



**From:** [Tram Luu](#)  
**To:** [ST, RegulatoryCounsel](#)  
**Subject:** [External] support of the Proposed Rulemaking 16-4955 in reference to Physician Assistants  
**Date:** Sunday, January 14, 2024 8:05:36 PM

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*To whom it may concern:*

*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.

<b>TITLE 59 PART 1</b> <b>Subpart 1</b> <b>CHAPTER 18</b>	<b>PROPOSED NEW REVISIONS</b>
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"> <li>● No longer need to name each substitute physician the PA would work with.</li> <li>● No longer need to list all delegated functions the PA can perform. The new requirement is to describe the PA's scope of practice.</li> <li>● No longer need to describe the frequency of the</li> </ul>

	<p>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"> <li>• Additional language added to outline the ability for a delegate to complete the written agreement.</li> <li>• Requires only one primary practice setting be listed.</li> </ul>
Section 18.144 Responsibility of primary supervising physician	<ul style="list-style-type: none"> <li>• The physician is no longer required to see a hospitalized patient at least once.</li> <li>• Clarifies the list of additional substitute supervising physicians. It only needs to be kept at the practice level.</li> </ul>
Section 18.151 Role of the physician assistant	<ul style="list-style-type: none"> <li>• Outlines that PAs may provide medical services when they are within the PA's scope of practice.</li> <li>• Clarifies the PA may determine the cause of death.</li> </ul>
Section 18.152 Prohibitions	<ul style="list-style-type: none"> <li>• The PA is now permitted to independently bill.</li> <li>• Provides an option for the supervising physician to apply to primarily supervise more than 6 PAs.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Clarified that electronic prescriptions are</li> </ul>

Prescribing and dispensing drugs, pharmaceutical aids, and devices	permitted. <ul style="list-style-type: none"><li>• 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.</li></ul>
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

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Physician Assistant  
Sent from my iPhone