



Pennsylvania Rural Health Association

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Original: 2505

November 10, 2005

Charles D. Hummer, Jr., M.D., Chairman
Pennsylvania State Board of Medicine
PO Box 2649
Harrisburg, PA 17105-2649

Dear Dr. Hummer:

The Pennsylvania Rural health Association would like to communicate its support for the proposed changes to the regulations governing physician practice in Pennsylvania.

The current regulations were written in 1993 and have proved to be extremely cumbersome and restrictive for reasonable medical practices, much less the efficient utilization of physician assistants in rural practices. Many people have approached physician assistants about starting rural clinics but have given up the idea due to the current restrictive nature of the regulations.

We would like to call specific attention to three sections of the proposed rule changes that we feel merit additional consideration in order to allow physician assistants to be more effectively utilized in rural areas.

1. Section 18.153 Executing and relaying medical regimens

(b). This section concerns the reporting of medical regimens enacted while a physician is either doing some other part of the practice (hospital, nursing home, etc.) or is on vacation. The current regulations require notification within 72 hours. The proposed changes are for 36 hours. The request from PSPA and PMS was for 72 hours. This would allow adequate and reasonable delay for situations such as Saturday hours on long holiday weekends, etc. The usual requirement for review of medical regimens when the physician is in in-house is 10 days. This restrictive 36 hour requirement does not seem to make sense and has and will interfere with utilization of physician assistants in rural clinics.

2. Section 18.155 Satellite locations

(b) (4). This section has to do with the frequency of visits to a rural satellite clinic (not usually staffed by a physician and not the main office). Satellite clinics are only utilized in "areas of medical need". The current regulations require at least weekly visits. We would like this to be two weeks or at least 10 working days. These visits are for educational and record review of selected patients. The regulations specifically state that the board will make sure that availability of a physician via electronic communications must be maintained at all times. In the era of electronic charting the mandate for a physician to have to get to the clinic physically on a weekly basis seems to go against the reason the clinic was started originally, will not enhance medical services, and has and will inhibit the development of those important clinical sites.

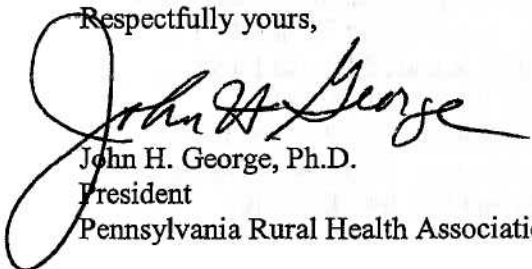
3. Section 18.158 Prescribing

(5). This is a new section added to govern the prescribing of Category II medications. This new section allows the physician assistant to prescribe an emergency 72 hour dose with mandates to notify the physician within 24 hours. This was originally going to be 36 hours. The second part of this section reads "A physician assistant may write a prescription for a Schedule II controlled substance for up to a 30-day supply if it was originally prescribed by the supervising physician and approved by the supervising physician for ongoing therapy." The requirement for the physician to sign the original prescription is restrictive in rural clinics when the physician is not on site and is unnecessarily redundant since the physician must approve it's utilization for ongoing therapy. We support the deletion of the words "originally prescribed by the supervising physician and".

The Pennsylvania Rural Health Association respectfully requests your reconsideration of the wording in these three specific sections so that citizens of rural Pennsylvania can be better served by our dedicated physician assistants. Adoption of these changes would enhance the care provided rural residents.

Thank you for your consideration of this matter.

Respectfully yours,



John H. George, Ph.D.
President
Pennsylvania Rural Health Association