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House of Representatives
COMMONWEALTH OF PENNSYLVANIA
HARRISBURG

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Original: 2003

EMBARGOED MATERIAL

August 31, 2000

Robert Nyce
Independent Regulatory Review Commission
14th Floor, Harristown 2
333 Market Street
Harrisburg, PA 17101

Dear Mr. Nyce ,

I am writing in regard to the Department of Health's recently adopted regulations governing board certification of medical command physicians, accepting only those certifications recognized by the ABMS of the AOA. The Board of Certification in Emergency Medicine, recognized by the American Association of Physician Specialists, has not been accepted by the Department as a certifying agency for reasons that, when closely examined, are unreasonable and inaccurate.

In its regulations, the Department states that "the primary reason the Department has proposed to exclude BCEM certification is that emergency medicine boards recognized by the other two organizations, the American Board of Emergency Medicine (ABEM) and the American Osteopathic Board of Emergency Medicine (AOBEM), required, at that time, completion of a three-year residency in emergency medicine for the certifications they issue, and the BCEM did not." The important point is that both Boards previously awarded certifications that were "grandfathered in," eliminating the need for the physicians to serve the residency that the Department of Health believes is so vital.

Under these circumstances, the Department's unwillingness to accept the certification of the BCEM represents an unfair and prejudicial position that must be reexamined. I must insist that you do everything in your power to see that this obvious error is corrected. Thank you very much.

Sincerely,

FRANK LaGROTTA, Member
House of Representatives

FL/ts

INDEPENDENT REGULATORY REVIEW COMMISSION

To:	Kenneth E. Brody, Regulatory Coordinator
Agency:	Department of Health
Phone:	3-2500
Fax:	5-6042, 3-3794 or 2-6959
From:	Kristine M. Shomper Deputy Director for Administration
Company:	Independent Regulatory Review Commission
Phone:	3-5419 or 3-5417
Fax:	3-2664
Date:	September 6, 2000
# of Pages:	2

Comments: Embargoed Mail. Thank you.

Mercy Hospital of Pittsburgh
1400 Locust Street
Pittsburgh, PA 15219-5166

August 30, 2000

Original: 2003

State Representative Leo J. Trich, Jr.
150 W. Beau Street, Suite 217
Washington, PA 15301

Dear Representative Trich,

Thanks for returning my phone call today. I am requesting your help with a time sensitive matter.

I am an emergency physician in the Department of Emergency Medicine at the Mercy Hospital of Pittsburgh. I have been on staff for the last 11 years as an attending physician in emergency medicine, treating your constituents as well as teaching residents in Emergency Medicine. I am board-certified in Emergency Medicine by the American Association of Physician Specialists (AAPS) having received the Board of Certification in Emergency Medicine (BCEM).

Mercy

I am writing in reference to the final form of the Department of Health regulation #10-143, specifically sections 1001.2, 1003.3 and 1003.4.

I have concerns regarding the definition of board certification in Emergency Medicine. Section 1001.2 of the regulation describes board certification in Emergency Medicine to only include those certifications issued by boards recognized by the ABMS or AOA. The proposed regulation does not include the certification that I hold, the Board of Certification in Emergency Medicine (BCEM), recognized by the American Association of Physician Specialists (AAPS). My questions are twofold: 1) Why is the definition of board certification necessary in the regulation? What is the purpose of retaining this limited definition? 2) If so, why has the BCEM not been recognized as a board?

I feel the definition of board certification should be completely eliminated for any requirements in Emergency Medical Services (EMS), or the AAPS should be added to the definition of board certification along with ABEM and AOA.

With respect to sections 1003.3 and 1003.4, these sections concern the requirements for Emergency Medical Command physician. Even though the PA Department of Health has eliminated board certification as a minimum requirement for EMS director, medical command facility director and medical command physicians, and there appears to be no need to differentiate board certified from non-board certified, they still retained the definition of board certified as that recognized by only American Board of Medical Specialties (ABMS) and the American Osteopathic Association (AOA). Again, what is the purpose of retaining this limited definition?

ANNEX A

Title 28. Health and Safety

Chapters 1001 -- 1015. Emergency Medical Services

PART VII. EMERGENCY MEDICAL SERVICES

CHAPTER 1001. ADMINISTRATION OF THE EMS SYSTEM

[Ambulance trip report number -- A unique number assigned to an ambulance response and recorded on the ambulance trip report form.]

BLS ambulance service -- Basic life support ambulance service -- An entity licensed by the Department to provide BLS services and transportation by ambulance to [seriously ill or injured] patients.

BLS services--Basic life support services -- The basic prehospital or interhospital emergency medical care and management of illness or injury performed by specially trained, [and] certified or licensed personnel.

[BLS training institute -- Basic life support training institute -- An entity accredited by the Department to conduct BLS training courses designed to prepare individuals to render prehospital and interhospital BLS within an organized EMS system.]

Basic rescue practices technician -- An individual who [holds a valid certificate of successful completion of a rescue training program conducted in accordance with the training curriculum approved by the Department] is certified by the Department to possess the training and skills to perform a rescue operation as taught in a basic rescue practices technician program approved by the Department.

Basic vehicle rescue technician -- An individual who [holds a valid certificate of successful completion of a vehicle rescue training program conducted in accordance with the training curriculum approved by the Department] is certified by the Department to possess the training and skills to perform a rescue from a vehicle as taught in a basic vehicle rescue technician program approved by the Department.

Board certification -- Current certification in a medical specialty or subspecialty recognized by either the American Board of Medical Specialties or the American Osteopathic Association.

CPR -- Cardiopulmonary resuscitation -- The combination of artificial respiration and circulation which is started immediately as an emergency procedure when cardiac arrest or respiratory arrest occurs[, by those properly trained and certified to do so].

CPR [Certification] course -- Cardiopulmonary resuscitation [certification] *course* -- A [certificate evidencing successful completion of a] course of instruction in CPR, meeting the [most current American Heart Association] Emergency Cardiac Care Committee National Conference on CPR and Emergency Cardiac Care standards. The

CHAPTER 1003. PERSONNEL

Subch. **Sec.**

Subchapter A. ADMINISTRATIVE AND SUPERVISORY EMS PERSONNEL

Sec.

§1003.1. Commonwealth Emergency Medical Director.

(a) *Roles and responsibilities.* The Commonwealth Emergency Medical Director is responsible for the following:

(1) Providing medical advice and recommendations to the Department regarding the EMS system.

(2) Assisting in the development and implementation of a Statewide EMS quality [assurance] improvement program.

(3) Assisting the Department in revising or modifying the scope of practice of ALS and BLS prehospital personnel.

(4) Providing advice and guidance to the Department on investigations and the pursuit of disciplinary actions against prehospital personnel and providers of EMS.

(5) Reviewing ~~and~~, evaluating AND MAKING RECOMMENDATIONS REGARDING regional transfer and medical treatment protocols ~~and making recommendations for the Statewide~~ [medical protocols] ~~BLS medical treatment protocols and Statewide criteria for the evaluation, triage, treatment, transport, transfer and referral, including bypass protocols of acutely ill and injured persons to the most appropriate facility~~.

(6) REVIEWING, EVALUATING AND MAKING RECOMMENDATIONS FOR THE STATEWIDE BLS MEDICAL TREATMENT PROTOCOLS.

(7) REVIEWING, EVALUATING AND MAKING RECOMMENDATIONS FOR PROTOCOLS TO GET ACUTELY ILL AND INJURED PATIENTS TO THE MOST APPROPRIATE FACILITY, INCLUDING CRITERIA FOR THE EVALUATION, TRIAGE, TREATMENT, TRANSPORT AND REFERRAL, AS WELL AS BYPASS PROTOCOLS.

~~(6)~~ (8) Evaluating regional EMS quality [assurance] improvement programs.

~~(7)~~ (9) Providing direction and guidance to the regional EMS medical directors for training and quality [assurance activities] improvement monitoring and assistance.

~~(8)~~ (10) Meeting with [directors] representatives and committees of regional EMS councils and the Council as necessary and as directed by the Department to provide guidance and direction.

(11) REVIEWING, EVALUATING AND MAKING RECOMMENDATIONS TO THE DEPARTMENT ON CLINCAL RESEARCH PROPOSALS.

~~(9)~~ (12) Providing other services relating to the Department's administration of the act as assigned by the Department.

(b) *Equivalent qualifications.* If the Commonwealth Emergency Medical Director is not a medical command physician, the Commonwealth Emergency Medical Director shall possess the following qualifications:

(1) The minimum qualifications for a medical command physician in §1003.4(b)(1)-(3) and (5) (relating to medical command physician).

(2) Experience in the prehospital and emergency department care of the acutely ill and injured patient.

(3) Knowledge regarding the ~~base station~~ [radio] MEDICAL COMMAND direction of prehospital personnel and the operation of emergency dispatch.

(4) Knowledge of the capabilities and limitations of ambulances, including air ambulances and prehospital personnel.

(5) Knowledge of potential medical complications which may arise during transport of a patient by an ambulance service.

(c) *Disclosure.* The Commonwealth Emergency Medical Director shall disclose to the Department all financial or other interest in providers of EMS and in other matters which present a potential conflict of interest.

§1003.2. Regional EMS medical director.

(a) *Roles and responsibilities.* Each regional EMS council shall have a regional EMS medical director who shall carry out the following duties:

(1) [Approve] Assist the regional EMS council to approve or reject applications for medical command physicians received from medical command facility medical directors.

(2) Maintain liaison with the Commonwealth Emergency Medical Director.

(3) [Establish and review system-wide medical protocols in] Assist the regional EMS council, after consultation with the regional medical advisory committee [and regional EMS council], to establish and revise transfer and medical treatment protocols for the regional EMS system.

[(4) Assist the Department in ensuring that personnel in the EMS system meet the certification, recertification, recognition, biennial registration and continuing education requirements established under the act.

(5) Establish standards for EMS dispatch to assure that the an appropriate response unit is dispatched to the medical emergency scene and that proper patient evaluation is conducted.

(6)] (4) [Establish] Assist the regional EMS council to establish field treatment protocols for determining when a patient will not be transported to a treatment facility and establish procedures for documenting the reasons for a nontransport decision.

[(7)] (5) [Establish] Assist the regional EMS council to establish field protocols to govern situations in which a patient may be transported without consent, in accordance with Pennsylvania law. The protocols shall cover appropriate documentation and review procedures.

[(8)] (6) [Establish] Assist the regional EMS council to establish criteria for level of care and type of transportation to be provided in various medical emergencies, such as ALS versus BLS, and ground versus air [specialty unit transportation] ambulance, and distribute approved criteria to PSAPs.

[(9) Establish operation standards for medical command facilities.

(10)] (7) Conduct quality [assurance] improvement audits of the regional EMS system including reviewing the quality [assurance] improvement activities conducted by the ALS service medical directors within the region.

[(11)] (8) Serve on the State EMS Quality [Assurance] Improvement Committee.

[(12)] (9) Serve as chairperson of the regional EMS council medical advisory committee.

[(13)] (10) Facilitate [and assure] continuity of patient care during inter-regional transport.

[(14)] (11) Recommend to the Department suspension, [or] revocation or restriction of prehospital personnel certifications and recognitions.

[(15)] (12) Conduct hearings in accordance with §1003.28 (relating to medical command authorization) upon appeal of an individual whose medical command authorization is denied or restricted by the ALS service medical director and issue written decisions.

[(16)] (13) Review regional plans, procedures and processes for compliance with State standards of emergency medical care.

[(17) Delegate portions of his authority to other qualified physicians.

(18) Meet with the ALS service medical directors within the region as necessary to disseminate information regarding State statutes, regulations, policies and direction.]

(b) *Minimum qualifications.*

~~(1)~~ A regional EMS council medical director shall have the following qualifications:

~~(i)~~ (1)[A valid license to practice medicine in this Commonwealth as a doctor of medicine or doctor of osteopathy.] Licensure as a physician.

~~(ii)~~ (2) Experience in prehospital and emergency department care of the acutely ill or injured patient.

~~(iii)~~ (3) Experience in ~~base station~~ [radio] MEDICAL COMMAND direction of prehospital ~~emergency units~~ PERSONNEL.

~~(iv)~~ (4) Experience in emergency department management of the acutely ill or injured patient.

~~(v)~~ (5) ~~Board certification in emergency medicine.~~ HAVE COMPLETED 3 YEARS IN A RESIDENCY PROGRAM IN EMERGENCY MEDICINE OR HAVE SERVED AS A MEDICAL COMMAND PHYSICIAN IN THIS COMMONWEALTH PRIOR TO (EFFECTIVE DATE OF THESE AMENDING REGULATIONS).

~~(vi)~~ (6) Experience in the training of basic and advanced prehospital personnel.

~~(vii)~~ (7) Experience in the medical audit, review and critique of BLS and ALS prehospital personnel.

~~(2) The~~ [Secretary] ~~Department may waive the board certification requirement upon written request by the regional EMS council.~~

(c) [*Medical Advisory Committee.* Each regional EMS council shall have a medical advisory committee to provide the council medical director with advice on issues relevant to the areawide EMS system.] *Disclosure.* A regional EMS medical director shall disclose to a regional EMS council all financial or other interest in providers of EMS and in other matters which present a potential conflict of interest.

§1003.3. Medical command facility medical director.

(a) *Roles and responsibilities.* A medical command facility shall have a medical command facility medical director. A medical command facility medical director is responsible for the following:

(1) Medical command.

(2) Quality [assurance] improvement.

(3) Liaison with regional EMS council medical director.

(4) Participation in prehospital training activities.

(5) Clinical and continuing education training of prehospital [emergency care] personnel.

(6) Recommendations to the regional EMS medical director regarding medical command physician applications from [his institution] the medical command facility.

(b) *Minimum qualifications.*

~~(1)~~ ~~A~~ TO QUALIFY AND CONTINUE TO FUNCTION AS A medical command facility medical director, AN INDIVIDUAL shall have the following qualifications:

~~(i)~~ (1) Be CURRENTLY SERVING AS a medical command physician.

~~(ii)~~ (2) ~~Board certification in emergency medicine or,~~ [in lieu of this, current ACLS and ATLS certification] ~~have successfully completed the ACLS course within the preceding 2 years and the ATLS course, and either an APLS or PALS course, or other programs determined by the Department to meet or exceed the standards of those programs, along with board certification in surgery, internal medicine, family medicine, pediatrics or anesthesiology.~~ SATISFY ONE OF THE FOLLOWING:

(I) HAVE COMPLETED 3 YEARS IN A RESIDENCY PROGRAM IN EMERGENCY MEDICINE.

(II) HAVE SERVED AS A MEDICAL COMMAND PHYSICIAN IN THIS COMMONWEALTH PRIOR TO **(EFFECTIVE DATE OF THESE AMENDING REGULATIONS)**.

(III) HAVE SECURED BOARD CERTIFICATION IN SURGERY, INTERNAL MEDICINE, FAMILY MEDICINE, PEDIATRICS OR ANESTHESIOLOGY. IF THE PHYSICIAN HAS BOARD CERTIFICATION IN ONE OF THESE MEDICAL SPECIALTIES, THE PHYSICIAN SHALL ALSO HAVE SUCCESSFULLY COMPLETED OR TAUGHT THE ACLS COURSE WITHIN THE PRECEDING 2 YEARS AND HAVE COMPLETED, AT LEAST ONCE, THE ATLS COURSE, AND EITHER AN APLS OR PALS COURSE, OR OTHER PROGRAMS DETERMINED BY THE DEPARTMENT TO MEET OR EXCEED THE STANDARDS OF THESE PROGRAMS.

~~(iii)~~ (3) Experience in prehospital and emergency department care of the acutely ill or injured patient.

~~(iv)~~ (4) Experience in ~~base station~~ [radio] PROVIDING MEDICAL COMMAND direction ~~of~~ TO prehospital ~~emergency units~~ PERSONNEL.

~~(v)~~ (5) Experience in the training of [basic] BLS and [advanced prehospital emergency health] ALS prehospital personnel.

~~(vi)~~ (6) Experience in the medical audit, review and critique of BLS and ALS prehospital personnel.

~~(2) The~~ [Secretary] ~~Department may waive the board certification requirement upon written request by the regional EMS council.~~

§1003.4. Medical command physician.

(a) *Roles and responsibilities.* A medical command physician shall [carry out the following duties:

(1) Provide] provide medical command to prehospital [emergency health] personnel.

[(2) Assist with the duties of medical control.] This includes providing online medical command to prehospital personnel whenever they seek direction.

(b) *Minimum qualifications.* ~~A~~ TO QUALIFY AND CONTINUE TO FUNCTION AS A medical command physician, AN INDIVIDUAL shall:

(1) [Hold a valid license to practice in this Commonwealth as a Doctor of Medicine or Doctor of Osteopathy.] Be a physician.

(2) ~~Be board certified in emergency medicine or~~[, in lieu of this, be certified in ATLS and] ~~have successfully completed the ACLS course within the preceding 2 years and the ATLS course, and either an APLS or PALS course, or other programs determined by the Department to meet or exceed the standards of those programs.~~ SATISFY ONE OF THE FOLLOWING:

(I) HAVE COMPLETED 3 YEARS IN A RESIDENCY PROGRAM IN EMERGENCY MEDICINE.

(II) HAVE SERVED AS A MEDICAL COMMAND PHYSICIAN IN THIS COMMONWEALTH PRIOR TO (EFFECTIVE DATE OF THESE AMENDING REGULATIONS).

(III) HAVE SUCCESSFULLY COMPLETED OR TAUGHT THE ACLS COURSE WITHIN THE PRECEDING 2 YEARS AND HAVE COMPLETED, AT

LEAST ONCE, THE ATLS COURSE, AND EITHER AN APLS OR PALS COURSE. OR OTHER PROGRAMS DETERMINED BY THE DEPARTMENT TO MEET OR EXCEED THE STANDARDS OF THESE PROGRAMS.

(3) [Complete] Have completed the [American Medical Association's (AMA's) Continuing Medical Education Credits] continuing medical education credits required for membership in the American Medical Association, or its equivalent, or be serving a [postgraduate]~~post~~ GRADUATE year III in ~~an approved~~ A residency program in emergency medicine or a [postgraduate] ~~post~~ graduate year II in ~~an approved~~ A residency program in emergency medicine, with concurrent [on-line] online supervision by an approved medical command physician.

(4) Be a full-time emergency physician or practice emergency medicine for at least half-time of a full-time medical practice.

(5) Possess a valid Drug Enforcement Agency (DEA) number.

(6) [Complete a base station medical command course within 2 years of the adoption of a course by the Department]. Have completed the Medical Command ~~Base Station~~ Course.

[(7) Be approved by the regional EMS medical director.]

(c) *Approval of medical command physician.*

(1) A physician may function as a medical command physician if approved to do so by a regional EMS council.

(2) A regional EMS council shall approve a physician as a medical command physician if the physician demonstrates that the physician will function under the auspices of a medical command facility and establishes one of the following:

(i) That the physician satisfies the qualifications for a medical command physician in subsection (b).

(ii) That the physician has received certification as a medical command physician from the Department upon successfully completing the voluntary medical command physician certification program administered by the Department.

(3) A regional EMS council shall conclude that the physician will be operating under the auspices of a medical command facility if the physician establishes THAT THE PHYSICIAN HAS AN ARRANGEMENT WITH THE MEDICAL COMMAND FACILITY TO PROVIDE MEDICAL COMMAND ON ITS BEHALF

WHILE ON DUTY FOR THE MEDICAL COMMAND FACILITY. UNDER THE DIRECTION OF THE MEDICAL COMMAND FACILITY MEDICAL DIRECTOR AND PURSUANT TO THE POLICIES AND PROCEDURES OF THE MEDICAL COMMAND FACILITY, AND FURTHER ESTABLISHES one of the following:

(i) That the facility meets the requirements for a medical command facility prescribed in §1009.1 (relating to operational criteria).

(ii) That the facility has received recognition as a medical command facility from the Department pursuant to §1009.2 (relating to recognition process).

(d) *Notice requirements FOR MEDICAL COMMAND FACILITY AND REGIONAL EMS COUNCIL.*

(1) A medical command facility shall give notice to each regional EMS council having responsibility for an EMS region in which the medical command facility anticipates medical command physicians functioning under its auspices will be providing medical command, and shall explain the circumstances under which medical command will be given in that region.

(2) A regional EMS council that has approved a physician as a medical command physician shall give notice of the approval to the Department.

(e) *Transfer and medical treatment protocols.* A medical command physician shall provide medical command to prehospital personnel in ground ambulances and QRSs consistent with the transfer and medical treatment protocols which are in effect in either the region in which treatment originates or the region in which the prehospital personnel begin receiving online medical command from the medical command physician.

§1003.5. ALS service medical director.

(a) *Roles and responsibilities.* An ALS service medical director is responsible for the following:

(1) Providing medical guidance and advice to the ALS ambulance service[.], including:

(i) Reviewing the Statewide BLS medical treatment protocols and the regional transfer and medical treatment protocols, and ensuring that the ALS ambulance service's prehospital personnel are familiar with them, and amendments and revisions thereto.

(ii) Providing guidance to the ALS ambulance SERVICE with respect to the ordering, stocking and replacement of drugs, and compliance with laws and regulations impacting upon the ALS ambulance service's acquisition, storage and use of those drugs.

(iii) Participating in the regional and Statewide quality improvement plans, including continuous quality improvement reviews of patient care and its interaction with the regional EMS system.

(iv) Recommending to the relevant regional EMS council, when appropriate, specific transfer and medical treatment protocols for inclusion in the regional transfer and medical treatment protocols.

(2) Granting [or], denying, or restricting medical command authorization to members of the ALS ambulance service's prehospital personnel who require this authorization, and participating in appeals from decisions to deny or restrict medical command authorization in accordance with [§1003.29] §1003.28 (relating to medical command authorization).

(3) Performing medical audits of patient care provided by the ALS ambulance service's prehospital personnel.

(b) *Equivalent qualifications.* If the ALS service medical director is not a medical command physician, the ALS service medical director shall:

(1) Possess the minimum qualifications for a medical command physician in §1003.4(b)(1)-(5) (relating to medical command physician).

(2) Have experience in the ~~base station~~ [radio] MEDICAL COMMAND direction of prehospital personnel [and the operation of emergency dispatch].

(3) Have knowledge of the capabilities and limitations of ambulances, including air ambulances, and prehospital personnel.

(4) Have knowledge of potential medical complications which may arise during transport of the patient by an ambulance service.

(5) Successfully complete [Parts A and B of] the Medical Command ~~Base Station~~ Course [adopted by the Department].

August 14, 2000

Ms. Mary Lou Harris
Independent Regulatory Review Commission
State of Pennsylvania
14th Floor, 333 Market Street
Harrisburg, PA 17101

Dear Ms. Harris:

I recently received the final-form regulations governing Emergency Medical Services for the State of Pennsylvania and wanted to share my comments on these regulations with you concerning the issue of board certification and the minimum qualifications of medical command physicians.

On April 15, 1999, the Independent Regulatory Review Commission recommended to the Pennsylvania Department of Health (PDOH) Emergency Medical Services Office that "*the Department should justify the need and reasonableness of limiting 'board certification' to ABMS or AOA certification*" in hiring criteria.

In the recently received regulations, the PDOH stated, " *The Department has decided to limit the definition, as proposed, to include only those certifications issued by boards recognized by the ABMS or AOA. However, it has removed board certification in emergency medicine as a criterion for qualifying as a regional EMS council director, a medical command facility medical director, and a medical command physician.*"

"The proposed regulations did not include the certification in emergency medicine issued by the Board of Certification in Emergency Medicine (BCEM). This board is recognized by the American Association of Physician Specialists (AAPS). The primary reason the Department had proposed to exclude BCEM certification is that emergency medicine boards recognized by the other two organizations, the American Board of Emergency Medicine (ABEM) and the American Osteopathic Board of Emergency Medicine (AOBEM), required, at that time, completion of a three-year residency in emergency medicine for the certifications they issue, and the BCEM did not" **(emphasis added).**

The operative phrase in this response is **"at the time".** Perhaps the PDOH is unaware that the ABEM and the AOBEM previously offered practice tracks and did not require a three-year emergency medicine residency for eligibility for their board certification. These boards "grandfathered in" physicians who did not have this medical residency requirement for certification under "practice tracks" greatly similar to that of the BCEM.

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Therefore, today many ABEM and AOBEM-certified emergency medicine physicians would not qualify under the new three-year residency criterion for regional EMS council medical director, medical command facility medical director or medical command physician. Does this mean that the postgraduate qualifications of each and every physician will be examined to determine if that individual completed a three-year emergency medicine residency or meets one of the other criteria? Or, will the PDOH waive this requirement if a physician is ABEM or AOBEM certified?

In addition, the PDOH very loosely uses the term "recognition" when it refers to the ABMS, AOA and AAPS boards. No outside authority has been conferred to AAPS to recognize boards of certification nor does this authority reside in its by-laws. AAPS is the administrative agent for its affiliated boards of certification; it does not "recognize" them. We would be very interested to learn by what authority ABMS or AOA boards "recognize" boards of certification. Does some outside accrediting body grant this right to them or is it an assumed authority?

The PDOH rejected a recommendation to revise the definition of "board certification" to include the American Association of Physician Specialists, Inc. stating that "*the Department is not sufficiently familiar with the qualifying criteria for other boards functioning under the umbrella of AAPS to conclude that the certification issued by these boards are equivalent to those issued by boards recognized by the ABMS and the AOA*".

The AAPS, on several occasions, has provided information on the eligibility requirements for its affiliated boards of certification to the Pennsylvania Department of Health's Emergency Medical Services Offices. To date, we have received no inquiries, either verbal or written, requesting clarification of this material or for additional data. I would think it is the responsibility of the PDOH to the people of Pennsylvania to expend the maximum effort to become "sufficiently familiar" with all information necessary for a decision-making process that greatly impacts the health of its citizens.

Indeed, the AAPS would be most happy to assist the PDOH in becoming "sufficiently familiar" with the qualifying criteria for its affiliated boards of certification so that the citizens of Pennsylvania will have the best possible emergency medical care.

Lastly, the Department states that the issue of "board certification" is "*moot since the final regulations do not retain board certification in emergency medicine as a qualifying criterion for any position for which the Department prescribes qualifications*". If this statement is true, why then does the definition of "board certification" remain in Section 1001.2 of the final-form regulations? This definition includes the American Boards of Medical Specialties and the American Osteopathic Association but excludes the American Association of Physician Specialists, Inc.

AAPS feels that the PDOH is attempting to obfuscate the issue of board certification as a hiring qualification by deleting board certification as a criterion but still favoring certain boards of certification as having de facto recognition by the State of Pennsylvania in the definition section. We request that the Emergency Medical Services Office thoroughly review the eligibility requirements and other information previously provided by AAPS and include its affiliated boards of certification in the definition of "board certification" in Section 1001.2 or remove this definition from the regulations entirely.

I would appreciate your thoughts on these issues.

Sincerely,

Wynn E. Busby
Director of Governmental Affairs

WEB:lh

Letter also sent to the following:

Mr. Robert S. Zimmerman, Jr., Secretary
Pennsylvania Department of Health
Health and Welfare Building
P. O. Box 90
Harrisburg, PA 17108

Mr. Robert E. Nyce, Director
Pennsylvania Independent Regulatory Review Commission
14th Floor, Harristown 2
333 Market Street
Harrisburg, PA 17101

Mr. Charles B. Zogby, Director
Office of the Governor Policy Office
State of Pennsylvania
238 Main Capitol Building
Harrisburg, PA 17120

Honorable Tom Ridge
Governor
State of Pennsylvania
225 Main Capitol Building
Harrisburg, PA 17120

Honorable Harold F. Mowery, Chairman
Pennsylvania Senate Health and Welfare Committee
Senate Post Office Box 203031
Room 169, Main Capitol Building
Harrisburg, PA 17120-3031

Honorable Dennis M. O'Brien, Chairman
Health and Human Services Committee
Pennsylvania House of Representatives
P. O. Box 202020
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Honorable Robert C. Jubelirer
President Pro Tempore
Pennsylvania Senate
P. O. Box 2023
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