



**EAR
NOSE &
THROAT**

Specialists of Northwestern Pennsylvania

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November 7, 2007

Charles P. Fasano, D.O.
Chairman, Osteopathic Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649

Dear Dr. Fasano:

I am an osteopathic physician practicing in Erie since 1981. I have also had the pleasure of working with my father who was an osteopathic physician in Erie, Pennsylvania since 1941. I am in a practice of six ear, nose and throat specialists at this time, two of which are osteopathic physicians and four of which are MD or allopathic physicians. Our staff has a physician assistant and has had a physician assistant position in our practice for the last 15 years. I am well aware of the effectiveness and efficiency of having a physician assistant in my office. It has been very helpful to my patients. If a person has an emergency I am able to have the person come in immediately and be screened by the physician assistant who then brings me into that exam room to see the patient for their emergent condition. If indeed the problem was not as emergent as the patient originally thought, the physician assistant can stabilize someone and then have them make a regular appointment to followup for my care. It is unfortunate, however, that state regulations do not allow a Doctor of Osteopathy to supervise physician assistants. I am limited in supervising the physician assistant in any direct supervisory role. This seems inappropriate in our office. As an osteopathic ENT physician I am a referral doctor and most of my referral doctors are MD or allopathic physicians. It makes no sense that an MD would be able to supervise a physician assistant when this MD will then send their difficult patients to the osteopathic physician in the practice to take care of them.

I would like to state that I wholeheartedly support the proposed osteopathic prescribing regulations for physician assistants. It is crucial that these new prescribing regulations are worded exactly the same as the allopathic regulations so that we can avoid any confusion in our clinical practice. It is my opinion that osteopathic physicians should be given the same ability to delegate prescriptive authority to our PA's as our MD colleagues.

These new prescribing regulations will provide three distinct advantages over the present regulations: (1) access to care will be improved because the PA's who are currently supervised by Doctors of Osteopathic medicine will be able to practice to the full extent of their training. (2) Osteopathic physicians may be more likely to hire a PA when they are given prescriptive authority. This will in turn remove some barriers to care due to reduced waiting times, increased availability of appointments, and allow the physician time to focus on more complicated cases. (3) Hospitals and other practices may be more likely to hire osteopathic physicians if they are able to supervise PA's with delegated prescriptive authority.

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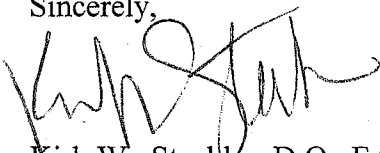
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I have been Chairman of my ENT College Board of Examinations. I am also currently president-elect of the College of Otolaryngology Head and Neck Surgeons for our national osteopathic organization. I examine and inspect residency training programs for ears, nose and throat specialists for most of this country. I dedicate myself to my profession and I am dedicated to Erie, Pennsylvania and the state of Pennsylvania. I feel that I need this assistance from my legislature and from my colleagues to make me be a better physician as well as my colleagues.

I understand that as an osteopathic physician that if I am the physician supervisor for a PA that I will decided whether they will be able to prescribe or not and also what drugs the PA will be permitted to prescribe. All-in-all these new proposed regulations for delegated prescriptive authority for physician assistants under the supervision of osteopathic physicians is a win/win situation for all involved.

Sincerely,



Kirk W. Steehler, D.O., F.O.C.O.O.

KWS/jmp

cc: Basil L. Merenda
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