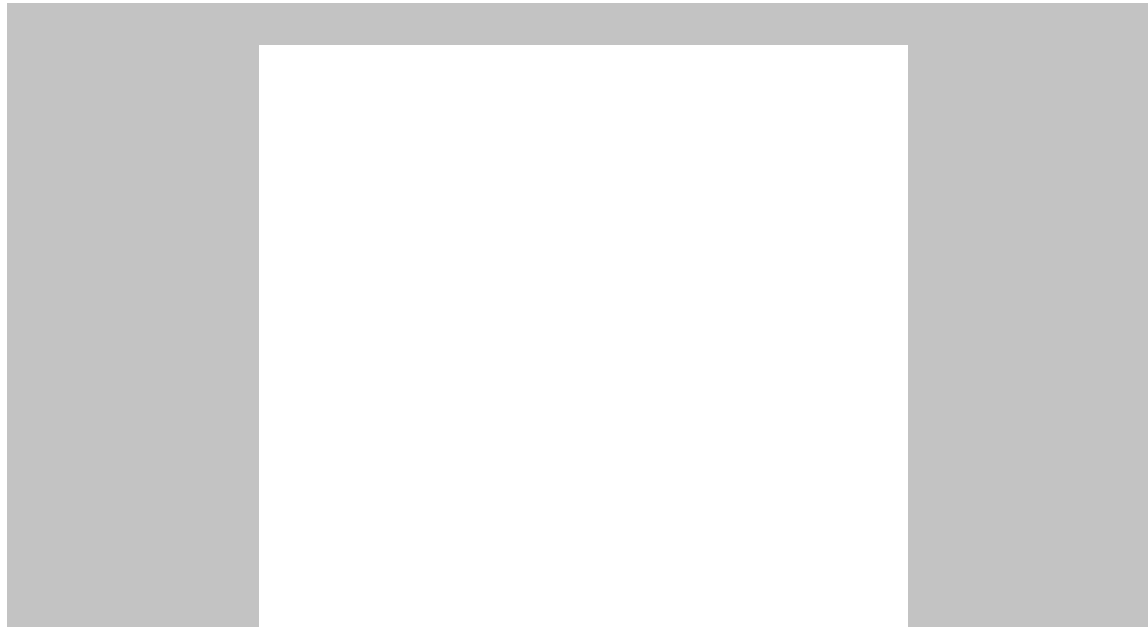




From: Melissa Medsger
To: ST_RegulatoryCounsel
Subject: [External] Modernization for physician assistants
Date: Tuesday, January 9, 2024 7:24:54 AM

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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.

	<p>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.</p> <ul style="list-style-type: none"> • 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 scope of practice. • Clarifies the PA may determine the cause of death.
Section 18.152 Prohibitions	<ul style="list-style-type: none"> • The PA is now permitted to independently bill. • Provides an option for the supervising physician to apply to primarily supervise more than 6 PAs.
Section 18.153 Executing and relaying medical regimens	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.
Section 18.154 Substitute supervising physician	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.
Section 18.155 Satellite locations	The registration of a satellite location is no longer required. This section has been completely removed.
Section 18.158 Prescribing and dispensing drugs, pharmaceutical aids, and devices	<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.

Section 18.161
Physician assistants
employed by health
care facilities

Restriction removed that a PA could only be
responsible to three supervising physicians in a
medical care facility

The full explanation for the revisions as well as the
revised language can be found at this link:

[Pennsylvania Bulletin \(pacodeandbulletin.gov\)](http://pacodeandbulletin.gov)

The wording in the revised language that is
between brackets [] is removed. New language that
is added is **underlined and bolded**.

If you have questions about the proposed
rulemaking, please reach out to the PSPA
Governmental Affairs Committee
at pspa@pspa.net.

Thank you for your consideration,

Melissa Medsger PA-C