



**MARYLAND ACADEMY OF
PHYSICIAN ASSISTANTS, INC.**

The Honorable Elizabeth Sammis
Commissioner, Maryland Insurance Administration
200 St. Paul Place, Suite 2700
Baltimore, Maryland 21202

July 1, 2010

Dear Commissioner Sammis,

As President of the Maryland Academy of Physician Assistants, representing over 2,000 practicing PAs in the state of Maryland, I would like to comment on the recent Maryland MedChi survey results released about a month ago. As you are most certainly aware, this survey has stirred quite a bit of response and commentary from both the medical professions and the general public. These responses accurately reflect the current practice environment in Maryland as well as the public's general attitude as reported to their practitioners during consultations.

As a Physician Assistant (PA), we are required to work under a delegation agreement with our supervising physician; however, we are also privileged to write prescriptions and manage patient care in accordance with that delegation agreement. PAs work in primary care, emergency medicine, family practice, internal medicine, all sub-specialties of medicine, general surgery and all subspecialties of surgery. These practices include quite a bit of prescription-writing. Almost every patient discharged from an acute hospitalization is provided at least one prescription upon discharge. Due to shortages in healthcare providers, PAs are often the individuals writing these very prescriptions and dictating discharge summaries in order to free the physicians for more acute services. This is a good utilization of the healthcare team approach; however, it is often hindered by the enormous number of restrictions placed on prescriptions by insurance companies. It is counter-productive to hospitalize a patient for an acute illness, improve their condition with trials of various medications in the hospital, send them home with medications that were effective, only to be called later by a patient in tears because the pharmacy cannot fill that prescription under the insured's program. This is only one example. Not only is the PA interrupted from other services, but other patients' care is delayed.

PAs in office practices suffer the same issues, often having to take extra time to write letters to insurers justifying the need for specific medications, or fielding phone calls from pharmacies indicating the inability to fill a prescription with the insured's plan. In other scenarios, pharmacies switch medications within similar classes of drugs in order to comply with the insured's plan without notification such that changes are not recorded in patient charts; this becomes a serious problem when patient's are seen by other practitioners or require acute hospitalization and medication lists cannot be corroborated.

In order to emphasize the impact, we offer the following statistics for 2008:

