

University of Pittsburgh Physicians Department of Neurological Surgery RECEIVED
2033AGV22 PX 4: 17

LADEPENDENT REGULATORY REVIEW COMMISSION

UPMC Presbyterian Suite B-400 200 Lothrop Street Pittsburgh, PA 15213-2582 412-647-3685 Fax: 412-647-5559

L. Dade Lunsford, MD Chairman

Administration
David J. Bissonette, PA-C, MBA
Assistant Chairman

Brain Tumors
Douglas Kondziolka, MD
L. Dade Lunsford, MD
lan F. Pollack, MD
Kevin A. Walter, MD

Clinical Neurophysiology R. J. Sclabassi, MD, PhD Chief Jeffrey Balzer, PhD Donald J. Crammond, PhD

Community Based Michael Rutigliano, MD, MBA

Cranial Nerve Disorders Amin Kassam, MD Chief Michael R. Horowitz, MD

Image-Guided Douglas Kondziolka, MD L. Dade Lunsford, MD Ann Maitz, MSc

John J. Moossy, MD

Pediatric and Epilepsy
A. Leland Albright, MD
Chief
P. David Adelson, MD
lan F. Pollack, MD

Skull Base/Minimally Invasive Amin Kassam, MD Michael Horowitz, MD

Spine
William C. Welch, MD
Chief
Peter C. Gerszten, MD, MPH
John J. Moossy, MD
Richard M. Spiro, MD

Trauma P. David Adelson, MD

Vascular Michael B. Horowitz, MD Amin Kassam, MD November 14, 2005

Gerald S. Smith Board Counsel P.O Box 2649 Harrisburg, PA 17105-2649

Proposed Rulemaking: Physician Assistants

Dear Mr. Smith:

I have practiced as a physician assistant in the Department of Neurological Surgery for 30 years. My current primary supervisor is L. Dade Lunsford, MD. We utilize 10 physician assistants and 2 nurse practitioners in our group of 19 physicians and 18 neurosurgical residents. I write in support of the proposed changes to Pennsylvania Code Title 49, Chapter 18, relating to physician assistants. The proposed changes are an important reflection of the evolution of clinical utilization of PAs. The proposed rules will allow me and my supervising physicians to more effectively and efficiently care for patients.

The proposed regulations eliminate redundant, overly restrictive, impractical, and obsolete rules. While the proposed rules streamline the regulation of PA practice, they retain and clarify prudent and rational elements related to supervision, medical orders, prescriptions and reporting requirements. Furthermore, addressing the need for flexible staffing and team deployment is both practical and necessary to meet coverage demands in many medical facilities. Finally, the proposed rules for prescribing and dispensing controlled medications (including schedule II narcotics) and identification in the written agreement of drug categories that a PA may not prescribe will remove a significant barrier to the effective utilization of PAs in pain management, surgery, hospice care and oncology.

The regulatory revisions are progressive and consistent with provisions adopted in many other states. They provide for good public protection while optimizing the safe utilization of PAs. As a licensed and practicing PA, I urge the Board to adopt these proposed changes. Thank you for your consideration.

Sincerely,

David Bissonette, PA-C, MBA

David Bissonette

Assistant Professor