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House of Representatives

COMMONWEALTH OF PENNSYLVANIA
HARRISBURG

717-787-9020 AUG 30
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Original: 2003

August 29, 2000

Representative Dennis O'Brien,
Chairman
Health & Human Services Committee
P. O. Box 202020
Harrisburg PA 17120-2020

Dear Chairman O'Brien:

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 15th timeline.

Sincerely,

Handwritten signature of Jerry A. Stern in cursive.

Jerry A. Stern
State Representative
80th District

JAS/jeb

Enclosure

cc: Samuel E. Long, M. D.

RECEIVED
2000 SEP -6 AM 8:45
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 15th, 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

Am. Board of Med. Specialist
(AOMs)

↓
Am Board of Emer. Med.
(ABEM)

Am. Osteopathic Board
(AOB)

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

Am. Assoc. of Physicians Specialist
(AAPS)

↓
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)

GRAND FATHER

SAME

① PRACTICE TRACK

(closed 97)

GRAND FATHER

SAME

② SPECIAL CONSIDERATION

MUST BE ALREADY BOARD
IN: FAM PRAC. PED
INT. MED. SURG. AWCS

③ HAS IN EMER MI

↓ EXAM
WRITTEN / ORAL

Now REQUIRE 3yr RESIDENCY IN E.M.

HOWEVER THOSE BOARDED BEFORE 98...

? FINISHED ANY RESIDENCY

ARE JUST LIKE B.C.E.M. IS PRESENTLY

ie:

BOARDED/RESIDENCY TRAINED IN ANOTHER SPECIALTY

+ Then went on TO GET CERTIFIED IN E.M.

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 AAPS/ BEEM TO DEFINITION

FROM : EMAP

FAX NO. :

Aug. 30 2000 03:51PM P14

Original: 2003



RECEIVED

2000 SEP -6 AM 8:45

INDEPENDENT REGULATORY
REVIEW COMMISSION

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.

EXECUTIVE OFFICES

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FROM : EMAP

FAX NO. :

Aug. 30 2000 03:52PM P15

Ms. Mary Lou Harris,
August 14, 2000
Page 2

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.

FROM : EMAP

FAX NO. :

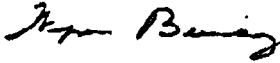
Aug. 30 2000 03:53PM P16

Ms. Mary Lou Harris
August 14, 2000
Page 3

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

FROM : EMAP

FAX NO. :

Aug. 30 2000 03:53PM P17

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

X
Mr. Robert E. Nyce, Director
Pennsylvania Independent Regulatory Review Commission
14th Floor, Harrisstown 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
Harrisburg, PA 17120-2020

Honorable Robert C. Jubelirer
President Pro Tempore
Pennsylvania Senate
P. O. Box 2023
Altoona, PA 16603

FROM : EMMP

FAX NO. :

Aug. 30 2000 23:05PM P1

Original: 2003

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

August 30, 2000

Senator Timothy F. Murphy
504 Washington Road
Pittsburgh, PA 15228

Dear Senator Murphy,

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).



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?

FROM : EMAP

FAX NO. :

Aug. 30 2000 03:10PM P2

The Independent Regulatory Review Commission (IRRC) meets on this regulation next week, September 7, 2000 at 10:30 a.m. I am asking that you bring my concerns to the members of the IRRC, under Mr. Robert Nyce, before the meeting on September 7th. They should know that these particular segments of the EMS regulations are discriminatory and could affect the livelihoods of physicians such as myself, experienced emergency physicians who have been helping to keep the Pennsylvania population healthy for greater than a decade! I would appreciate your quick intervention on this matter. If you have any additional questions, do not hesitate to contact me.

Sincerely,

Joan M. Mavrinac, MD, MPH
Attending Physician
Department of Emergency Medicine
Mercy Hospital of Pittsburgh

HOME:
5 Grandview Avenue, Apt 601
Pittsburgh, PA 15211

Phone: (412) -481-4373

P.S. I am also faxing you Annex A which includes the sections of the Department of Health 10-143 that I have been referencing. I have also included a letter from Ms. Wynn E. Busby, Director of Governmental Affairs, the American Association of Physician Specialists.