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

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INDEPENDENT REGULATORY
REVIEW COMMISSION

Dr. Fasano,

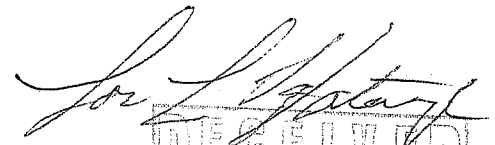
My name is Lori Katawczik, and I am writing this letter in response to the current proposal which would subsequently allow practicing physician assistants to prescribe medications under the supervision of a D.O. As a PA student within the professional phase of the program, it is my opinion that this issue poses a potential threat to the practicing abilities which will be allotted to me upon my certification as a physician assistant. I firmly believe that perhaps the solution to the question at hand lies within the foundation of the PA profession itself.

As I am sure you are well aware, physician assistants were designed to be health care providers who have been trained to work in collaboration with a licensed physician. Although PAs are expected to demonstrate complete competence within their scope of clinical practice, they are still constantly kept in check by their attending physician, ensuring the physician-PA relationship that has been instituted from the beginning. It is an accepted principle to all that a trained physician would perhaps be better qualified in their clinical judgment due to the extensive training that they have obtained in comparison to the condensed nature of the PA program; consequently, there is never to be a competitive variable within this equation. Therefore, it is reasonable to state that permitting physician assistants to prescribe under a D.O. would simply be extending the capabilities of a PA which would ultimately benefit all parties involved, including the patient population as a whole. The physician could utilize the physician assistant to the fullest extent possible, while the PA would be unlimited in his or her ability to provide patient care within the state of Pennsylvania.

I also believe that consistency should be maintained across the spectrum in regards to the prescriptive privileges granted to PAs. Physician Assistants have been writing prescriptions under the direction of allopathic physicians for many years, and, during that time frame, they have fully demonstrated their ability to do so both safely and successfully. It must be reiterated that although PAs can be permitted to write for medications under a D.O., the physician himself will possess the ultimate authority to delegate the specifics regarding the prescriptive allowances of his colleague. Also, I would suggest adopting exact context utilized in the regulations for PAs prescribing under M.D.s in order to avoid ambiguity or confusion in the future.

In conclusion, I feel that allowing physician assistants to write prescriptions under the supervision of D.O.s across the state of Pennsylvania will prove to be beneficial to the health care field in general. It would also represent another monumental achievement for the PA profession itself, signifying the importance of the contributions that physician assistants have made, and continue to make, regarding patient care and clinical practice.

Thank you for your time and consideration.


Lori Katawczik
Duquesne University

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