neglect of your stand as a representative of the people of our Commonwealth.

I ask you who is in need of these changes? What citizen group in our Commonwealth does is protect or assist? In what context was the request even made? Please answer me these questions. I think you know it is that of the money-pilfering lobbyist of the Pennsylvania Medical Society. Correct me if I am wrong.

The delegation is unnecessary, does not improve care, lacks clarity, promotes delegation by unlicensed providers and lacks any basis or feasibility that would warrant its implementation.

Sincerely,

David Berkheimer, BSN, CRNA

Original: 2212

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RECEIVED

Arlene S. Loeffler, CRNA, PhD
619 Tenth St.
Oakmont, PA 15139
Fax 412-383-7227

2003 NOV -7 AM 10:30

October 30, 2003
IRRC
333 Market Street
14th Floor
Harrisburg, PA 17101
Fax 717 783 2664

INDEPENDENT HEALTH CARE
REVIEW COMMISSION

To the IRRC:

As a nurse anesthetist and educator for 30 years I am writing to oppose the final form of 16A-4912: Physician Delegation of Medical Services for several reasons:

A. My first objection to this regulation is that it *does not* define the specifics of delegation. For example, anesthesia, when provided by certified registered nurse anesthetists (CRNA's), is clearly not delegation, but an appropriate licensed professional activity. And, although 18.402.6f cites specifically the example of CRNA's, and states that it does not prohibit a practitioner, licensed or certified by this Commonwealth, from practicing within the scope of that license, the intent of making delegation an issue is to place services not previously delegated under physician supervision.

B. It sets a precedent for the next regulation, that anesthesia services should only be delegated by anesthesiologists and exclude collaborative arrangements with other licensed practitioners such as dentists, podiatrists, surgeons, gastroenterologists, and cardiologists.

C. It appears that the actual intent of this regulation is to allow certain physicians to unilaterally restrict another licensee's ability to practice. We believe that the motive behind these attempts, now, as in the past, is increased financial rewards for certain physicians. The expanded regulation will restrict the practice of many other licensed professionals.

This delegation rule would also place new burdens on the health care system in the Commonwealth by:

1. Placing certain aspects of care under delegation of persons in many cases less qualified by experience and training, than the persons to whom they are delegating.
2. Making the system less efficient. Rather than care being provided in a timely fashion or even simultaneously by experts, each providing that aspect of care that they are best able to give, care would be funneled through a limited number of delegates. Because of the complexity of care being given, there is no way for these few delegators to be expert and available at all times and for all aspects of care. Therefore, their delegation is nominal and potentially obstructive.
3. Creating new physician responsibilities, it creates new billable services and consequently greater costs to the citizens of the Commonwealth.

In this state, physicians are already leaving because of increased medical malpractice costs. This regulation would create an additional source of potential exposure for malpractice claims through the simple process of delegating or not delegating a specific service. The result will be that many physicians will be asked to meet delegation requirements that they may not be comfortable implementing. Further, the regulatory analysis does *not* address what percentage

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October 30, 2003

Page 2

of physicians their specialty boards must certify, nor does it define what level of training and experience would be necessary for delegation in specific circumstances.

I ask you to carefully consider the long – range results of this legislation. Please contact me if you have any questions or concerns. I trust that your intentions are to do the best you can for the many citizens of the Commonwealth. Thank you for taking time to think about this seriously.

Sincerely,

A handwritten signature in cursive script, reading "Arlene S. Loeffler".

**Arlene S. Loeffler ,CRNA, PhD
Adjunct Professor
University of Pittsburgh**

Original: 2212

To: Independent Regulatory Review Commission
From: Pennsylvania Association of Nurse Anesthetists
Re: Proposed Final Regulations – 16A-4912
Physician Delegation of Medical Services
Date: October 29, 2003

This proposed final form of Regulation 16A-4912 would add to insurance costs, increase the burden on consumers, jeopardize the quality care now provided by health care professionals, and allow one specialist group to increase their own control over the delivery of services and billings.

Attached please find comments from Joan Joyce Cahill, the President of the Pennsylvania Association of Nurse Anesthetists, and from PANA legal counsel on the devastating effects of this proposed regulation on nurses, **and on most other health care providers.**

These final regulations are presented with little or no input from the health care groups that would be most affected by them. They purport to address some comments made in the draft regulation review process but the intent and the effect of the regulation is still to allow certain physicians to unilaterally restrict another licensee's ability to practice. Allowing "delegation" as suggested in the regulation would only serve to protect the economic interests of one specialty group while providing **no benefit** to the vast majority of physicians and other health care providers.

We ask that you oppose Regulation 16-A-4912 or, at the very least, postpone consideration of it until further review from all affected parties takes place for the following reasons:

1) The final form regulation substantially "enlarges the scope" beyond the proposed regulation. Thus, approving the regulation, as now proposed, would violate state law that requires initiating a new regulatory review process under these circumstances. See, Commonwealth Documents Law, 45 P.S. § 1202.

2) The regulation is injurious to most health care providers and to consumers who would see increased costs and decreased care quality.

3) The regulation will likely be used by one group of specialists to impose its will on others. Despite language seemingly protecting the “scope of practice” of these other groups, the regulation can and will allow one group to achieve the control over others that they have failed to achieve by legislation. Essentially, this regulation allows them to achieve a legislative goal by administrative fiat. In this regard, a regulation should not, and may not, “legislate”, yet that is precisely what this single regulatory Board is attempting to do, and if permitted to do so, it will upset the carefully planned balance of responsibilities and interrelationships between healthcare practitioners which the General Assembly has already addressed. See, IRRC Legislation, 71 P.S. § 745.5(b)(a), which expressly cautions against regulations which legislate; see also, § 745.5(b)(3)(ii), which cautions against regulations which lack clarity, thus leaving interpretation to the enforcer of the day.

4) Perhaps most concerning is the absence of need for this proposed regulatory scheme. The Medical Board has simply not demonstrated why this status quo-altering proposal is essential. See, Id. at § 745.5(b)(3)(iii), relating to “need for the regulation”; see also, Governor's Executive Order 1996-1.

We ask that you oppose Regulation 16-A-4912 or, at the very least, postpone consideration of it until further review from all affected parties takes place.

Original: 2212

IRRC
333Market Street
14th Floor
Harrisburg, Pa 17101

RECEIVED

2003 OCT 27 AM 10: 38

RECEIVED
REVIEW COMMISSION

Honorable Sirs

I am **opposed** to the final form 16A-4912: Physician Delegation of Services.

My concern to you would be:

- The regulation should appropriately address a known or stated problem. It is unclear what consumer or citizens group in the Commonwealth of Pennsylvania has requested or is in need of these particular regulations, and in what context the request was ever made.
- The Board of Medicine has not produced any evidence "explaining the need for the regulation"
- This legislation opens the door to unlicensed professionals (A.A) in this state because of the term technician used. It appears technician can be any unlicensed, certified or otherwise person in Pennsylvania a Physician chooses to delegate. The ASA has well documented its campaign to include AA's in every state.
- These regulations are unnecessary, do not improve care, lack clarity, promote delegation of expert services to unlicensed practitioners, and lack any rational bases as to feasibility or reasonableness that would urge their implementation.
- These proposed regulations would have a significant negative impact on hospitals by bringing unnecessary and overly restrictive delegation practice during a time when many facilities are struggling to maintain their bottom line.

Sincerely,
Deborah P. Kasperek
553 10th Ave.
New Brighton, Pa. 15066

IRRC

From: DEBBIE KASPAREK [dkasparek@hvhs.org]
Sent: Monday, October 27, 2003 10:26 AM
To: IRRC
Subject: IRRC --oppose 16A-4912



IRRC.doc

RECEIVED
2003 OCT 27 AM 10:37
INDIANA
REVIEW COMMISSION



Original: 2212
IRRC
333 Market Street
14th Floor
Harrisburg, Pa 17101

RECEIVED
2003 OCT 28 AM 7:14
HOUSE OF REPRESENTATIVES
REVIEW COMMISSION

Honorable Sirs

I am opposed to the final form 16A-4912: Physician Delegation of Services.

My concern to you would be:

- The regulation should appropriately address a known or stated problem. It is unclear what consumer or citizens group in the Commonwealth of Pennsylvania has requested or is in need of these particular regulations, and in what context the request was ever made.
- The Board of Medicine has not produced any evidence "explaining the need for the regulation"
- This legislation opens the door to unlicensed professionals (A.A) in this state because of the term technician used. It appears technician can be any unlicensed, certified or otherwise person in Pennsylvania a Physician chooses to delegate. The ASA has well documented its campaign to include AA's in every state.
- These regulations are unnecessary, do not improve care, lack clarity, promote delegation of expert services to unlicensed practitioners, and lack any rational bases as to feasibility or reasonableness that would urge their implementation.
- These proposed regulations would have a significant negative impact on hospitals by bringing unnecessary and overly restrictive delegation practice during a time when many facilities are struggling to maintain their bottom line.

Sincerely,

Donald Olney
132 Pondessa Dr.
Beaver Falls, Pa. 15010



Pennsylvania MEDICAL SOCIETY®

October 23, 2003

RECEIVED
2003 OCT 29 AM 8:59
INDEPENDENT REGULATORY REVIEW COMMISSION

Commissioner John R. McGinley, Jr., Chair
Independent Regulatory Review Commission
14th floor, Harristown 2
333 Market Street
Harrisburg, PA 17101

Dear Commissioner McGinley:

I am writing as President of the Pennsylvania Medical Society to support the State Board of Medicine's promulgation of regulations pertaining to medical doctor delegation of medical services.

These regulations clarify the provisions of the Medical Practice Act. They offer criteria under which the medical doctor (MD) may delegate the performance of medical services to a non-physician and provide clear indications when delegation is inappropriate.

Over the years since the passage of the Medical Practice Act, changes in medical practice and the scope of practice of other health care practitioners have blurred the lines of responsibility and authority and have caused the need for interpretation by the Board of Medicine as to the appropriate role of the physician. These regulations are intended to clarify the **physician's** responsibility and liability for delegation of medical services. They are not proposed to impact on the legitimate scope of practice of other health care practitioners except when they are performing a medical service delegated by the physician. The regulations have gone through a lengthy comment and review process.

The Pennsylvania Medical Society calls on the Senate and House oversight committees and the Independent Regulatory Review Commission to approve these regulations so that they may be promulgated to the medical doctor community.

Sincerely,

Jitendra M. Desai, M.D.
President

Faint, illegible text on the left margin, possibly bleed-through from the reverse side of the page.

**Cc: The Honorable Robert Tomlinson, Chair, Senate Consumer Protection and
Professional Licensure Committee
The Honorable Lisa Boscola, Minority Chair
The Honorable Thomas Gannon, Chair, House Professional Licensure
Committee
The Honorable William Rieger, Minority Chair
Charles D. Hummer, Jr., M.D., Chair, State Board of Medicine**

Original: 2212

Elizabeth Abrams CRNA, MS
2702 Windy Hill Road
Allentown, PA 18103

RECEIVED
2003 OCT 30 AM 9:01


DEPARTMENT OF HEALTH
REVIEW COMMISSION

IRRC
33 Market Street
14th Floor
Harrisburg, PA 17101

October 26, 2003

I am writing to ask you to oppose the final form 16A-4912: Physician Delegation of Services. I have been working full time as a Certified Registered Nurse Anesthetist (CRNA) within the state of Pennsylvania since 1966. The proposed regulation would add to insurance costs, increase costs to consumers and jeopardize the quality of care now provided by other health professionals, such as CRNAs. I believe the motive behind this regulation is to increase the financial rewards for certain physicians. I have not seen any evidence or data to support the need for the regulation and believe this would have a significant impact on hospitals during a time when many facilities are struggling to maintain their bottom line.

Sincerely,



Elizabeth Abrams CRNA, MS