

From: [Hannah Rodriguez, PA-C](#)
To: [ST, RegulatoryCounsel](#)
Subject: [External] Rulemaking 16-4955
Date: Wednesday, January 10, 2024 6:34:09 PM



ATTENTION: *This email message is from an external sender. Do not open links or attachments from unknown senders. To report suspicious email, use the [Report Phishing button in Outlook](#).*

I am writing in support of the Proposed Rulemaking 16-4955 in reference to Physician Assistants as written. The changes in these regulations will modernize the delivery of patient care by the Physician – PA teams in Pennsylvania.

For your reference, the following list is the significant proposed new revisions.

TITLE 59 PART 1 Subpart 1 CHAPTER 18	PROPOSED NEW REVISIONS
Section 18.122 Definitions	Addition of definition of scope of practice for a PA: The medical services within a physician assistant’s skills, training, and experience that a physician assistant may perform as set forth in the written agreement.
Section 18.142 Written agreements	<ul style="list-style-type: none"> • No longer need to name each substitute physician the PA would work with. • No longer need to list all delegated functions the PA can perform. The new requirement is to describe the PA’s scope of practice. • No longer need to describe the frequency of the personal contact the physician will have with the PA. The new requirement is to describe the nature and degree of supervision. • Additional language added to outline the ability for a delegate to complete the written agreement. • Requires only one primary practice setting be listed.
Section 18.144 Responsibility of primary supervising physician	<ul style="list-style-type: none"> • The physician is no longer required to see a hospitalized patient at least once. • Clarifies the list of additional substitute supervising physicians. It only needs to be kept at the practice level.
Section 18.151 Role of the physician assistant	<ul style="list-style-type: none"> • Outlines that PAs may provide medical services when they are within the PA’s

<p>The full explanation for the revisions as well as the revised language can be found at this link: Pennsylvania Bulletin (pacodeandbulletin.gov)</p>	<p>scope of practice. Clarifies the PA may determine the cause of death.</p>
<p>The wording in the provision language that is between brackets is underlined and bolded. If you have questions about the proposed rulemaking, please reach out to the PSPA Governing Affairs committee at pspa@pspa.net Thank you in advance for your support.</p>	<p>The PA removed. New language depends on bill. Provides an option for a supervising physician to apply to primarily supervise more than 6 PAs.</p>
<p>Section 18.153 Executing and relaying medical regimens Hannah Rodriguez MPAS, PA-C Sent from my iPhone</p>	<p>The PA is no longer required to notify their supervising physician within 36 hours when a medical regimen is executed or relayed when the physician is off-site.</p>
<p>Section 18.154 Substitute supervising physician</p>	<p>Adds a provision for the substitute supervising physician to assume primary responsibility for 30 days if the primary is permanently unable to supervise while a new written agreement is being filed.</p>
<p>Section 18.155 Satellite locations</p>	<p>The registration of a satellite location is no longer required. This section has been completely removed.</p>
<p>Section 18.158 Prescribing and dispensing drugs, pharmaceutical aids, and devices</p>	<ul style="list-style-type: none"> • Clarified that electronic prescriptions are permitted. • Removes requirement for the PA to notify the supervising physician when a medication is prescribed or dispensed within 36 hours if the physician is off-site.
<p>Section 18.161 Physician assistants employed by health care facilities</p>	<p>Restriction removed that a PA could only be responsible to three supervising physicians in a medical care facility</p>