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**To:** [ST\\_RegulatoryCounsel](#)  
**Subject:** [External] Rulemaking proposal  
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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.

| <b>TITLE 59 PART 1</b><br><b>Subpart 1</b><br><b>CHAPTER 18</b> | <b>PROPOSED NEW REVISIONS</b>   |
|---|---|
| Section 18.122<br>Definitions                                   | Addition of definition of scope of practice for a PA:<br>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 personal contact the physician will have with the PA. The new requirement is to describe the nature and degree of supervision.</li> </ul> |

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|   | <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<br>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 Prescribing and dispensing drugs, pharmaceutical aids, | <ul style="list-style-type: none"> <li>• Clarified that electronic prescriptions are permitted.</li> <li>• Removes requirement for the PA to notify the</li> </ul>  |

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| and devices   | supervising physician when a medication is prescribed or dispensed within 36 hours if the physician is off-site.   |
| Section 18.161<br>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 |

Christopher A Borgna PAC