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

November 18, 2007

Dear Dr. Fasano,

I am writing in support of the proposed regulations allowing osteopathic physicians to delegate prescriptive authority to physician assistants under their supervision. I have long felt that it was unfair that my allopathic colleagues could delegate prescriptive authority to their PA's but I could not because I am an osteopathic physician.

I have been a primary supervising physician for almost 12 years and I have also been a clinical preceptor for PA students and I feel that PA's have enough training and education to write prescriptions with physician supervision. I certainly believe that DO's are just as capable as MD's to properly supervise physician assistant and we should be given the same rights as our allopathic colleagues. In this day and age, there should be no differences between what an MD can do and what a DO can do in medical practice.

I understand that we wish to maintain our identity as osteopaths separate from allopaths, but this should not restrict us in any way. We could focus on educating the public about the osteopathic manipulative therapy and to promote the osteopathic philosophy, but it is not fair to PA's to create a 2-tiered profession in Pennsylvania with different regulations for PA's who work for DO's which are more restrictive than for PA's who work for MD's. Most states have one set of regulations for physician assistants without regard to the degree of the supervising physician.

I disagree with the portion of the proposed regulation that requires the patient to be examined before a 30 day refill for a Schedule II medication can be written by the PA. Many patients are stable on their medications and do not necessarily need to be examined every single month. This decision should be made on a case-by-case basis by the supervising physician, rather than by state regulation. It is difficult enough to be able to fit all of the patients that need care into our schedule without trying to squeeze in unnecessary required visits because of these regulations. The allopathic version of the PA

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PHYSICIAN ASSISTANT

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prescribing regs do not have this requirement, and I do not feel it is fair to put additional restrictions on DO's that are not put on MD's.

In the section about medical chart review, a DO is required do a weekly review of records, whereas as a MD has 10 days to complete this task. This is another example of inconsistency and unfairness imposed upon the osteopathic physician. In group practices this can be quite confusing and cause logistical difficulties in a mixed practice. I believe that these differences make the public and even other health care professionals think that DO's are somehow less capable than MD's and that we need to be more restricted than MD's. We, as osteopathic physicians know that this is not true, but anytime there are different sets of regulations, it creates questions in people's minds. I therefore respectfully request that these regulations regarding PA's prescribing under DO supervision be worded exactly the same as the allopathic version of the prescriptive privileges for PA's.

Thank you for your consideration of this matter,

Sincerely,

A handwritten signature in cursive script, appearing to read "Brad S. Friedmann".

Brad S. Friedmann, D.O.

CC: Governor Edward G. Rendell

CC: Basil L. Merenda, Commissioner, BPOA

CC: Arthur Coccodrilli, IRRC