

Original: #2003

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House of Representatives  
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HARRISBURG

COMMITTEES

TOURISM AND RECREATIONAL DEVELOPMENT  
AGRICULTURE AND RURAL AFFAIRS  
GAME AND FISHERIES

August 31, 2000

Mr. Robert Nyce  
Executive Director  
Independent Regulatory Review Commission  
14<sup>th</sup> Floor, 333 Market Street  
Harrisburg, PA 17101

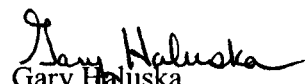
Dear Mr. Nyce:

I am writing in reference to recent correspondence I received from the Miner's Hospital Emergency Services Director regarding the Regulations Governing Emergency Medical Services in Pennsylvania.

The director, Samuel E. Long, M.D., has brought to my attention some objections pertaining to the definition of Board Certification. Dr. Long has held the position of Emergency Services Director for 10 years. According to Dr. Long; letter (enclosed), the Department of Health has acted capriciously in formulating the regulations regarding EMS physicians, and his supporting narrative seems to clearly bear out this contention.

I ask that IRRC carefully scrutinize the Department of Health final form regulations with this issue in mind and, if you concur with Dr. Long's arguments, send the department back to the drawing board.

Sincerely,

  
Gary Haluska  
State Representative  
73<sup>rd</sup> Legislative District

cc: Secretary Robert S. Zimmerman, Jr., Pennsylvania Department of Health  
Senator Timothy F Murphy  
Senator Vincent J. Hughes  
Representative Dennis O'Brien  
Representative Frank L. Oliver  
Samuel E. Long, M.D.

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Original: #2003



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2000 SEP -5 AM 9:49

INDEPENDENT REGULATORY  
REVIEW COMMISSION

August 25, 2000

RE: Regulations Governing Emergency Medicine

Dear

I am writing in reference to the final form regulations governing Emergency Medical Services in Pennsylvania. My concern is regarding the definition of Board Certification in Emergency Medicine.

Even though the Pennsylvania Department of Health has eliminated board certification as a minimum requirement for EMS medical 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 the American Board of Medical Specialties and the American Osteopathic Association. For what purpose are they retaining this limited definition?

Additionally, the recommendation made by the Independent Regulatory and Review Commission to the Pennsylvania Department of Health on April 15, 1999, "The Department should justify the need and reasonableness of limiting board certification to ABMS or AOA.", has not adequately been addressed.

The DOH claims to not have enough information to compare the BCEM exam given by the American Association of Physician Specialists with those given by ABMS or AOA. Yet they never requested any information to review even though it was offered to them by the AAPS.

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

The final form states that those boarded in Emergency Medicine through ABMS and AOA who are not residency trained but "grandfathered" in through the practice track can qualify as medic command physicians without any additional requirements. However, those boarded in other specialties such as Family Practice, Internal Medicine, Surgery, Anesthesia or Pediatrics as recognized by the ABMS but who were certified in Emergency Medicine through AAPS and their practice track must meet additional requirements to maintain medic command status. Since many of the board certified Emergency Medicine physicians were grandfathered in through the practice track as opposed to a 3 year residency in Emergency Medicine, there appears to be unequal requirements.

You should be reminded that some of these board certified EM physicians recognized by ABMS and the AOA have never even completed a full residency and yet are required to do less to maintain their medical command status than those who have completed a residency and then fulfilled additional requirements through AAPS Practice Track program (similar to the ABMS and AOA's practice track program). This is unfair.

As the final form of the regulations will go into effect September 15<sup>th</sup>, action on revision of the definition is time sensitive. Therefore, I would appreciate your quick intervention in this matter.

Sincerely,

Samuel E. Long, M.D.  
Director of Emergency Services

SEL/mrc