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*House of Representatives*  
COMMONWEALTH OF PENNSYLVANIA  
HARRISBURG

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SERVICES CAUCUS

Original: 2003

August 29, 2000

Mr. Robert E. Nyce, Chairman  
Independent Regulatory Review Commission  
333 Market Street  
Harrisburg PA 17101

Dear Chairman Nyce:

I am forwarding a letter from Samuel E. Long, M. D., Director of Emergency Services at Miners Hospital, Cambria County. This is in regard to final form regulations governing Emergency Medical Service in Pennsylvania.

For the reasons stated in his letter, I believe that significant questions remain unanswered. I am asking you, as Chairman of the committee to carefully consider Dr. Long's letter and ask that these concerns be answered before any final form regulations be adopted.

If additional time is needed to address these issues and specific comments, I would suggest that the final form publication date be extended beyond the September 15<sup>th</sup> timeline.

Sincerely,

A handwritten signature in cursive script that reads "Jerry A. Stern".

Jerry A. Stern  
State Representative  
80<sup>th</sup> District

JAS/jeb

Enclosure

cc: Samuel E. Long, M. D.

RECEIVED  
2000 AUG 29 PM 4:47  
INDEPENDENT REGULATORY  
REVIEW COMMISSION

# **MH MINERS HOSPITAL**

RECEIVED

2000 AUG 29 PM 4:51

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

## POINTS:

① MARGARET TRIMBLE (PA DEPT OF HEALTH) SAYS:

"BOARD CERT IS MOST"

- NEW CRITERIA IS 3 YR RESIDENCY IN EMER MED.
- THOSE NOT BOARDED BY ABMS, OR AOA  
CAN MAINTAIN THEIR POSITIONS BY TAKING  
ATLS, ACLS, PALS, COURSES,  
EVERY FEW YEARS

IF BOARD CERT IS "MOST"

WHY RETAIN THE DEFINITION OF BOARD CERT.

WHY NOT INCLUDE BOARD CERT PHYSICIANS IN SAME CATEGORY  
AS NON-BOARDED ... AND HAVE THEM MEET SAME REQUIREMENTS  
TO MAINTAIN THEIR STATUS

SUGGEST DROP DEFINITION OF BOARD CERT. IN E.M.  
OR ADD NARS/BCEM TO DEFINITION

Am. Board of Med. Specialist.  
(ABMS)

Am. Board of Emer. Med.  
(ABEM)

Am. Osteopath. Assoc.  
(AOA)

Am. Osteopath. Board of Emer. Med.  
(AOBEM)

Am. Coll. of Physician Specialist  
(ACPS)

Board Cert in Emer. Med.  
(ACEM)

PRACTICE TRACK

(closed EARLY 90's)

Grandfathered in

MAY OR MAY NOT HAVE  
FINISHED ANY RESIDENCY

PRACTICE TRACK

(closed EARLY 90's)

GRN FATHER

SAME

① PRACTICE TRACK

(closed 97)

GRN FATHER

SAME

② SPECIAL CONSIDERATION

MUST BE ALREADY BOARDED  
IN: FPM PRAC. PED  
INT. MED. SURG. ANEST

③ HAS IN EMER. MED

↓ Exam  
WRITTEN/ ORAL

Now REQUIRE 3-yr RESIDENCY IN EM.

HOWEVER THOSE BOARDED BEFORE 98 ... ?

? FINISHED ANY RESIDENCY

ARE JUST LIKE AOBEM IS PRESENTLY

ie:

BOARDED/RESIDENCY TRAINED IN ANOTHER SPECIALTY  
+ Then went on to get CERTIFIED IN EM.