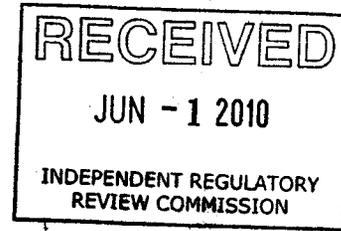




Property Casualty Insurers  
Association of America  
Shaping the Future of American Insurance



2832

May 21, 2010

Regulatory Unit Counsel  
Department of State  
P.O. Box 2649  
Harrisburg, PA 17105-2649

Re: 16A-4316  
Assistance by Unlicensed Supportive Personnel

Dear Regulatory Counsel:

Please accept this letter as our comments in reference to the proposed Assistance for Unlicensed Supportive Personnel proposal as published in the April 24, 2010 State Register (pages 2128-2131). The Property Casualty Insurers Association or PCI is a national trade organization representing over 1,000 major property-casualty insurers throughout the United States including Pennsylvania.

PCI opposes the proposal.

The proposal adds a new section 5.54 to allow unlicensed and untrained, supportive personnel to perform certain duties and activities without a basic level of training or education. This is a change that would pose a significant safety risk for patients. PCI is concerned that this new standard will cause problems in appropriately treating and healing patients. We would point out that if these same or similar duties are being performed in a physical therapy setting, at a minimum they would be performed by a certified physical therapy assistant. PCI encourages that this proposal be modified to reflect elementary standard of knowledge and skill when performing treatment.

The proposal would also require "on-premises" supervision by a licensed chiropractor require. We believe that safety consideration of the patients require at a minimum that the supervision be at the same location as the treatment by the unlicensed and untrained supportive personnel. The term "on premises" should be defined in section 5.54 (a) as "within the same room or within visible distance of the treatment being

performed.” While the proposal requires “direct on-premises supervision” by the chiropractor, he or she may be in another room working on another patient that harm may be done to the patient before the chiropractor is called in to administer proper care. PCI also sees some inconsistencies in the proposals’ use of the term “direct on premises supervision” to other provisions in the regulations.

As mentioned above, PCI believes that some of the activities and duties listed should not be performed by a person who has not been properly trained. We certainly recognize that the administrative duties listed in the proposal could meet the lack of standards on training from a health safety perspective; however, many of the treatment areas listed in the proposal require special education and training to perform the function, such as the following:

- 1(iv) Obtaining and recording a patient’s vital signs;
- 1(vi) Instructing and monitoring therapeutic exercises in the office;
- 1(xii) Performing range of motion testing;
- 1(xiii) Performing muscle testing;
- 1(xviii) Using rehabilitation equipment;
- 1(xxiii) Rendering first aid;
- 2(iii) Performing certain electrical stimulation therapy;
- 2(iv) Performing certain ultrasound therapy;
- 2(v) Performing certain mechanical traction; and
- 2(vi) Performing certain therapeutic laser therapy.

The proposal provides absolutely no standards for training in these areas. If any of these treatment areas are performed under the proposal, the licensed chiropractor may not be able to reach the patient in time before permanent harm is done to the patient. Without sufficient knowledge of the anatomy and physiology, performing some of these items could cause permanent injury. PCI recommends that if adequate training is not required

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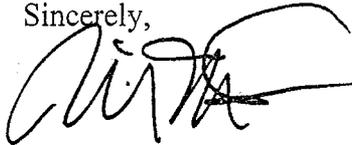
for the treatment areas listed above, then the proposal should be amended to require that these treatment areas be performed only by a licensed chiropractor.

Furthermore, the rule is silent on the fees to be paid when an unskilled person provides the services. Certainly, it should be at a much lower rate than would be billed if performed by the licensed chiropractor. We would ask that the proposal be amended to reflect that the billing recognize the different level of training and skills of the staff.

Finally, we would recommend that the Board establish in the regulation a reporting mechanism to document any specific complaints or lawsuits by patients because of the changes brought by this proposal.

Thank you for the opportunity to provide you our views and comments about the proposal. We will be happy to answer any questions you may have about our views.

Sincerely,



Richard M. Stokes, Esq.  
Counsel