Regulatory Analysis Form

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INDEPENDENT REGULATORY REVIEW COMMISSION

IRRC Number: 2644

(1) Agency
Department of State, Bureau of Professional and Occupational Affairs, State Board of Osteopathic Medicine

(2) I.D. Number (Governor's Office Use)
16A-5318

(3) Short Title
Prescriptive Privileges for Physician Assistants

(4) PA Code Cite
49 Pa. Code §§ 25.177 and 25.178

(5) Agency Contacts & Telephone Numbers
Primary Contact: **Beth Sender Michlovitz, Counsel State Board of Osteopathic Medicine (717) 783-7200**
Secondary Contact: **Joyce McKeever, Deputy Chief Counsel, Department of State (717) 783-7200**

(6) Type of Rulemaking (check one)
_X_ Proposed Rulemaking
___ Final Order Adopting Regulation
___ Policy Statement

(7) Is a 120-Day Emergency Certification Attached?
X No
Yes: By the Attorney General
Yes: By the Governor

(8) Briefly explain the regulation in clear and non-technical language.

Currently, physician assistants are permitted to prescribe and dispense drugs under the direction of an allopathic physician (medical doctor licensed by the State Board of Medicine) but not under the direction of an osteopathic physician. This situation has caused a great deal of confusion in health care settings. This proposed rulemaking is intended to resolve this confusion by permitting physician assistants who are practicing under the direction of an osteopathic physician to prescribe drugs in a manner similar to the practice of physician assistants under the direction of allopathic physicians.

(9) State the statutory authority for the regulation and any relevant state or federal court decisions.

The proposed regulation is authorized by Section 10(h) and (p) of the Osteopathic Medical Practice Act (63 P.S. § 271.10(h) and (p)). Section 10(h) provides the Board the general authority to "establish such rules and regulations, relating to physician assistants, as it deems necessary to protect the public and to implement the provisions of [the] act." Section 10(p) requires the Board and the State Board of Pharmacy to "jointly develop regulations to permit a physician assistant to prescribe and dispense drugs at the direction of a licensed physician." This proposed rulemaking was jointly developed and approved by the Board and the State Board of Pharmacy at regularly scheduled public meetings.

Regulatory Analysis Form

(10) Is the regulation mandated by any federal or state law or court order, or federal regulation? If yes, cite the specific law, case or regulation, and any deadlines for action.

Section 10(p) of the Osteopathic Medical Practice Act, 63 P. S. § 271.10(p), requires that the Osteopathic Medical Board and the Pharmacy Board jointly develop regulations to permit a physician assistant to prescribe and dispense drugs at the direction of a licensed physician.

(11) Explain the compelling public interest that justifies the regulation. What is the problem it addresses?

Currently, physician assistants are permitted to prescribe and dispense drugs under the direction of a physician licensed by the State Board of Medicine. However, physician assistants practicing under the direction of a physician licensed by the State Board of Osteopathic Medicine do not have prescriptive privileges at this time. This situation has caused a great deal of confusion in health care settings. The Board intends to resolve this confusion by permitting physician assistants who are practicing under the direction of an osteopathic physician to prescribe drugs in a manner similar to the practice of physician assistants under the direction of allopathic physicians.

(12) State the public health, safety, environmental or general welfare risks associated with nonregulation.

The proposed rulemaking is required by section 10(p) of the act. In addition, nonregulation will lead to continued confusion regarding the utilization of physician assistants in health care settings and will not allow physician assistants to practice to the full extent of their training as permitted by the act.

(13) Describe who will benefit from the regulation. (Quantify the benefits as completely as possible and approximate the number of people who will benefit.)

Patients, physician assistants, pharmacists, physicians and other health care workers will benefit from the regulation by establishing prescriptive privileges for physician assistants which are consistent with those currently in effect for physician assistants practicing under the supervision of allopathic physicians.

Regulatory Analysis Form

(14) Describe who will be adversely affected by the regulation. (Quantify the adverse effects as completely as possible and approximate the number of people who will be adversely affected.)

There are no perceived people or groups of people who would be adversely affected by this regulation.

(15) List the persons, groups or entities that will be required to comply with the regulation. (Approximate the number of people who will be required to comply.)

There are approximately 6,000 osteopathic physicians who may utilize physician assistants in their practice. In addition, there are approximately 3,222 physician assistants certified to practice in the Commonwealth.

(16) Describe the communications with and input from the public in the development and drafting of the regulation. List the persons and/or groups who were involved, if applicable.

In drafting this proposed joint rulemaking, the Board received input from the Pennsylvania Society of Physician Assistants and the Pennsylvania Osteopathic Medical Association. Both the Board and the State Board of Pharmacy discussed the proposed regulations at regular meetings of the Boards which are routinely attended by members of the regulated community, professional organizations and other stakeholders.

(17) Provide a specific estimate of the costs and/or savings to the regulated community associated with compliance, including any legal, accounting or consulting procedures which may be required.

The Board does not anticipate that any additional costs will be generated by this rulemaking. However, because the rulemaking will increase the use of physician assistants and decrease the necessity for patients in the Commonwealth to see physicians, it is anticipated that the end result will be a cost saving to Commonwealth residents.

Regulatory Analysis Form

(18) Provide a specific estimate of the costs and/or savings to local governments associated with compliance, including any legal, accounting or consulting procedures which may be required.

No costs or savings are generated by this regulation.

(19) Provide a specific estimate of the costs and/or savings to state government associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required.

No costs or savings are generated by this regulation.

Regulatory Analysis Form

(20) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

	Current FY Year	FY +1 Year	FY +2 Year	FY +3 Year	FY +4 Year	FY +5 Year
SAVINGS:	$N/A	$ N/A	$ N/A	$ N/A	$ N/A	$ N/A
Regulated Community						
Local Government						
State Government						
Total Savings						
COSTS:	N/A	N/A	N/A	N/A	N/A	N/A
Regulated Community						
Local Government						
State Government						
Total Costs						
REVENUE LOSSES:	N/A	N/A	N/A	N/A	N/A	N/A
Regulated Community						
Local Government						
State Government						
Total Revenue Losses						

(20a) Explain how the cost estimates listed above were derived.

N/A

Regulatory Analysis Form

(20b) Provide the past three year expenditure history for programs affected by the regulation.

Program	FY –3 FY 03-04	FY –2 FY 04-05	FY –1 FY 05-06	Current FY FY 06-07
State Board of Osteopathic Medicine	**$ 457,338.63**	**$ 503,718.72**	**$1,172,000.00**	**$1,245,000.00**

(21) Using the cost-benefit information provided above, explain how the benefits of the regulation outweigh the adverse effects and costs.

There should be no adverse effects and costs associated with compliance with the regulation.

(22) Describe the non-regulatory alternatives considered and the costs associated with those alternatives. Provide the reasons for their dismissal.

Because these regulations were required by statute, no non-regulatory alternatives were considered.

(23) Describe alternative regulatory schemes considered and the costs associated with those schemes. Provide the reasons for their dismissal.

No other regulatory schemes were considered.

Regulatory Analysis Form

(24) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulation.

No.

(25) How does this regulation compare with those of other states? Will the regulation put Pennsylvania at a competitive disadvantage with other states?

This rulemaking would broaden the scope of responsibility given to physician assistants by osteopathic physicians. It increases the flexibility which osteopathic physicians have in being able to delegate to and work with physician assistants. The rulemaking is not restrictive and encourages collaboration. The rulemaking is consistent with the regulations of the State Board of Medicine and will not put the Commonwealth at a competitive disadvantage.

(26) Will the regulation affect existing or proposed regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

No.

Regulatory Analysis Form

(27) Will any public hearings or informational meetings be scheduled? Please provide the dates, times, and locations, if available.

The State Board of Osteopathic Medicine meets in public session on the second Wednesday of every month at which time information relative to all rulemaking is discussed. Meetings are held at the Board's offices at 2601 North 3rd Street, Harrisburg PA. A schedule of Board meeting dates is available on the Department of State's website at www.dos.state.pa.us/bpoa. Comments from the public are always welcome.

(28) Will the regulation change existing reporting, record keeping, or other paperwork requirements? Describe the changes and attach copies of forms or reports which will be required as a result of implementation, if available.

No. The proposed regulations will not change existing reporting, record keeping, or other paperwork requirements.

(29) Please list any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, elderly, small businesses, and farmers.

The Board has not identified any affected groups or persons that need to be accommodated in any way.

(30) What is the anticipated effective date of the regulation; the date by which compliance with the regulation will be required; and the date by which any required permits, licenses or other approvals must be obtained?

The rulemaking will become effective upon final-form publication.

(31) Provide the schedule for continual review of the regulation.

The Board continuously reviews its regulations, periodically communicates with licensees through newsletters and obtains information and feedback from licensees and their professional organizations on a frequent basis.

FACE SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU

(Pursuant to Commonwealth Documents Law)

DO NOT WRITE IN THIS SPACE

Copy below is hereby approved as to form and legality. Attorney General

BY: _____
(DEPUTY ATTORNEY GENERAL)

SEP 20 2007
DATE OF APPROVAL

Copy below is hereby certified to be a true and correct copy of a document issued, prescribed or promulgated by:

State Board of Osteopathic Medicine
(AGENCY)

DOCUMENT/FISCAL NOTE NO. 16A-5318

DATE OF ADOPTION: _____

BY: _____
Charles P. Fasano, D.O.

TITLE: Chairman
(EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)

Copy below is approved as to form and legality. Executive or Independent Agencies.

BY: _____
Andrew C. Clark

AUG 23 2007
DATE OF APPROVAL

(Desuty General Counsel)

[ ] Check if applicable
Copy not approved.
Objections attached.

[ ] Check if applicable. No Attorney General approval or objection within 30 day after submission.

NOTICE OF PROPOSED RULEMAKING
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF OSTEOPATHIC MEDICINE

49 PA. CODE, CHAPTER 25
§§ 25.177 and 25.178
PRESCRIPTIVE PRIVILEGES FOR PHYSICIAN ASSISTANTS

The State Board of Osteopathic Medicine (Board) proposes to adopt §§ 25.177 and 25.178 (relating to prescribing and dispensing drugs, pharmaceutical aids and devices; and medical records), to read as set forth in Annex A.

A. Effective Date

The amendments will be effective upon publication of the final-form regulations in the Pennsylvania Bulletin.

B. Statutory Authority

Section 10(h) and (p) of the Osteopathic Medical Practice Act (63 P.S. § 271.10(h) and (p)) authorizes the Board to promulgate this rulemaking. Section 10(h) provides the Board the general authority to "establish such rules and regulations, relating to physician assistants, as it deems necessary to protect the public and to implement the provisions of [the] act." Section 10(p) requires the Board to work with the State Board of Pharmacy to "jointly develop regulations to permit a physician assistant to prescribe and dispense drugs at the direction of a licensed physician." This proposed rulemaking was jointly developed and approved by the Board and the State Board of Pharmacy at regularly scheduled public meetings.

C. Background and Purpose

Currently, physician assistants are permitted to prescribe and dispense drugs under the direction of a physician licensed by the State Board of Medicine in accordance with 49 Pa. Code § 18.158 (relating to prescribing and dispensing drugs, pharmaceutical aids and devices). At this time, however, physician assistants practicing under the direction of a physician licensed by the State Board of Osteopathic Medicine do not have prescriptive privileges. This situation has caused a great deal of confusion in health care settings. This proposed rulemaking is intended to resolve this confusion by permitting physician assistants who are practicing under the direction of an osteopathic physician to prescribe drugs in a manner similar to the practice of physician assistants under the direction of allopathic physicians.

D. Description of Proposed Regulations

Proposed § 25.177(a) (relating to prescribing and dispensing drugs, pharmaceutical aids and devices) would permit a supervising physician to delegate to the physician assistant the prescribing dispensing, and administering of drugs and therapeutic devices. Paragraph (2) would prohibit physician assistants from prescribing or dispensing Schedule I controlled substances. Paragraph (3) would allow them to prescribe or dispense Schedule II controlled drugs for initial therapy up to a 72-hour dose and requires that the physician assistant notify the supervising physician within 24 hours from the issuance of the prescription. It would also allow a physician assistant to write a prescription for a Schedule II controlled substance for up to a 30-day supply if the patient

was examined at the time of renewal and the patient's ongoing therapy was reviewed and approved by the supervising physician prior to the writing of the renewal. The prescription would have to clearly state on its face that it is for initial or ongoing therapy.

There are many physician and physician assistant specialties that deal with chronic pain management. In specialties such as oncology, surgery or anesthesiology, and in the family practice setting, physician assistants are an integral part of patient care. Managing the patients' pain in those settings often requires the ability to write prescriptions for Schedule II narcotics on both a short and long-term basis. At times, patients may require ongoing therapy or need to renew prescriptions when the physician is not immediately available but the physician assistant is available. Also, there are many physician assistants that work in settings such as emergency rooms, walk-in clinics and industrial clinics. The inability to write a prescription for a Schedule II narcotic impedes the care of the patient in these settings. Allowing for a 72-hour supply of medicine until a physician sees that patient enhances the care rendered by the physician assistant.

Paragraph (4) would permit a physician assistant to prescribe or dispense only if the patient is under the care of the supervising physician and only in accordance with the supervising physician's instructions and written agreement. Paragraph (5) would permit a physician assistant to request, receive, and sign for professional samples and distribute professional samples to patients. Paragraph (6) would require a physician assistant authorized to prescribe or dispense controlled substances to register with the Drug Enforcement Administration.

Section 25.177(b) would set forth provisions pertaining to prescription blanks and would prohibit a supervising physician from presigning prescription blanks. Section 25.177(c) would require the supervising physician to immediately advise the patient, notify the physician assistant and, in the case of a written or oral prescription, advise the pharmacy, if the physician assistant is prescribing or dispensing a drug inappropriately. In addition, the order to discontinue use of the drug or prescription would be required to be noted in the patient's medical record by the supervising physician.

Section 25.177(d) would set forth the requirements for recordkeeping relating to prescriptions written by physician assistants. In particular, a physician assistant would be required to keep a copy of the prescription and number of refills in a file; and the physician assistant would be required to record the physician assistant's name, name of the medication, amount and dose of medication dispensed, and date of medication dispensed in the patient's medical records. The physician assistant would be required to report, orally or in writing, to the supervising physician within 36 hours, a drug prescribed or medication dispensed by the physician assistant while the supervising physician was not physically present, and the basis for each decision to prescribe or dispense in accordance with the written agreement. Paragraph (4) would require that the supervising physician countersign the patient record at least weekly. Paragraph (5) would require that a physician assistant comply with these amendment and Department of Health regulations relating to prescribing, administering, dispensing, packaging and labeling of drugs.

Section 25.178 (relating to medical records) would require that the supervising physician timely review, at least weekly, the medical records prepared by the physician assistant to ensure that the existing requirements pertaining to medical records have been satisfied.

E. Compliance with Executive Order 1996-1

The Board reviewed this proposed rulemaking and considered its purpose and likely impact upon the public and regulated population under the directives of Executive Order 1996-1, Regulatory Review and Promulgation. In drafting this proposed rulemaking, the Board received input from the Pennsylvania Society of Physician Assistants and the Pennsylvania Osteopathic Medical Association. In addition, as required by section 10(p) of the Osteopathic Medical Practice Act (63 P.S. § 271.10(p)), the proposed rulemaking was reviewed and approved by the State Board of Pharmacy. The Board finds that this rulemaking addresses a compelling public interest as described in this Preamble and otherwise complies with Executive Order 1996-1.

F. Fiscal Impact and Paperwork Requirements

The amendments would have no adverse fiscal impact on the Commonwealth or its political subdivisions and would impose no additional paperwork requirements on the Commonwealth or the public sector.

G. Sunset Date

The Board continuously monitors the effectiveness of its regulations. Therefore, no sunset date has been assigned.

H. Regulatory Review

Under section 5(a) of the Regulatory Review Act, (71 P.S. §745.5(a)), on Oct. 10, 2007, the Board submitted a copy of this proposed rulemaking and a copy of a Regulatory Analysis form to the Independent Regulatory Review Commission (IRRC) and to the Chairpersons of the Senate Consumer Protection and Professional Licensure Committee and the House Professional Licensure Committee. A copy of this material is available to the public upon request.

Under section 5(g) of the Regulatory Review Act, IRRC may convey any comments, recommendations or objections to the proposed rulemaking within 30 days of the close of the public comment period. The comments, recommendations or objections shall specify the regulatory review criteria that have not been met. The Regulatory Review Act specifies detailed procedures for review, prior to final publication of the rulemaking, by the Boards, the General Assembly, and the Governor of comments, recommendations or objections raised.

I. Public Comment

Interested persons are invited to submit written comments, recommendations, or objections regarding the proposed regulation to Beth Michlovitz, Board Counsel, State Board of Osteopathic Medicine, P.O. Box 2649, Harrisburg, Pennsylvania 17105-2649 within 30 days following publication of the proposed rulemaking in the Pennsylvania Bulletin.

Charles P. Fasano, D.O.
Chairperson
State Board of Osteopathic Medicine

ANNEX A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CHAPTER 25. STATE BOARD OF OSTEOPATHIC MEDICINE

SUBCHAPTER C. PHYSICIAN ASSISTANT PROVISIONS

* * * * *

PHYSICIAN ASSISTANT UTILIZATION

* * * * *

§ 25.177. Prescribing and dispensing drugs, pharmaceutical aids and devices.

(a) *Prescribing, dispensing and administration of drugs.*

(1) The supervising physician may delegate to the physician assistant the prescribing, dispensing and administering of drugs and therapeutic devices.

(2) A physician assistant may not prescribe or dispense Schedule I controlled substances as defined by section 4 of The Controlled Substances, Drug, Device, and Cosmetic Act (35 P.S. §780-104).

(3) A physician assistant may prescribe a Schedule II controlled substance for initial therapy, up to a 72-hour dose. The physician assistant shall notify the supervising physician of the prescription as soon as possible, but in no event longer than 24 hours from the issuance of the prescription. A physician assistant may write a prescription for a Schedule II controlled substance for up to a 30-day supply if the patient was examined at the time of renewal and the patient's ongoing therapy was reviewed and approved by the supervising physician prior to the writing of the renewal. The prescription must clearly state on its face

that it is for initial or ongoing therapy.

(4) A physician assistant may only prescribe or dispense a drug for a patient who is under the care of the physician responsible for the supervision of the physician assistant and only in accordance with the supervising physician's instructions and written agreement.

(5) A physician assistant may request, receive and sign for professional samples and may distribute professional samples to patients.

(6) A physician assistant authorized to prescribe or dispense, or both, controlled substances must register with the Drug Enforcement Administration (DEA).

(b) *Prescription blanks.* The requirements for prescription blanks are as follows:

(1) Prescription blanks must bear the license number of the physician assistant and the name of the physician assistant in printed format at the heading of the blank. The supervising physician's name and license number must also be printed or preprinted on the prescription.

(2) The signature of a physician assistant shall be followed by the initials "PA-C" or similar designation to identify the signer as a physician assistant. When appropriate, the physician assistant's DEA registration number must appear on the prescription.

(3) The supervising physician is prohibited from presigning prescription blanks.

(4) The physician assistant may use a prescription blank generated by a hospital provided the information in paragraph (1) appears on the blank.

(c) *Inappropriate prescription.* The supervising physician shall immediately advise the patient, notify the physician assistant and, in the case of a written or oral prescription, advise the pharmacy if the physician assistant is prescribing or dispensing a drug inappropriately. The supervising physician shall advise the patient and notify the physician assistant to discontinue using the drug and, in the

case of a written or oral prescription, shall notify the pharmacy to discontinue the prescription. The order to discontinue use of the drug or prescription shall be noted in the patient's medical record by the supervision physician.

(d) *Recordkeeping requirements.* Recordkeeping requirements are as follows:

(1) When prescribing a drug, the physician assistant shall keep a copy of the prescription, including the number of refills, in a ready reference file, or record the name, amount, directions for use and doses of the drug prescribed, the number of refills, the date of the prescription and the physician assistant's name in the patient's medical records.

(2) When dispensing a drug, the physician assistant shall record the physician assistant's name, the name of the medication dispensed, the amount of medication dispensed, the dose of the medication dispensed and the date dispensed in the patient's medical records.

(3) The physician assistant shall report, orally or in writing, to the supervising physician within 36 hours, a drug prescribed or medication dispensed by the physician assistant while the supervising physician was not physically present, and the basis for each decision to prescribe or dispense in accordance with the written agreement.

(4) The supervising physician shall countersign the patient record at least weekly in accordance with § 25.178 (relating to medical records).

(5) The physician assistant and the supervising physician shall provide immediate access to the written agreement to anyone seeking to confirm the physician assistant's authority to prescribe or dispense a drug. The written agreement must list the categories of drugs which the physician assistant is not permitted to prescribe.

(e) *Compliance with regulations relating to prescribing, administering, dispensing, packaging and labeling of drugs.* A physician assistant shall comply with this section and with the regulations

of the Department of Health at 28 Pa. Code §§ 25.51 – 25.58 and 25.91 – 25.95 (relating to prescriptions; and labeling of drugs, devices and cosmetics).

§ 25.178. Medical records.

The supervising physician shall timely review, at least weekly, the medical records prepared by the physician assistant to ensure that the requirements of § 25.213 (relating to medical records) have been satisfied.

* * * * *

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

DATE: **December 22, 2006**

SUBJECT: **Proposed Rulemaking:**
State Board of Osteopathic Medicine
16A-5318: Prescriptive Privileges for Physician Assistants

TO: **Andrew Clark, Deputy General Counsel**
Office of General Counsel

FROM: **Beth Sender Michlovitz, Counsel** BSM
State Board of Osteopathic Medicine

There are no significant legal or policy issues raised by this rulemaking, which was developed by the Board with the assistance, advice and consent of the State Board of Pharmacy as required by Section 10(p) of the Osteopathic Medical Practice Act (63 P.S. § 271.10(p)).

Historically, the Pennsylvania Osteopathic Medical Association (POMA) has objected to the granting of privileges, including prescribing privileges, to physician assistants. However, the Board recognizes that currently physician assistants working in facilities such as hospitals are permitted to prescribe drugs if they are practicing under the supervision of an allopathic physician but not if they are practicing under the supervision of an osteopathic physician. This results in confusion in the health care setting. Accordingly, the Board believes that these regulations are within the public interest.

I certify that I have reviewed this regulation for form and legality, that I have discussed any legal and policy issues with the administrative officers responsible for the program, and that all information contained in the Preamble and Annex is correct and accurate.

BSM:rs

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF OSTEOPATHIC MEDICINE
Post Office Box 2649
Harrisburg, Pennsylvania 17105-2649
(717) 783-4858

October 10, 2007

The Honorable Arthur Coccodrilli, Chairman
INDEPENDENT REGULATORY REVIEW COMMISSION
14th Floor, Harristown 2, 333 Market Street
Harrisburg, Pennsylvania 17101

Re: Proposed Regulation
State Board of Osteopathic Medicine
16A-5318: Prescriptive Privileges for Physician Assistants

Dear Chairman Coccodrilli:

Enclosed is a copy of a proposed rulemaking package of the State Board of Osteopathic Medicine pertaining to Prescriptive Privileges for Physician Assistants.

The Board will be pleased to provide whatever information the Commission may require during the course of its review of the rulemaking.

Sincerely,

Charles P. Fasano

Charles Fasano, DO, Chairperson
State Board of Osteopathic Medicine

CR/BSM:rs
Enclosure
cc: Basil L. Merenda, Commissioner
Bureau of Professional and Occupational Affairs
Albert H. Masland, Chief Counsel
Department of State
Joyce McKeever, Deputy Chief Counsel
Department of State
Cynthia Montgomery, Regulatory Counsel & Senior Counsel in Charge
Department of State
Beth Sender Michlovitz, Counsel
State Board of Osteopathic Medicine
State Board of Osteopathic Medicine

TRANSMITTAL SHEET FOR REGULATIONS SUBJECT TO THE REGULATORY REVIEW ACT

I.D. NUMBER:	16A-5318
SUBJECT:	PRESCRIPTIVE PRIVILEGES FOR PHYSICIAN ASSISTANTS
AGENCY:	DEPARTMENT OF STATE STATE BOARD OF OSTEOPATHIC MEDICINE

TYPE OF REGULATION

X Proposed Regulation

Final Regulation

Final Regulation with Notice of Proposed Rulemaking Omitted

120-day Emergency Certification of the Attorney General

120-day Emergency Certification of the Governor

Delivery of Tolled Regulation
a. With Revisions b. Without Revisions

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2007 OCT 10 AM 10 41
INDEPENDENT REGULATORY REVIEW COMMISSION

FILING OF REGULATION

DATE	SIGNATURE	DESIGNATION
10/10/07	Jan M. Ravey	HOUSE COMMITTEE ON PROFESSIONAL LICENSURE
		MAJORITY CHAIRMAN Mike Sturla
10-10-07	Jeff Habeeman	SENATE COMMITTEE ON CONSUMER PROTECTION & PROFESSIONAL LICENSURE
		MAJORITY CHAIRMAN Robert Tomlinson
10/10/07	Kathy Cooper	INDEPENDENT REGULATORY REVIEW COMMISSION
		ATTORNEY GENERAL (for Final Omitted only)
10/10/07	C. Lee Ann	LEGISLATIVE REFERENCE BUREAU (for Proposed only)