

A 2644

Kathryn R. Martin, PA-C  
1 Leedom Place  
Newtown, PA 18940

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

INDEPENDENT REGULATION  
INSTITUTION  
HARRISBURG, PA

2007 NOV 26 AM 9:11

RECEIVED

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. This is something that is long overdue because PA's have been safely prescribing under allopathic physicians for many years. Physician assistants have prescriptive privileges in all 50 states with the only exception being those PA's who work for DO's in the state of Pennsylvania. It is unfair to both the DO's and their PA's that they cannot function at the same level as an MD/PA team.

I do have a concern about the section of the regulations regarding Schedule II drugs, however, because it places a restriction on a 30-day refill that is not included in the allopathic regulations. It may not always be necessary for the patient to be examined every thirty days if they are stable on their medication. That decision should be up to the individual physician for the individual patient and not dictated by state regulations. Furthermore, the fact that the rules for PA's working for DO's are different than PA's working for MD's will cause confusion at both the clinical practice level, as well as at the pharmacy where the prescription is being filled. This will also take away appointment slots from other patients that require attention and may cause a barrier to care.

My second concern is the statement that the physician should review the physician assistant's charts at least weekly. For the sake of consistency and fairness, I would like the board to consider using the wording found in the allopathic regulations that recently passed through the regulatory process that requires the "personal and regular review within 10 days by the supervising physician of the patient record upon which entries are made by the physician assistant." Having different sets of rules to follow will be particularly confusing in mixed MD/DO practices.

I have worked for osteopathic physicians in family medicine for over 23 years and I have not been able to practice to the full extent of my training simply because I have a DO supervisor rather than an MD. I will welcome the ability to finally write a prescription without having to wait for my supervising physician to finish with his patient and come out of an exam room to sign his name. Patient flow will be improved and wait times in the office will be reduced, which will in turn increase access to care with increased availability of appointments.

In summary, I support the proposed regulations allowing PA's to prescribe under the supervision of osteopathic physicians, with the caveat that they should be worded exactly the same as the allopathic version of these regulations to avoid confusion, especially for mixed MD/DO practices.

Respectfully submitted,

*Kathryn R. Martin, PA-C*

Kathryn R. Martin, PA-C

CC: Governor Edward G. Rendell

CC: Basil L. Merenda, Commissioner BPOA

CC: Arthur Coccodrilli, Chairman, IRRC