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November 14, 2007

State Board of Osteopathic Medicine

To whom it may concern:

I am a second year student at the Philadelphia College of Osteopathic Medicine (PCOM) as well as the President of the Student Government Association at PCOM. I am writing to state that I support the proposed osteopathic prescribing regulations for physician assistants. Furthermore I propose that the rules should be worded exactly the same as the allopathic regulations to avoid any confusion in clinical practice. This is important for many reasons.

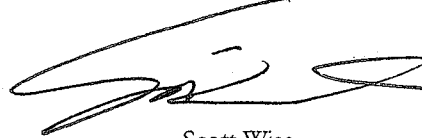
- Physician Assistants (PAs) have been safely prescribing under the supervision of allopathic physicians for years.
- Osteopathic physicians should be given the same ability to delegate prescriptive authority to their PAs as their MD colleagues.
- PAs work with physician supervision to ensure patient safety.
- Access to care will be improved because the PAs who are currently supervised by DO's will be able to practice to the full extent of their training.
- 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, allow the physician time to focus on more complicated cases.
- Hospitals/ practices may be more likely to hire osteopathic physicians, if they are able to supervise PAs with delegated prescriptive authority.
- The individual physician will decide whether his/her PA will prescribe (or not) and also what drugs the PA will be permitted to prescribe.

Furthermore, some arguments have been made in regard to schedule II restrictions and second the sample restrictions that POMA is suggesting. These arguments are flawed for the following reasons:

1. Physicians will have the choice if they want to delegate this authority or not. If the physician has reservations or concerns they can simply not delegate the ability to prescribe narcotics.
2. Not all areas of medicine will choose to do this but PAs work in orthopedics, surgery, and pain management need this ability in order to properly control their patient's pain
3. There may be times when a physician is not in the office, and PA will see a patient with a very painful condition such as herpes zoster (shingles). It would be inadequate care if they didn't properly control their pain. If they couldn't give them a prescription for pain medication their only options are to suffer needlessly or go to the ER (which clogs up the ER and wastes health care dollars)
4. PAs have prescribed narcotics with Allopathic physicians without incident

Thank-you for your consideration

Sincerely,



Scott Wise  
OMS II PCOM 2010  
SGA President

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