

**DEPARTMENT OF
HEALTH**

...in pursuit of good health

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March 11, 1999

Mr. Robert E. Nyce
Executive Director
Independent Regulatory Review Commission
14th Floor, Harrisstown II
333 Market Street
Harrisburg, PA 17101


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RE: Proposed Regulations
Emergency Medical Services
No. 10-143

Dear Mr. Nyce:

The Pennsylvania Department of Health has recently received the enclosed public comments to the above-referenced regulations.

Sincerely,



Margaret E. Trimble
Director
Emergency Medical Services Office

MET:dlw

Enclosures

CLAYTON C. LINDEMUTH, D.O.
 CERTIFIED SURGEON
 OSTEOPATHIC HEALTH CARE & SURGERY, INC.
 DOCTOR'S PLAZA LTD.
 217 WEST 11TH STREET ERIE, PA 16501

CONSULTANT & SURGERY
 GENERAL, VASCULAR, THORACIC
 & OUTPATIENT SURGERY
 TELEPHONE (814) 454-2861

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REGULATORY
 REVIEW COMMISSION

Ms. Margaret L. Trimble
 Director
 Emergency Medical Services Office
 Department of Health
 1027 Health and Welfare Building
 P.O. Box 90
 Harrisburg, PA 17108
 (717) 787-8740

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Dear Ms. Trimble:

I am writing to comment on proposed amendments to 28 PA. Code Part VII (relating to emergency medical services) as published in the Pennsylvania Bulletin, Volume 29, Number 7, Part II, dated February 13, 1999. My comment is directed to proposed Chapter 1001, Subchapter A, Section 1001.2 (Definitions) and the effects of the proposed definition of "Board Certification" (page 919 of proposed rulemaking).

Physician board certification has become an essential element in many instances of credentialing for the purposes of reimbursement, hospital and health care organizational accreditation, and physician staff membership. Medical specialty certification of physicians, however, remains a voluntary procedure in the United States. Some physicians have elected to seek formal recognition of their proficiency in their chosen field by presenting themselves for examination before specialty boards comprised of their professional peers. The definition of each specialty, in addition to the education and other requirements leading to acceptance into the certification process are developed by consensus within the medical profession. Specialty certification is separate and distinct from licensure.

The proposed regulatory language will affect my practice directly by not allowing me to practice my chosen field or to serve as medical director at any chosen facility.

The Department seeks to define "board certification" in a manner that will exclude one private certifying body in preference to other private certifying bodies without having established criteria for recognition of certifying bodies. This preferential use of a particular board certifying organization has been recognized by the United States Congress. In a request to the U.S. General Accounting Office to conduct a study on the professional certification practices and requirements of federal agencies, James M. Talent, Chair of the House of Representatives Committee on Small

Ms. Margaret E. Trimble
Page 2.

Business, expressed concern that "diversity of certification has led, in some instances, to an informal system of preferences for one certification over another." The Chair further stated that "these preferences often occur without any objective justification." This is an important issue because these certifications are often a prerequisite for federal or state contracting opportunities or a requirement for compliance with regulations and guidelines.

Representative Robert Stump, Chair of the House Committee on Veterans' Affairs, had similar concerns regarding the Department of Veteran Affairs and their recognition of particular board certifying organizations. He was most interested in what criteria were used to evaluate the two organizations the Department of Veteran Affairs chose to recognize in an informational letter (IL 10-97-031 dated August 12, 1997).

The American Association of Physician Specialists, Inc. (AAPS) is a national organization established in 1950 and incorporated in 1952 to provide a clinically-recognized mechanism for specialty certification of physicians with advanced training through an examination process. The AAPS is the administrative home for twelve Boards of Certification. Each AAPS affiliated board of certification has established criteria for examination development, examination validation, and candidate admission to the certification process. In recognition of the multiple mechanisms in the health care delivery system that continuously monitor physician performance (the fact that physicians must learn a substantial amount of medicine in a clinical practice setting; the difficulty of physicians in a particular cohort to enter approved residency training programs; the emerging importance of specialty certification in the health care delivery system; and the variety of career paths leading physicians to particular emphasis in their practice of medicine), AAPS-affiliated boards provide a measurable, objective mechanism to meet the accreditation requirements of the multitude of organizations involved in accreditation and health care delivery.

The Regional Emergency Medical Services Council of New York City, Inc. and the Regional Emergency Medical Advisory Committee of New York (REMAC) has recognized that the AAPS boards, in particular the Board of Certification in Emergency Medicine (BCEM) is equivalent to the American Board of Emergency Medicine (ABEM) and the American Osteopathic Board of Emergency Medicine (AOBEM). The New York REMAC determined, with the aid of counsel, that the examinations and requirements for admission to the certification process are equivalent, that there were no issues of quality of care provided by BCEM-certified individuals. The REMAC council further stated that, should the REMAC exclude BCEM-certified physicians, similarly certified ABEM physicians (those certified via the practice track) would also have to be excluded.

Even though the General Provisions of the Proposed Rulemaking provide that reference to specific certifying bodies would not preclude the Department from considering persons with certifications by other private certifying bodies, the effect of the proposed language in the regulation will effectively exclude a cohort of physicians from participation in the Pennsylvania emergency medical system. Many private organizations, hospital, health care insurers, managed-care organizations, and others generally follow the regulations established by the local governmental

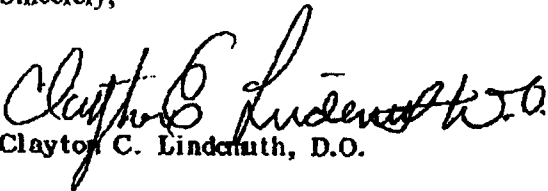
Ms. Margaret E. Trimble
Page 3.

body. As such, many of these organizations will exclude those physicians certified by one of the American Association of Physician Specialists, Inc. (AAPS) affiliated boards of certification thinking that they are in compliance with State Regulations.

Therefore, we request that the language in proposed PA. Code Chapter 1001, Subchapter A, Section 1001.2 (Definitions) be amended to include the American Association of Physician Specialists, Inc.

In the alternative our organization is prepared and willing to work with the Department of Health and the Emergency Medical Services Office in reaching appropriate criteria for recognition of boards of certification, and amending the language of the proposed regulation.

Sincerely,



Clayton C. Lindemuth, D.O.

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& OUTPATIENT SURGERY
TELEPHONE (814) 454-2861
Fax: # 454-5808

FACSIMILE COVER SHEET

Date: 3-11-99
To: John Mc Keiley, Jr Esq
From: _____
Fax #: 7177838664
Number of pages (including this sheet): 4
Comments: _____

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BROCKWAY AREA AMBULANCE ASSN., INC.RECEIVED
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March 11, 1999

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Department of Health
1027 Health and Welfare Building/P.O. Box 90
Harrisburg, Pa. 17108

Attn: Mrs. Margaret E. Trimble, Director

Below listed are items that our Brockway Area Ambulance Assn. is concerned with in "Pennsylvania Bulletin, Volume 29, Number 7, Saturday, February 13, 1999. Harrisburg, Pa, Part II. (I received this copy on March 4, 1999. Response requested March 14, 1999. Not much, time.)

We consider our self as a small service doing approx. 6 to 700 calls per year. No full time employees. Doing approx. \$55,000.00 per year in services. We must count heavily on membership income and donations. (Numbers are approx. for years of 1996 and 1997)

PAGE 904, SEC 1001.6 STATE WIDE EMS DEVELOPMENT PLAN. WE THINK THAT CAREFULL CONSIDERATION SHOULD BE TAKEN WHEN COMBINING RURAL AND URBAN AMBULANCE RULES AND LAWS ARE BEING MADE. WE HAVE EXTREME DIFFICULTY OPERATING FINANCIALLY WITH THE MANY RULES AND LAWS THAT HAVE BEEN MADE AND THAT ARE CHANGING CONTINUALLY BY THE HEALTH CARE FIELD.

PAGE 916, SEC 1015.1 IT IS STATED THAT "WHILE MOST AREAS OF THIS COMMONWEALTH CAN BE REACHED BY AN AMBULANCE WITHIN A FEW MINUTES" THIS IS TRUE EXCEPT THAT MANY OF THE SERVICES CAN NOT AFFORD TO MAN THE STATION (BECAUSE OF EMPLOYMENT LAWS) THUS CAUSING DELAYS TO GET EMT'S AND OTHER SERVICE PERSONNEL MOBILIZED. THIS PROBLEM IS A VERY SERIOUS PROBLEM WITH MOST IF NOT ALL-SMALL SERVICES IN RURAL PA. AND ALSO WITH SERVICES THAT DO NOT HAVE THE MEANS TO PAY FULL TIME EMPLOYEES MINIMUM WAGE OR AN ATTRACTIVE WAGE FOR THE TYPE OF PERSONS TO FULLFILL THIS SERVICE.

EMSOF MONIES THAT ARE AVAILABLE SHOULD BE PROVIDED AS FAIRLY AS POSSIBLE. THE Expertise OF PERSONAL IN SMALL SERVICES (BECAUSE OF THE MANY HATS THAT MUST BE WORN) HAVE DIFFICULTY IN COMPLYING FOR FUNDS.

PAGE 949 BLS MINIMUM STAFFING STANDARDS AS A RURAL SERVICE WITH "HUGE PROBLEMS WITH STAFFING EMT'S WOULD LIKE TO SEE STAFFING AS" A QUALIFIED DRIVER WITH FIRST AID (OR SOME KIND OF FIRST RESPONDER TRAINING) (MINIMAL) AND A QUALIFIED EMT. WHEN MOST RURAL SERVICES INTERCEPT WITH AN "ALS" SERVICE, THERE WOULD BE A PARAMEDIC ADDED TO THE STAFFING OR MORE. THIS WOULD BE A GREAT HELP TO BLS SERVICES.

- 2 -

March 11, 1999

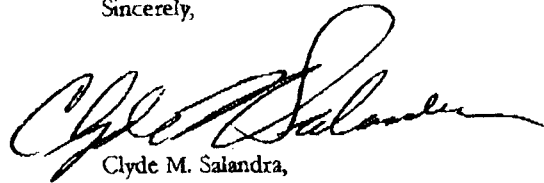
I would like to give some views that I have based on being a Board Member of the Brockway Area Ambulance Assn. for Approx. 12 years and now the President. I have been on the Jefferson County Planning Commission for 12 or more years and the Chairman (until last month) for six or more years. A St. Tobias Catholic Church Parish Council member for 15 or more years. President or Chief operating Partner of three small family businesses.

All ambulances survives in our area have had major problems operating. The problems are financial (with bankruptcy or near bankruptcy taken place), the in-ability to attract volunteers, getting and keeping people trained. Complying with the ever-changing systems, laws, rules etc. I am sure that you must know all this and more.

I believe that there needs to be a special task force made to look at what Rural Pa. Ambulance Services need to survive. I believe the road that we are going down is going to eliminate the small services. Costs are going to skyrocket and the service will be in major decline.

This is a huge problem and this letter and my comments only cover a small part of what are the problems. It is not so much that we need more money, we need to re-do the rural and small services operating rules to be followed.

Sincerely,



Clyde M. Salandra,
President



TEMPLE PHYSICIANS, INC.
 an affiliate of the
 Temple University Health System

5024 North 5th Street
 Philadelphia, PA 19120
 (215) 324-0160

Hernan Brizuela, M.D.
 Obstetrician & Gynecologist

1999 MAR 16 PM 9:23

Ms. Margaret E. Trimble, Director
 Emergency Medical Services Office
 Department of Health
 1027 Health and Welfare Building
 POB 90
 Harrisburg, PA 17108

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Physician board certification has become an essential element in many instances of credentialing for the purposes of reimbursement, hospital and health care organizational accreditation, and physician staff membership. Medical specialty certification of physicians, however, remains a voluntary procedure in the United States. Some physicians have elected to seek formal recognition of their proficiency in their chosen field by presenting themselves for examination before specialty boards comprised of their professional peers. The definition of each specialty, in addition to the education and other requirements leading to acceptance into the certification process are developed by consensus within the medical profession. Specialty certification is separate and distinct from licensure.

I chose to present myself for the American Association of Physician Specialists, Inc. (AAPS) affiliated Board of Certification in Obstetrics and Gynecology, because I believe that AAPS is an organization that provides excellent guidance and medical education to their members. AAPS also gives the opportunity to demonstrate competence through a certification process that is equal to the other Boards.

The proposed regulatory language will affect my practice directly by inability to provide emergency medical care.

The Department seeks to define "board certification" in a manner that will exclude one private certifying body in preference to other private certifying bodies without having established criteria for recognition of certifying bodies. This preferential use of a particular board certifying organization has been recognized by

the United States Congress. In a request to the U.S. General Accounting Office to conduct a study on the professional certification practices and requirements of federal agencies, James M. Talent, Chair of the House of Representatives Committee on Small Business, expressed concern that "diversity of certification has led, in some instances, to an informal system of preferences for one certification over another." The Chair further stated that "these preferences often occur without any objective justification." This is an important issue because these certifications are often a prerequisite for federal or state contracting opportunities or a requirement for compliance with regulations and guidelines.

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The Regional Emergency Medical Services Council of New York City, Inc. and the Regional Emergency Medical Advisory Committee of New York (REMAC) has recognized that the AAPS boards, in particular the Board of Certification in Emergency Medicine (BCEM) is equivalent to the American Board of Emergency Medicine (ABEM) and the American Osteopathic Board of Emergency Medicine (AOBEM). The New York REMAC determined, with the aid of counsel, that the examinations and requirements for admission to the certification process are

equivalent, that there were no issues of quality of care provided by BCEM-certified individuals. The REMAC council further stated that, should the REMAC exclude BCEM-certified physicians, similarly certified ABEM physicians (those certified via the practice track) would also have to be excluded.

Even through the General Provisions of the Proposed Rulemaking provide that reference to specific certifying bodies would not preclude the Department from considering persons with certifications by other private certifying bodies, the effect of the proposed language in the regulation will effectively exclude a cohort of physicians from participation in the Pennsylvania emergency medical system. Many private organization, hospital, health care insurers, managed-care organizations, and others generally follow the regulations established by the local governmental body. As such, many of these organizations will exclude those physicians certified by one of the American Association of Physician Specialists, Inc. (AAPS) affiliated boards of certification thinking that they are in compliance with State Regulations.

Therefore, we request that the language in proposed PA. Code Chapter 1001, Subchapter A, Section 1001.2 (Definitions) be amended to include the American Association of Physician Specialists, Inc.

In the alternative our organization is prepared and willing to work with the Department of Health and the Emergency Medical Office in reaching appropriate criteria for recognition of boards of certification, and amending the language of the proposed regulation.

Sincerely,



Hernan Brizuela, M.D.
President,
American Academy of Obstetrics & Gynecology

Russell E. James II MD

62 Division St.
Kingston, Pa. 18704
Fax 331-0710
Home Phone 555-2468
Email rjames8083@aol.com

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March 10, 1999

Ms. Margaret E. Trimble
Director
Emergency Medical Services Office
Department of Health and Welfare Building
P.O. Box 90
Harrisburg, Pa. 17108

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Dear Ms. Trimble:

I am writing to comment on the proposed amendments to 28 PA Code Part VII, relating to Emergency Medical Services, as published in the Pennsylvania Bulletin, Volume 29, Number 7, Part II, dated February 13, 1999. My comment is directed to proposed Chapter 1001, Subchapter A, Section 1001.2(Definitions) and the effects of the proposed definition of "Board Certification" (page 919 of proposed rulemaking).

Physician board certification has become an essential element in many instances of credentialing for the purposes of reimbursement, hospital and health care organizational accreditation, and physician staff membership. Medical specialty certification of physicians, however, remains a voluntary procedure in the United States. Some physicians have elected to seek formal recognition of their proficiency in their chosen field by presenting themselves for examination before specialty boards that are comprised of their professional peers. The definition of each specialty, in addition to the education and other requirements leading to the acceptance into the certification process are developed by consensus within the medical profession. Specialty certification is separate from licensure.

I choose to present myself for the American Association of Physician Specialists, Inc. (AAPS) affiliated Board of Certification in Emergency Medicine because in order to belong to this you must have multiple qualifications before you even take the examination including being board certified in another field not to mention multiple hours working as a full time emergency physician. Currently by not being recognized has cost me multiple hours of working in an emergency department because with a wife and four children I was unable to recertify in ATLS and my medical command was revoked. Our ABEM brethren do not have to take this course again without fear of their medical command being removed. I should also note that I have taken the course two times in the past and have passed at the instructor status. I have functioned as an ALS medical director, director of an emergency department and director of paramedic operations for years.

The proposed regulatory language will affect my practice directly by in many ways including possibly limiting my medical command status, directorships and making individuals subject to certain regulations that the recognized boards are not subject to. I should also remind you that the a good majority of individuals that are ABEM have become that way through the practice track not through residency training. This would also include members that sit on the national board of ACEP.

The department seeks to define "board certification" in a manner that will exclude one private certifying body in preference to other private certifying bodies. This preferential use of a board certifying organization has been recognized by the United States Congress. In a request to the U.S. General Accounting Office to conduct a study

on the professional certification practices and requirements of federal agencies. James M. Talent, Chair of the Representatives Committee on Small Business, expressed concern that "diversity of certification has led, in some circumstances, to an informal system of preferences for one certification over another."

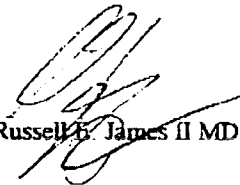
The American Association of Physician Specialists, Inc. (AAPS) has been recognized since 1952 to provide a clinically recognized mechanism for specialty certification of physicians with advanced training through an examination process. The AAPS currently has Twelve boards of certification. Each AAPS affiliated board of certification has established criteria for examination development, examination validation and candidate admission to the certification process. AAPS boards provide a measurable objective mechanism to meet the accreditation requirements of the multitude of organizations involved in the accreditation and the health care delivery.

Recently in New York State specifically New York City, AAPS was recognized as an equivalent board. The Regional Emergency Medical Advisory Board of Certification has recognized that AAPS boards, specifically its board certification in emergency medicine is equivalent to the American Board of Emergency Medicine and the American Osteopathic Board. The New York REMAC determined at that time, with the aid of counsel, that the examinations and requirements for admission to the certification process equivalent and the council further stated that there were no issues of quality care provided by AAPS certified individuals. The REMAC council further stated that should REMAC exclude AAPS certified physicians similarly certified ABEM physicians (those not certified by the practice track) would also have to be excluded.

Even though the general provisions of the proposed rule making provide some reference to specific certifying bodies would not preclude the department from considering persons with certifications by other private certifying bodies, the effect of the proposed language in the regulation will effectively exclude a cadre of physicians from participation in the Pennsylvania emergency medical system. As you well know many private organizations, hospital, health care insurers, managed care organizations, and others generally follow the regulations established by the local governmental bodies. As such many of these organizations will exclude those physicians certified by one of the AAPS affiliated boards of certification.

Therefore we request that the language in proposed PA. Code Chapter 1001, Subchapter A, Section 1001.2 be amended to include AAPS Inc.

In the alternative our organization is prepared and willing to work with the Department of Health and the Emergency Services Office in reaching appropriate criteria for recognition of boards of certification, and amending the language of the proposed regulation.



Russell B. James II MD

JOEL P. MILLER, D.O., P.C.
Board Certified in
Cardiology - Internal Medicine
TORRESDALE CAMPUS MEDICAL BUILDING
SUITE 209
3998 RED LION ROAD
PHILADELPHIA, PA 19114-1436
(215) 824-2859
FAX (215) 824-3963

Date: 3/10/99

To: Ms. Margaret E Trimble
Company: Director - Emergency Medical Services Office
Fax #: (717) 772-0910

From: Kim Dougherty
Company: Joel P. Miller, D.O.
Fax #: (215) 824-3963

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Message:

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This Fax includes 5 pages, including this cover sheet.

JOEL P. MILLER, D.O., P.C.
Board Certified in
Cardiology - Internal Medicine
TORRESDALE CAMPUS MEDICAL BUILDING
SUITE 209
3998 RED LION ROAD
PHILADELPHIA, PA 19114-1436
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FAX (215) 824-3963

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March 9, 1999

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Department of Health
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P.O. Box 90
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I chose to present myself for the American Association of Physician Specialists, Inc. (AAPS) affiliated Board of Certification in Cardiology and Internal Medicine in light of my osteopathic training and osteopathic hospital affiliation, AAPS provided me the opportunity for board certification, something not available by the other boards. This significantly helped me in my professional career particularly my hospital practice. For this I am extremely grateful.

Ms. Margaret E. Trimble
Page Two
March 9, 1999

The proposed regulatory language will affect my practice directly by reducing my ability to practice in many hospitals and be considered a specialist (i.e. Cardiologist) by many insurances such as Independence Blue Cross (see enclosed letter).

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Ms. Margaret E. Trimble
Page Three
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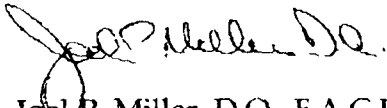
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Page Four
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Sincerely,



Joel P. Miller, D.O., F.A.C.P.

JPM:kad

cc: Mr. Dennis O'Brien
Chairman of Health and Human Services
Mr. Stewart J. Greenleaf
Chairman of Judiciary, Vice Chairman of Law & Justice
Mr. Frank A. Salvatore
Vice Chairman of Intergovernmental Affairs
Ms. Allyson Y. Schwartz
Minority Chairman of Education
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Minority Chairman of Aging & Youth

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JOHN R. MCGINLEY, JR., Esq.

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Harrisburg, PA 17108.

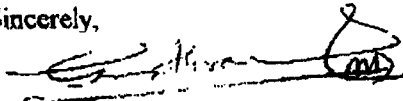
I am writing to comment on proposed amendments to 28 PA. Code Part VII (relating to emergency medical services) as published in the Pennsylvania Bulletin, Volume 29, Number 7, Part II, dated February 13, 1999. My comment is directed to the proposed definitin of "Board Certification" (page 919 of proposed rulemaking).

The Department seeks to define "board certification" in a manner that will exclude one private certifying body in preference to other private certifying bodies without having established criteria for recognition of certifying bodies. I chose to present myself for the American Association of Physician Specialists, Inc. (AAPS) affiliated Board of Certification in Emergency Medicine because it is one of the three certifying bodies in the United States for Fmergency Medicine and had a practice track open for certification.

The proposed regulatory language will affect my practice directly by loss of job as ALS service medical director and medical control physician. I feel that, should AAPS's BCEM (Board of Certification in Emergency Medicine)-certified physicians be excluded, similarly certified ABEM (via practice track) physicians also would have to be excluded.

Therefore, I request that the language in the proposed PA Code Chapter 1001, Subchapter A, Section 1001.2 (Definitions) be amended to include the American Association of Physician Specialists, Inc.

Sincerely,



George P. Abraham, M.D; F.A.C.S; M.H.A.

Troy Family Health Services, Inc. Office

Guthrie Clinic 11
125 Center Street
Troy, Pennsylvania 17142
717 297-4104

A member of the Valley Health System



Custom Care Medical LLC.
 Drs. Light and Lange
 25 N. 9 th St. Lebanon, Pa, 17046

FAX

March 10, 1999

To:
 Ms. Margaret E. Trimble
 Director
 Emergency Medical Services Office
 Department of Health
 1027 health and Welfare Building
 P.O. Box 90

Harrisburg, PA 17108
 (717) 787-8740

From:
 Lori Lange D.O.

ORIGINAL: 2008
Date: BUSH
Number of Pages: COPIES: Harris
Phone: (717) 273-2942 Smith
Fax: (717) 272-4967 Jewett
 Sandusky
 Legal

Remarks:

Dear Ms Trimble:

I am writing to comment on proposed amendments to 28 PA. Code Part VII (relating to emergency medical services). My comment is directed to including the American Association of Physician Specialists as a credentialing board for Emergency Medicine. The American Association of Physician Specialists is a national organization board certifying physicians since 1952. It includes doctors - MD 's and DO's. Its national headquarters is in Atlanta Georgia. Telephone 770-939-8555.

If this board is not written into the upcoming amendment it will have direct effect on Emergency Medicine doctors who maintain there certification through the AAPS. They may become ineligible to practice and unemployed. I am sure that this is just an oversight in the drafting of the amendment.

Please change the language of this amendment to include the American Association of Physician Specialists.

If you have any questions please call Wynn Busby - Director of Governmental Affairs at the National Headquarters. I am also available if you need a practitioners response.

Most Sincerely,

Lori Lange D.O.

Lori Lange D.O.
 Family Practice Physician

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**DEPARTMENT OF
HEALTH**

...in pursuit of good health

(717) 787-8740

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INDEPENDENT REGULATORY
REVIEW COMMISSION

March 10, 1999

Mr. Robert E. Nyce
Executive Director
Independent Regulatory Review Commission
14th Floor, Harrisstown II
333 Market Street
Harrisburg, PA 17101

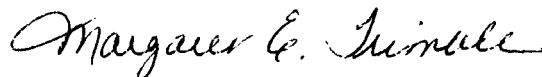
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RE: Proposed Regulations
Emergency Medical Services
No. 10-143

Dear Mr. Nyce:

The Pennsylvania Department of Health has recently received the enclosed public comments to the above-referenced regulations.

Sincerely,



Margaret E. Trimble
Director
Emergency Medical Services Office

MET:dlw

Enclosures



County of Bucks



EMERGENCY HEALTH SERVICES

50. N. Main Street, Doylestown, PA 18901 - (215) 348-6100 Fax (215) 348-2019

County Commissioners

MICHAEL G. FITZPATRICK, ESQ., *Chairman*
CHARLES H. MARTIN
SANDRA A. MILLER

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JOSEPH W. SCHMIDER

Director
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Date: March 10, 1999
To: Margaret Trimble, Director
From: Joseph W. Schmider, Director
Subject: Draft Rules and Regulations

JWS

Listed below are our suggestion and questions concerning the proposed Rules and Regulation for ACT 45.

Draft Proposed Rulemaking Pa Department of Health March 10, 1999

Page 919 - Closest available; should stay but remove [Such as traffic conditions, weather and the like].

Page 199 - Council Explain what is the council, board, and exc. Committee

Page 920 - Medical Command Authorization, Why spell out air service?

Page 920 - Medical Command Physician, Do you want regional councils approving physicians?

Draft Proposed Rulemaking
Pa Department of Health
March 10, 1999
Page 2

Page 920 - Medical Coordination What are you trying to say?

Page 921 - Medical Service Area - Should stay in.

Page 921 - Prehospital Ambulance trip report, Should stay in but change from
"on form provided" to process approved by Department.

Page 921 - Prehospital Personnel Add unit medical director

Page 921 - Primary response area Should stay in draft

Page 921 - Receiving facility, Why spell out cardiac? You could just write
medical, and trauma.

Page 922 - Special Events, add the overtax local resources.

Page 924 - 1001.41 Data (A) "in format prescribed..." Should stay and change
to process approved by Department

Page 925 - (b) should stay in draft.

Page 928 - 1001.125 Requirement (a) Why write the word "major" should it not
be professions, and private and public...

Page 930 - 1003.3 (ii) Does this mean the doctor must continue to take ACLS
program every two years, even when there are no changes to the program?

Page 931 - 1003.5 ALS Service Medical Director (i) Should we not remove
"BLS" from this and just make it statewide medical treatment protocols...

Page 932 1003.21 (3) "Be at least 16 years of age" Should stay, Same thing on
Page 933 1 (ii)

Page 941 [(5)] (4)*** Has been denied [or restricted] should stay in. Same
Paragraph: If regional medical director can not hear the appeal, could we write
into the R/R to allow them to appoint an hearing officer instead of another
regional medical director? Same paragraph within 14 days, does this mean
business or calendar days?

Page 942 1 "excuse a prehospital practitioner..." Does this fit here?

Draft Proposed Rulemaking
Pa Department of Health
March 10, 1999
Page 3

Page 945 1005. Title Remove the word "ground"

Page 946 (3) Top left side of page Include 3 into 2

Page 948 Equipment and supplies (c) 1 starts with BLS and ALS between "as and specified" there is an "[that doesn't fit.

Page 956 - I don't see where air units are required to give data to region that requested the flight.

Page 965 1013.1 Special event in paragraph, should be changed to will submit instead of may submit and in 1001.2, it should stated that then need to get the approval of the department.

Page 966 1013.8 Special event report. Maybe should only be filed if there is a problem.

Thank you for the opportunity to review this draft, if you have any questions please feel free to contact me.



VALLEY EMERGENCY AMBULANCE ASSOCIATION

P. O. Box 1018
Conyngham, Pennsylvania 18219
(570) 788-5449 (570) 788-0119 fax

RECEIVED
99 MAR 18 AM 9:29
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EMERGENCY MED. SVC.
MARCH 12 PM 9:02

Tuesday, March 09, 1999

Emergency Medical Services Office
Department of Health
1027 Health and Wealth Building
P.O. Box 90
Harrisburg, PA 17108

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Attn: Ms. Margaret E. Trimble, Director

Dear Ms. Trimble:

This letter is in response to the Proposed Rulemaking changes by the Department of Health, as published in the Pennsylvania Bulletin, Volume 29, Number 7, and dated Saturday, February 13, 1999.

Having reviewed this entire document, we have the following comments and exceptions to the sections and/or sub-chapters listed below,

Under the new proposed changes on page 911, Section 1005.2, paragraph 3 regarding Mutual Aid Agreements and the response thereof by those companies selected by the Primary Ambulance Service, the Department of Health is proposing to have the local PSAP dispatch the back-up service at their discretion, rather than utilizing the Primary's Mutual Aid Agreement.

We strongly disagree with this change if the Primary Ambulance Company is utilizing the closet available B.L.S. back up in its Mutual Aid Agreement

This was a requirement for licensure to begin with and it was not being followed, it should have been detected by the Regional E.M.S. Inspector at the time of either licensure or re-licensure inspection. Any change allowing the PSAP to arbitrarily make these decisions only opens the door to the roaming tactics of some of the "for profit" company. It would allow them to "cruise" all of the local Primary Ambulance Service's area and thereby allowing them the opportunity to monitor and intercept those calls. This in turn can lead to the potential confrontations between services on scene and the delay of patient care.

Although we do not condone these confrontations, we think you'll agree that the factors involved could be avoided by conforming to the *Mars Emergency Medical Services, Inc. v. Township of Adams and Borough of Callery, 704 A.2d 1143 (Pa. Cmwlth. 1998)* decision and allowing the PSAP to dispatch the Primary Ambulance Service's back-up under agreement, providing they were the closet, as per "Licensure" requirements.

Our second and major discrepancy deals with Section 1005.10, subsection (e), paragraph 3 on page 912 of the Proposed Rule Changes.

Once again, the "Mars Ruling" was upheld in the State Courts and gave the governing body of a particular community the right to choose it's Primary Ambulance Service especially if two or more ambulance services are located within the confines of the same governing body. The selected ambulance service, such as ours, had to have it's Mutual Aid Agreements approved by the governing body and then sent to the local PSAP (Luzerne County Communication Center) for implementation.

This same Mutual Aid Agreement could not go against our licensure requirements, so that the closet available back up was utilized.

Once again, we must reiterate that allowing the PSAP to arbitrarily decide who they deem to be the most appropriate, opens the door to the call jumping tactics of the "for profit" company. Ms. Sharon Bartenope



VALLEY EMERGENCY AMBULANCE ASSOCIATION

P. O. Box 1018

Conyngham, Pennsylvania 18219

of Valley Emergency Ambulance made you aware of the unethical practices of some "for profit" companies in the Hazleton Area about one year ago. The proposed changes to the PSAP would compound a problem we already experienced as difficult to correct or remedy within our community.

We firmly believe that if the Primary Ambulance Service has an excellent record of timely response to emergencies within it's coverage area and utilizes the closest (mileage-wise) back up service, then the proposed changes should not be implemented.

Again, we believe that the "Mars Ruling" supercedes any and all changes in this area, however we ask that concerned volunteer companies such as ours be given the opportunity to continue to serve our respective communities without the outside influence of "for profit" companies.

We greatly appreciate the opportunity to respond to these concerns and would appreciate your expeditious attention and reply.

Respectfully,

Gene Stish, EMT
Co-Captain, Valley Emergency Amb Assoc.

Lee V. Rosato, EMT-P
President, Valley Emergency Amb Assoc.

Cc: Rep. David Argall
Rep. Todd Eachus

Samuel E. Long, MD
212 Deer Run Road
Hollidaysburg, PA 16648
814-942-7893

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Ms. Margaret E. Trimble, Director
Emergency Medical Services Office
Department of Health
1027 Health & Welfare Building
PO Box 90
Harrisburg, PA 17108

March 9, 1999
Ref: Amendment to
28 PA code pt. 7
Chapt. 1001
Subchapt. A
Section 1001.2
Board Certification p. 919

Dear Ms. Trimble:

Please find enclosed a letter which I will be sending to several representatives for their consideration.

Your consideration in this matter will also be appreciated.

Thank you for your time.

Sincerely,



Samuel E. Long, MD

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99 MAR 18 AM 9:28
HEALTH PROFESSIONAL
REVIEW COMMISSION

I am writing regarding the proposed amendments to 28PA. code part VII(relating to emergency medical services) as published in the Pa. Bulletin, vol. 29, # 7 part II dated 2-13-99, in reference to the proposed definition of "Board Certification".

I am residency trained and board certified in Family Practice which is a broad based specialty encompassing many different subspecialty groups including training in emergency medicine .Emergency medicine residencies are also broad based and include training in family practice and these two specialties have many rotations that overlap. I have been successfully and effectively working in emergency medicine since completing my residency 10 years ago and keep myself current and up to date via journals, conferences and continuing medical education courses.

When I finished my residency in 1989, the "Practice Track"(which allowed physicians not residency trained in E.M. to be "Grandfathered" in and allowed to sit for the ABEM certification) was not be available to me. There are probably 50% of the ABEM certified physicians that are NOT residency trained in E.M. working in emergency rooms today.

Presently, there is a class action law suit against ABEM , requesting that the door be reopened to allow non E.M. residency trained physicians to be allowed to sit for their boards, just as those who had been "Grandfathered" in were allowed to do.

Osteopathic physicians were forced to develop their own board certification for emergency medicine, since they too were excluded from being allowed to sit for the ABEM exam.

Board certification in emergency medicine, as well as other specialties, is also available through the **American Association of Physician Specialties(AAPS)**, an organization that has been incorporated since 1952. It was established to provide a clinically recognized mechanism for specialty certification of physicians with advanced training. Recently I became certified through their Board of Certification in Emergency Medicine(**BCEM**).

With all of the recent issues surrounding managed care and their requirements, it's only a matter of time before they require all of their physicians working for them to be board certified. Thus it becomes a matter of professional as well as financial survival. Additionally, obtaining and keeping jobs as well as promotions and salary increases will most likely be based on board certification.

I have been working in emergency medicine for the past ten years and enjoy what I do. I plan to continue doing the same. I am competent at what I do and keep up with the latest information. I did not have to become boarded in emergency medicine, but I believe it is necessary for my survival. BCEM was my only option. I applied for and met their extensive requirements ie: (board certification in a primary care specialty, five years or more , full time, in emergency medicine, references from other E.M. boarded physicians and ten case presentations). Once allowed to sit, I passed both their extensive written exam as well as the vigorous oral exam. My preparation for this exam was intense and my

review sources were the same as those used for the ABEM exam. There were many references throughout the ABEM preparatory books and audio tapes simulating what the exam would be like. When I took the BCEM test I found it to be identical to what was described for the ABEM. I don't believe I would have passed the exam if I had not been so prepared. After this experience, I feel that the two exams are so similar that there should be no distinction between a BCEM and ABEM certified physician.

In closing, I am requesting that the Board Certification in Emergency Medicine (BCEM) exam as given by the American Association of Physician Specialist, be recognized as equivalent to the ABEM and the Osteopathic emergency medicine exams and request that the language in proposed Pa. code chapter 1001, subchapter A, section 1001.2 (definitions) be amended to include the AAPS.

Your consideration in this matter will be greatly appreciated by myself as well as the many other physicians who have chosen the AAPS for board certification.

Sincerely,



Samuel E. Long, M.D.



DuBois Regional Medical Center

Making the difference for life.

EMERGENCY DEPARTMENT

P.O. BOX 447

100 HOSPITAL AVENUE

DUBOIS, PA 15801

FAX # (814) 375-3472

FAX NUMBER: (717)-772-0910

TO: MS. MARGARET TRIMBLE / EMS OFFICE

FROM: J. McAndrew MD

DATE: 3/11/99

TIME:

PAGES SENT (including lead sheet): (4)

MESSAGE:

[Empty lines for message content]

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If you do not receive all of the pages in good condition, please call Joseph McAndrew, MD, at (814) 375-3420.

3770

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Nuremberg Community Ambulance Association

NUREMBERG, PA. 18241

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EMERGENCY MED. SVC.

P.O. BOX 47
NUREMBERG PA 18241
MARCH 09, 1999

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EMERGENCY MEDICAL SERVICES DEPARTMENT OF HEALTH
C/O MARGARET E. TRIMBLE- DIRECTOR
1027 HEALTH AND WELFARE BUILDING
P.O. BOX 90
HARRISBURG, PA 17108

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DEAR MARAGARET:

ENCLOSED YOU WILL FIND A LIST OF SUGGESTIONS
AND OBJECTION I WOULD LIKE TO MENTION FOUND IN THE PA BULLETIN
PUBLISHED FEBRUARY 13, 1999.

THE FIRST ONE I WOULD LIKE TO COMMENT ON
SUBCHAPTER C COLLECTION OF DATA AND INFORMATION. SECTION D. IT
STATES THAT YOU MUST SUBMIT A COPY OF THE TRIP SHEET WITHIN 24
HRS OF COMPLETION OF THE CALL. WHY WOULDN'T BE ALRIGHT IF THE
SQUADS WOULD MAKE A SO CALLED CHEAT SHEET THAT WOULD HAVE
ALL THE INFORMATION ON THAT YOU WOULD REQUIRE?. SOME PLACES
LIKE OUR SQUAD IS AT LEAST 20 MINS AWAY FROM A HOSPITAL IN ANY
GIVEN DIRECTION AND THAT WOULD REFRAIN VOLUNTEERS FROM
TAKING CALLS BECAUSE THEY WOULD HAVE TO MAKE A SPECIAL TRIP
BACK TO THE HOSPITAL TO DROP OFF THEIR PAPERWORK, AND IF YOU
FAX IT IS THAT LEGAL?. ALSO I WOULD SUGGEST THAT IF YOU WOULD
HAVE ALS ON BOARD THEIR CHART WOULD HAVE EVERYTHING IN IT
THAT BLS WOULD HAVE IN, AN ALS CHART SHOULD BE SUBMITTED THEN,
IF THE CALL WAS STRICTLY BLS THEN I WOULD SAY SUBMITTE THE BLS
CHART THEN. OR IF THE STATE COULD HAVE A COMPUTER IN THE
HOSPITAL THAT YOU COULD SEND THE TRIP SHEET OVER THE COMPUTER
RIGHT TO THE HOSPITAL WITH JUST THE TOUCH OF ONE KEY INSTEAD OF
MAKING ANY EXTRA TRIP.

ANOTHER OBJECTION I WOULD LIKE TO MENTION IS
LOCATED ON PAGE 949 IN REFERENCE TO THE ATTENDANTS. I STRONGLY
DISAGREE WITH THIS WHERE YOU STATE THAT BASICALLY THE DRIVER
OF THE TRUCK MUST BE AN FIRST RESPORNDER OR ADVANCED FIRST AID
IF YOU ONLY HAVE TWO PEOPLE ON THE TRUCK, IN THESE DAYS ITS
HARD ENOUGH TO TRY AND GET VOLUNTEERS TO JOIN LET ALONE TAKE
HOURS OF TRAINING. I THINK THAT IF THE DRIVER WAS TRAINED WITH

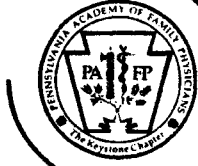
EVOC, CPR, BASIC FIRST AID, AND HAZ MAT R & I THAT SHOULD MAKE A LEGAL CREW. I AGREE WITH HAVING AN ATTENDANT IF YOU HAVE ONE AVAILABLE OF A SECOND MET. BUT IF YOU DON'T WHAT ARE YOU SUPPOSED TO DO SCRATCH THE CALL? SOME PLACES LIKE US FOR INSTANCE OUR CLOSET MUTUAL AID IS 12+ MINS AWAY IN ANY ONE GIVEN DIRECTION. IF THAT SQUAD TAKES 8 MINS TO CREW AND 12 MINS TO RESPOND YOU LOOKING AT 20+ MINS FOR THE NEXT DUE BLS, WHAT HAPPENS IN A CARDIAC ARREST SITUATION? THEY BECOME A CLASS 5. MANY PEOPLE I FEEL COULD DIE FROM THIS. I WOULD SUGGEST THAT THE STATES RECOMMENDS YOU HAVE A ATTENDANT THAT IS CERTIFIED AS A FIRST RESPONDER BUT YOU'D DONT REQUIRE IT OR REQUIRE WITH THE IF THE AMBULANCE ONLY HAS A DRIVER AND EMT THAT BEFORE THE NEXT DUE AMBULANCE WOULD BE DISPATCHED THAT THEY COULD GO INSERVICE AND HANDLE THE CALL, AND IF SOMETHING WOULD HAPPEN IT WOULD FALL BACK ON THE AMBULANCE ASSOCIATION, OR ANYOTHER THING IF THE AMBULANCE WOULD HAVE A DESIGNATED QRS FOR THEIR COVERAGE AREA THAT THEY COULD RESPOND WITH JUST THE DRIVER AND EMT.

ANOTHER THING I WOULD LIKE TO COMMENT ON IS WHY THE STATE SAYS THAT A 16YR. OLD EMT MUST RUN WITH A SENIOR EMT (18YR OR OLDER) IF A 16YR. OLD AND A 35 YR. OLD TAKES THE SAME EMT CLASS AND PASSES WHY CANT HE RUN BY HIMSELF OR HERSELF? I WOULD LIKE TO SUGGEST THAT A 16 YR OLD CAN RUN BY HIMSELF AS AN EMT IF THE AMBULANCE WAS READY TO SCRATCH A CALL. I WOULD SAY TO SET UP A TIME PERIOD MAYBE 6 MONTHS WHERE HE WOULD HAVE TO RUN WITH A SENIOR EMT AND THEN LET IT UP TO THE AMBULANCE IF HE/SHE SHOULD RUN BY HIMSLEF/HERSELF AND IF ANYTHING WOULD HAPPEN THEN IT WOULD FALL BACK ON THE AMBULANCE ASSOCIATION.

ANOTHER THING I FEEL THAT THE STATE SHOULD GET INVOLVED IN, IS IF ANOTHER SERVICE JUMPS A CALL ON ANOTHER SERVICE(2ND SERVICE HEARD THE CALL, AND WAS NEVER DISPATCHED) THAT THE 2ND SQUAD SHOULD FIRST GET A WRITTEN WARNING, THEN THEIR LICENSE PUT ON PROBATION WITH A THIRD OFFENSE THAT THE STATE WOULD PULL THEIR LICENSE.

THESE ARE THE ONLY COMMENTS I HAVE I HOPE THAT THEY WILL HELP WITH ANY OF THE STATES DESCIONS THAT THEY MAKE. THANK YOU FOR YOUR TIME IN LISTENING TO US.

SINCERELY
David Demshock Jr
DAVID DEMSHOCK JR
CHIEF



PENNSYLVANIA ACADEMY OF FAMILY PHYSICIANS

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March 9, 1999

Margaret E. Trimble, Director
Emergency Medical Services Office
Department of Health
1027 Health & Welfare Building
P.O. Box 90
Harrisburg, PA 17108

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1999 MAR 10 11 09 AM '99
EMERGENCY MED. SVC.

Re: Emergency Medical Services Proposed Rulemaking;
29 Pa. Bulletin 903-967 (2/13/99)

Dear Ms. Trimble:

The Pennsylvania Academy of Family Physicians represents over 4,400 members. I write on behalf of the Academy to object to a particular provision of the Department of Health's proposed rulemaking relating to the Emergency Medical Services Act outlined in the February 13, 1999 *Pennsylvania Bulletin*.

Many family physicians serve as directors of hospital emergency departments, and as command physicians. The Academy is concerned about, and objects to, the Department of Health's new definition of "Board Certification" under proposed 28 Pa. Code § 1001.2 as it relates to emergency medicine board certification.

The Academy represents many family physicians who practice emergency medicine and who are certified by the Board of Certification in Emergency Medicine ("BCEM"). The regulation as proposed under § 1001.2, would exclude those family physicians Board Certified by BCEM. Some historical context will clarify the Academy's position.

A majority of experienced, well-trained and successful career emergency physicians practicing today are not allowed to sit for the American Board of Emergency Medicine ("ABEM") exam as the proposed regulations would require. ABEM, the designated American Board of Medical Specialties board in emergency medicine, closed its "practice track" pathway to exam eligibility in 1988. This closure has prevented in excess of 14,000 highly experienced emergency physicians from taking the ABEM exam nationwide, many of whom are Academy members. Based upon our research,

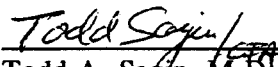
Margaret E. Trimble, Director
March 9, 1999
Page 2

this substantial group of emergency physicians has been denied access to the ABEM exam despite having equal, or better, academic and training backgrounds than the physicians who were granted access to the ABEM exam via the practice track. Interestingly, some of those physicians admitted to the ABEM practice track had not completed any formal emergency medicine residency or, in some cases, a residency in any field. This has resulted in antitrust litigation in the Western District of New York challenging the closure of the practice track. The litigation, however, is not the Academy's primary concern. The Academy's policy position focuses on ensuring quality of care, particularly in rural areas, to patients in emergency conditions. Further, the Academy's policy position seeks to secure equitable scope of practice rules for its physician constituency.

Although the EMS rules as drafted would not appear to prevent family physicians from being Command Physicians, the exclusion of the BCEM from recognition as a reputable "Board" would mean that diplomates of this examination were not recognized as "Emergency Medicine Board Certified", and would establish a precedent that could negatively affect other credentialing standards, such as hospital policies, medical staff privileges, and the Department of Health's upcoming licensure regulations under the Health Care Facilities Act.

For these reasons, the Academy opposes the overly restrictive definition of "Board Certified" *as it relates to emergency medicine*. The Academy respectfully requests the definition of "Board Certification" be expanded in the final regulations to include those family physicians certified by the Board of Certification in Emergency Medicine ("BCEM"). The Academy is prepared to provide any further information or analysis to facilitate the Department's revision in response to this important public policy issue. Thank you.

Sincerely,



Todd A. Sagin, M.D., J.D.
President

cc: Leo M. Hartz, M.D. - Chair, Public Policy Commission
John S. Jordan - Executive Vice President
Charles I. Artz, Esq. - General Counsel
John A. Nikoloff - Lobbyist

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REVENUE COMMISSION

CHARLES I. ARTZ & ASSOCIATES
Attorneys at Law
207 State Street
Harrisburg, PA 17101
(717) 238-9905
(717) 238-2443 (FAX)

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FAX COVER SHEET

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DATE: 3/9/99 TIME: 10 am

TO: Ann D'Amico

NUMBER OF PAGES (including this sheet): 7

FAX PHONE NUMBER: 772-~~6595~~ 6959

FROM: Charles I. Artz, Esq.

MESSAGE: Please review & call me re: meeting with
Lori Gephard. Thanks.

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OFFICE OF LEGAL COUNSEL

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by the telephone and return the original transmission to us at the above address via the U.S. Postal Service. Thank you.

CHARLES L. ARTZ & ASSOCIATES
ATTORNEYS AT LAW
207 STATE STREET
HARRISBURG, PA 17101

(717) 238-9905
FAX (717) 238-2443

January 18, 1999

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REVIEW COMMISSION

Ms. Molly Raphael
Deputy Secretary for Quality
Assurance and Health Planning
Pa. Department of Health
805 Health & Welfare Building
Harrisburg, PA 17108

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BUSH

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Re: Family Physicians as Emergency Department Directors;
Emergency Medical Services Revised Regulations

Dear Ms. Raphael:

As you know, I serve as general counsel to the Pennsylvania Academy of Family Physicians. Many of the Academy's physician members serve in hospital emergency departments. Numerous of those physicians have substantial education, training and experience in emergency medicine and are therefore serving as Emergency Department Directors.

The Department of Health is currently working on two sets of regulations (to our knowledge) affecting these Academy members. These include the Health Care Facility Licensure regulations and revised regulations under the Emergency Medical Services Act. Under both sets of draft regulations, there have been proposals in one form or another to exclude family physicians that have obtained Board certification from the Board of Certification in Emergency Medicine ("BCEM").

The Academy has taken a public policy position officially supporting its members who are BCEM certified. We prepared correspondence dated November 23, 1998 directed to Jim Steele outlining the Academy's legal position with public policy rationale. A copy of that correspondence under Academy President Dr. Todd Sagin's signature is enclosed for your review.

Subsequent to the submission of that letter, I contacted Jim to request a meeting on these issues. Jim advised me to formally request a meeting with you. I would envision a meeting not to exceed 45 minutes or an hour between you, Jim, staff members

Ms. Molly Raphael
January 18, 1999
Page 2

responsible for the regulatory drafting in relation to EMS and facility licensure, 2 or 3 of the Academy's physician members who are direct stakeholders (i.e., Emergency Department Directors in rural and inner-city areas), John Jordan (the Academy Executive Vice President) and myself.

Would you be kind enough to contact me with proposed dates and times to schedule such a meeting? On behalf of the Academy, I thank you in advance for your consideration and cooperation.

Sincerely,



Charles I. Artz

CIA/kr
Enclosure

cc: Todd A. Sagin, M.D., J.D. - PAFP President
Leo M. Hartz, M.D. - PAFP Public Policy Chair
John S. Jordan - PAFP Executive Vice President



RECEIVED

99 MAR 18 AM 9:26

121 W. 2ND AVENUE

STATE EMERGENCY
REVIEW COMMISSION

LATROBE, PA

15650 - 1098

724 / 537 • 1000

March 8, 1999

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Ms. Margaret Trimble, Director
Emergency Medical Services Office
Department of Health
1027 Health and Welfare Building
P.O. Box 90
Harrisburg, PA 17108

Dear Ms. Trimble:

I am an emergency medicine physician in Latrobe, Pennsylvania. I am board certified in Emergency Medicine by the American Association of Physician Specialists in this specialty. I endured two years of self study, a minimum of five years of clinical practice, and a rigorous three-day examination to prove my proficiency in emergency medicine.

Imagine my surprise and chagrin to learn that my boards are not recognized in Pennsylvania! However, amendments to 28 PA Code Part VII (Emergency Medical Services), proposed Chapter 1001, Subchapter A, Section 1001.2 (Definitions) change this to the betterment of emergency medical practices in this state.

Since my boards are not recognized in this state, I am not eligible to become ALS Medical Director, nor am I eligible to become director of my own department despite more than 20,000 hours of providing top-notch care to my patients and their families.

You can help me. Please include the American Association of Physician Specialists in the definition of accepted boards for this state. This Association is recognized almost everywhere else in the United States; it was established in 1950 to provide speciality certification of physicians.

A health care
organization of



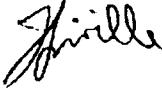
United to Improve
America's Health™

Ms. Margaret Trimble
Page 2
March 8, 1999

If I am not considered board certified, I must spend about \$1000 this year alone to update ACLS/ATLS certification. This is NOT required for ABEM/AAOS-certified physicians. I feel this is grossly unfair. If my association boarding is accepted by this state, then I can proceed with my career plans and not be required to maintain superfluous certifications.

Please consider amending PA Code Chapter 1001, Subchapter A, Section 1001.2 (Definitions) to include the American Association of Physician Specialists, Inc. Thank you.

Sincerely,



Terry Linville, M.D.

1000 11 13 10 01 9: 23 March 8, 1999

Ms. Margaret E. Trimble
Director
Emergency Medical Services Office
Department of Health
1027 Health and Welfare Building
P.O. Box 90
Harrisburg, PA 17108

EMERGENCY MED. SVC.

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RECEIVED
1000 11 13 10 01 9: 23

Dear Ms. Trimble:

I am writing to comment on proposed amendments to 28 PA. Code Part VII (relating to emergency medical services) as published in the Pennsylvania Bulletin, Volume 29, Number 7, Part II, dated February 13, 1999. My comment is directed to proposed Chapter 1001, Subchapter A, Section 1001.2 (Definitions) and the effects of the proposed definition of "Board Certification" (page 919 of proposed rulemaking).

Physician board certification has become an essential element in many instances of credentialing for the purposes of reimbursement, hospital and health care organizational accreditation, and physician staff membership. Medical specialty certification of physicians, however, remains a voluntary procedure in the United States. Some physicians have elected to seek formal recognition of their proficiency in their chosen field by presenting themselves for examination before specialty boards comprised of their professional peers. The definition of each specialty, in addition to the education and other requirements leading to acceptance into the certification process are developed by consensus within the medical profession. Specialty certification is separate and distinct from licensure.

I chose to present myself for the American Association of Physician Specialists, Inc. (AAPS) affiliated Board of Certification in Emergency Medicine because of their commitment to preserving and encouraging the quality and integrity of Emergency Medicine through the recognition of practice experience, in my case over ten years. Additionally, the AAPS has set standards that exceed those set by the American Board of Emergency Medicine (ABEM) in their own practice track physicians, many of whom are working in Pennsylvania today. Another critical consideration is that (AAPS) continues to offer the practice track which the (ABEM) has since discontinued, thereby denying access to many qualified physicians that represent a number of under served rural and urban areas. This move by the (ABEM) was designed to limit opportunity to physicians not in their system and has served to significantly increase Emergency Department physician salaries, further burdening under served areas.

The proposed regulatory language will affect my practice directly by loss of job as ALS medical director in a small rural hospital, a position which I have very successfully held for the past 8 years.

The Department seeks to define "board certification" in a manner that will exclude one private certifying body in preference to other private certifying bodies without having established criteria for recognition of certifying bodies. This preferential use of a particular board certifying organization has been recognized by the United States Congress. In a request to the U.S. General Accounting Office to conduct a study on the professional certification practices and requirements of federal agencies, James M. Talent, Chair of the House of Representatives Committee on Small Business, expressed concern that "diversity of certification has led, in some instances, to an informal system of preferences for one certification over another". The Chair further stated that "these preferences often occur without any objective justification". This is an important issue because these certifications are often a prerequisite for federal or state contracting opportunities or a requirement for compliance with regulations and guidelines.

Representative Robert Stump, Chair of the House Committee on Veterans' Affairs, had similar concerns regarding the Department of Veteran Affairs and their recognition of particular board certifying organizations. He was most interested in what criteria were used to evaluate the two organizations the Department of Veteran Affairs chose to recognize in an informational letter (IL 10-97-031 dated August 12, 1997).

The American Association of Physician Specialists, Inc. (AAPS) is a national organization established in 1950 and incorporated in 1952 to provide a clinically-recognized mechanism for specialty certification of physicians with advanced training through an examination process. The AAPS is the administrative home for twelve Boards of Certification. Each AAPS affiliated board of certification has established criteria for examination development, examination validation, and candidate admission to the certification process. In recognition of the multiple mechanisms in the health care delivery system that continuously monitor physician performance (the fact that physicians must learn a substantial amount of medicine in a clinical practice setting; the difficulty of physicians in a particular cohort to enter approved residency training programs; the emerging importance of specialty certification in the health care delivery system; and the variety of career paths leading physicians to particular emphasis in their practice of medicine), AAPS-affiliated boards provide a measurable, objective mechanism to meet the accreditation requirements of the multitude of organizations involved in accreditation and health care delivery.

The Regional Emergency Medical Services Council of New York City, Inc. and the Regional Emergency Medical Advisory Committee of New York (REMAC) has recognized that the AAPS boards, in particular the Board of Certification in Emergency

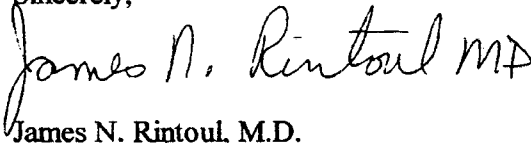
Medicine (BCEM) is equivalent to the American Board of Emergency Medicine (ABEM) and the American Osteopathic Board of Emergency Medicine (AOBEM). The New York REMAC determined, with the aid of counsel, that the examinations and requirements for admission to the certification process are equivalent, that there were no issues of quality of care provided by BCEM-certified individuals. The REMAC council further stated that, should the REMAC exclude BCEM-certified physicians, similarly certified ABEM physicians (those certified via the practice track) would also have to be excluded.

Even though the General Provisions of the Proposed Rulemaking provide that reference to specific certifying bodies would not preclude the Department from considering persons with certifications by other private certifying bodies, the effect of the proposed language in the regulation will effectively exclude a cohort of physicians from participation in the Pennsylvania emergency medical system. Many private organizations, hospital, health care insurers, managed-care organizations, and others generally follow the regulations established by the local governmental body. As such, many of these organizations will exclude those physicians certified by one of the American Association of Physician Specialists, Inc. (AAPS) affiliated boards of certification thinking that they are in compliance with State Regulations.

Therefore, we request that the language in proposed PA. Code Chapter 1001, Subchapter A, Section 1001.2 (Definitions) be amended to include the American Association of Physician Specialists, Inc.

In the alternative our organization is prepared and willing to work with the Department of Health and the Emergency Medical Services Office in reaching appropriate criteria for recognition of boards of certification, and amending the language of the proposed regulation.

Sincerely,



James N. Rintoul, M.D.
Director of Emergency Medicine
Fulton County Medical Center
216 S. First Street
McConnellsburg, PA 17233
Telephone/Fax: (717)-266-0303

David Bronstein, D.O.
Richard H. Jeffries, D.O.
Professional Association

David Bronstein, D.O., F.A.C.O.I.
Richard H. Jeffries, D.O., F.A.C.O.I.
Scott G. Barnes, D.O., F.A.A.O.I.
Ernest J. Davis, Jr., D.O., F.A.A.O.I.
David P. Chernicoff, D.O., F.A.C.O.I.
Neil D. Belman, D.O.

Internal Medicine
Internal Medicine
Hematology-Oncology
Infectious Diseases
Hematology-Oncology
Hematology-Oncology

4830 Londonderry Road
Harrisburg, PA 17109-5240
Tele (717) 657-2595 Fax (717) 657-3091

Email: BronJeffPA@aol.com

850 Walnut Bottom Road
Suite A-1, Carlisle, PA 17013-3698
Tele (717) 243-4002 Fax (717) 243-3287

March 8, 1999

Mr. John R. McGinley, Jr., Esq.
Independent Regulatory Review Commission
14th Floor
333 Market Street
Harrisburg, PA 17101

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99 MAR 10 AM 8:47
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Dear Mr. McGinley:

I am writing to comment on proposed amendments to 28 PA Code Part VII (relating to emergency medical services) as published in the Pennsylvania Bulletin, Volume 29, Number 7, Part II, dated February 13, 1999. My comment is directed to proposed Chapter 1001, Subchapter A. Section 1001.2 (Definitions) and the effects of the proposed definition of "Board Certification: (page 919 of proposed rulemaking).

Physician board certification has become an essential element in many instances of credentialing for the purposes of reimbursement, hospital and health care organizational accreditation, and physician staff membership. Medical specialty certification of physicians, however, remains a voluntary procedure in the United States. Some physicians have elected to seek formal recognition of their proficiency in their chosen field by presenting themselves for examination before specialty boards comprised of their professional peers. The definition of each specialty, in addition to the education and other requirements leading to acceptance into the certification process are developed by consensus within the medical profession. Specialty certification is separate and distinct from licensure.

I chose to present myself for the American Association of Physician Specialists, Inc. (AAPS) affiliated Board of Certification in Internal Medicine because this organization is recognized by ACCME (American College of Continued Medical Education), whereas the osteopathic boards are not recognized.

The Department seeks to define "board certification" in a manner that will exclude one private certifying body in preference to other private certifying bodies without having established criteria for recognition of certifying bodies. This preferential use of a particular board certifying organization has been recognized by the United States Congress. In a request to the U.S. General Accounting Office to conduct a study on the professional certification practices and

requirements of federal agencies, James M. Talent, Chair of the House of Representatives Committee on Small Business, expressed concern that "diversity of certification has led, in some instances, to an informal system of preferences for one certification over another." The Chair further stated that "these preferences often occur without any objective justification." This is an important issue because these certifications are often a prerequisite for federal or state contracting opportunities or a requirement for compliance with regulations and guidelines.

Representative Robert Stump, Chair of the House Committee on Veterans' Affairs, had similar concerns regarding the Department of Veteran Affairs and their recognition of particular board certifying organizations. He was most interested in what criteria were used to evaluate the two organizations the Department of Veteran Affairs chose to recognize in an informational letter (IL 10-97-031 dated August 12, 1997).

The American Association of Physician Specialists, Inc. (AAPS) is a national organization established in 1950 and incorporated in 1952 to provide a clinically-recognized mechanism for specialty certification of physicians with advanced training through an examination process. The AAPS is the administrative home for twelve Boards of Certification. Each AAPS affiliated board of certification has established criteria for examination development, examination validation, and candidate admission to the certification process. In recognition of the multiple mechanisms in the health care delivery system that continuously monitor physician performance (the fact that physicians must learn a substantial amount of medicine in a clinical practice setting; the difficulty of physicians in a particular cohort to enter approved residency training programs; the emerging importance of specialty certification in the health care delivery system; and the variety of career paths leading physicians to particular emphasis in their practice of medicine), AAPS-affiliated boards provide a measurable, objective mechanism to meet the accreditation requirements of the multitude of organizations involved in accreditation and health care delivery.

The Regional Emergency Medical Services Council of New York City, Inc. and the Regional Emergency Medical Advisory Committee of New York (REMAC) has recognized that the AAPS boards in particular the Board of Certification in Emergency Medicine (BCEM) is equivalent to the American Board of Emergency Medicine (ABEM) and the American Osteopathic Board of Emergency Medicine (AOBEM). The New York REMAC determined, with the aid of counsel, that the examinations and requirements for admission to the certification process are equivalent, that there were no issues of quality of care provided by BCEM-certified physicians, similarly certified ABEM physicians (those certified via the practice track) would also have to be excluded.

Even though the General Provisions of the Proposed Rulemaking provide that reference to specific certifying bodies would not preclude the Department from considering persons with certifications by other private certifying bodies, the effect of the proposed language in the regulation will effectively exclude a cohort of physicians from participation in the Pennsylvania emergency medical system. Many private organizations, hospital, health care insurers, managed-care organizations, and others generally follow the regulations established by the local governmental body. As such, many of these organizations will exclude those physicians


Page Three
03/08/99

certified by one of the American Association of Physician Specialists, Inc. (AAPS) affiliated boards of certification thinking they are in compliance with State Regulations.

Therefore, we request that the language in proposed PA. Code Chapter 1001, Subchapter A. Section 1001.2 (Definitions) be amended to include the American Association of Physician Specialists, Inc.

In the alternative our organization is prepared and willing to work with the Department of Health and the Emergency Medical Services Office in reaching appropriate criteria for recognition of boards of certification, and amending the language of the proposed regulation.

Sincerely,



Scott G. Barnes, D.O.
Hematology/Oncology

SGB/paa



House Majority Brody
 Minority IRRC
Senate Majority EMS Dir.
 Minority

Hazleton Chapter
1999 MAR -0 7 21 North Church St., STE 1
Hazleton, PA 18201-6287
(717) 455-9517
EMERGENCY MED. SVC.

Margaret E. Trimble
Director, Emergency Medical Services Office
Department of Health
1027 Health & Welfare Building
P. O. Box 90
Harrisburg, PA 17108
March 5, 1999

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99 MAR 12 AM 8:30
REVIEW COMMISSION

Dear Ms. Trimble,

This letter is in regard to the Pennsylvania Bulletin Volume 29, Number 7, Proposed Rulemaking [28PA. Code CHS. 1001, 1003, 1005, 1007, 1009, 1011, 1013 and 1015] Emergency Medical Services. Acting as liaison to the Pennsylvania Emergency Health Services Council (PEHSC) on behalf of the American Red Cross (ARC) - PA Chapters we have reviewed this proposal.

ARC - PA Chapters accept and totally endorse these concepts as written in this February 13, 1999 document. We also appreciate the opportunity for comment and the open line of communication that has been established through our involvement with the PEHSC.

To date, the ARC Emergency Response course has provided quality comprehensive first responder level training for many individuals. This is an excellent opportunity to reemphasize the fact that the 1997 revision of Emergency Response exceeds the 1995 National Standard Curriculum (NSC) for First Responders. In addition to the core curriculum, the program has multiple optional and enrichment lessons. In reference to a correspondence received by your office dated July 9, 1997, all Emergency Response courses conducted include these lessons, as they were all part of the original program. (Designation as an enrichment or optional lesson indicates areas that exceed the NSC.)

It is truly a pleasure working with the PEHSC staff and committees. If you have any questions or require further information, please feel free to contact:

Elaine D. Nicolardi, LPN, NRFFI
Director, Health & Safety Services
Hazleton Chapter
21 N. Church St., STE 1
Hazleton, PA 18201-6287

Sincerely,

Elaine D. Nicolardi
ARC Liaison to PEHSC

Paul A. LeVan, Jr.
Lebanon County Chapter

cc: Richard D. Flinn, Jr., Executive Director PEHSC

DEBRA K. HERMANY, D.O.

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1077 MAR -2 99 MAR 78 AM 9:26

EMERGENCY MED. SVC. BOARD
PERMIT COMMISSION

BOARD CERTIFICATION IN EMERGENCY MEDICINE
199 DOCK STREET
SCHUYLKILL HAVEN, PENNSYLVANIA 17972-1208
U.S.A.

Phone (570) 385-2487
Fax (570) 385-8299
Email rondo@sunlink.net

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March 07, 1999

Ms. Margaret E. Trimble
Director
Emergency Medical Services Office
Department of Health
1027 Health and Welfare Building
P.O. Box 90
Harrisburg, Pennsylvania 17108

Dear Ms. Trimble,

I am writing to comment on proposed amendments to 28 PA. Code Part VII (relating to emergency medical services) as published in the Pennsylvania Bulletin, Volume 29, Number 7, Part II, dated February 13, 1999. My comment is directed to proposed Chapter 1001, Subchapter A, Section 1001.2 (Definitions) and the effects of the proposed definition of "Board Certification" (page 919 of proposed rulemaking).

Physician board certification has become an essential element in many instances of credentialing for the purposes of reimbursement, hospital and health care organizational accreditation, and physician staff membership. Medical specialty certification of physicians, however, remains a voluntary procedure in the United States. Some physicians have elected to seek formal recognition of their proficiency in their chosen field by presenting themselves for examination before specialty boards comprised of their professional peers. The definition of each specialty, in addition to the education and other requirements leading to acceptance into the certification process are developed by consensus within the medical profession. Specialty certification is separate and distinct from licensure.

I chose to present myself for the American Association of Physician Specialists, Inc. (AAPS) affiliated Board of Certification in Emergency Medicine because they represent the same ideals in emergency medicine for which I stand, they are comprised of both allopathic and osteopathic physicians rather than subdivided as MD vs DO, and there is a constant involvement in the forefront of issues directly affecting my practice as a physician for which AAPS is there to help mold the pathes of these issues.

The proposed regulatory language will affect my 12 years of Emergency Medicine practice in the future directly by 1)changing my status as an Emergency Medical Command physician for the institutions in which I work, 2) I will loose my status as Medical Director of the Hamburg Basic Life Support Emergency Medical Services and soon to be Advanced Life Support Services, and 3) my livelihood as an Emergency physician in the State of Pennsylvania.

The Department seeks to define "board certification" in a manner that will exclude one private certifying body in preference to other private certifying bodies without having established criteria for recognition of certifying bodies. This preferential use of a particular board certifying organization has been recognized by the United States Congress. In a request to the U.S. General Accounting Office to conduct a study on the professional certification practices and requirements of federal agencies, James M. Talent, Chair of the House of Representatives Committee on Small Business, expressed concern that "diversity of certification has led, in some instances, to an informal

system of preferences for one certification over another." The Chair further stated that "these preferences often occur without any objective justification." This is an important issue because these certifications are often a prerequisite for federal or state contracting opportunities or a requirement for compliance with regulations and guidelines.

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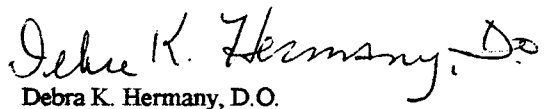
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Even though the General Provisions of the Proposed Rulemaking provide that reference to specific certifying bodies would not preclude the Department from considering persons with certifications by other private certifying bodies, the effect of the proposed language in the regulation will effectively exclude a cohort of physicians from participation in the Pennsylvania emergency medical system. Many private organizations, hospital, health care insurers, managed-care organizations, and others generally follow the regulations established by the local governmental body. As such, many of these organizations will exclude those physicians certified by one of the American Association of Physician Specialists, Inc. (AAPS) affiliated boards of certification thinking that they are in compliance with State Regulations.

Therefore, we request that the language in proposed PA. Code Chapter 1001, Subchapter A, Section 1001.2 (Definitions) be amended to include the American Association of Physician Specialists, Inc.

In the alternative our organization is prepared and willing to work with the Department of Health and the Emergency Medical Services Office in reaching appropriate criteria for recognition of boards of certification, and amending the language of the proposed legislation.

Sincerely yours,


Debra K. Hermany, D.O.

Kim Garner

From: dbreif@acsworld.net
Sent: Saturday, March 06, 1999 8:47 PM
To: irrc@irrc.state.pa.us
Subject: PROPOSED PENNSYLVANIA DEPARTMENT OF HEALTH AMENDMENTS

Ms. Margaret E. Trimble
Director
Emergency Medical Services Office
Department of health
1027 Health and Welfare Building
P.O. Box 90
Harrisburg, PA 17108
(71)787-8740

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FEDERAL COMMISSION
99 MAR -8 AM 9:28
PERMITTED

Dear Ms. Trimble:

I am writing to comment on proposed amendments to 28 PA. Code Part VII (relating to emergency medical services) as published in the Pennsylvania Bulletin, Volume 29, Number 7, Part II, dated February 13, 1999. My comment is directed to proposed Chapter 1001, Subchapter A, Section 1001.2 (Definitions) and the effects of the proposed definition of "Board Certification" (page 919 of proposed rulemaking).

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I chose to present myself for the American Association of Physician Specialists, Inc. (AAPS) affiliated Board of Certification in Emergency Medicine because they allowed me to sit for their board based upon a practice track and demonstrated competence by chart review as well as oral and written board review process.

The proposed regulatory language will affect my practice directly by affecting my ability to continue as the ALS service medical director for Lewistown Hospital as well as my future employability in my chosen profession.

The Department seeks to define "board certification" in a manner that will exclude one private certifying body in preference to other private certifying bodies without having established criteria for recognition of certifying bodies.

The American Association of Physician Specialists, Inc. (AAPS) is a national organization established in 1950 and incorporated in 1952 to provide a clinically-recognized mechanism for specialty certification of physicians with advanced training through an examination process. The AAPS is the administrative home for twelve Boards of Certification. Each AAPS affiliated board of certification has established criteria for examination development, examination validation, and candidate admission to the certification process. In recognition of the multiple mechanisms in the health care delivery system that continuously monitor physician performance (the fact that physicians must learn a substantial amount of medicine in a clinical practice setting; the difficulty of physicians in a particular cohort to enter approved residency training programs, the emerging importance of specialty certification in the health care delivery system; and the variety of career paths leading physicians to particular emphasis in their practice of medicine), AAPS-affiliated

boards provide a measurable, objective mechanism to meet the accreditation requirements of the multitude of organizations involved in accreditation and health care delivery.

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from considering persons with certifications by other private certifying bodies, the effect of the proposed language in the regulation will effectively exclude a cohort of physicians from participation in the Pennsylvania emergency medical system. Many private organizations, hospital, health care insurers, managed-care organizations, and others generally follow the regulations established by the local governmental body. As such, many of these organizations will exclude those physicians certified by one of the American Association of Physician Specialists, Inc. (AAPS) affiliated boards of certification thinking that they are in compliance with State Regulations.

Therefore, I request that the language in proposed PA. Code Chapter 1001, Subchapter A, Section 1001.2 (Definitions) be amended to include the American Association of Physician Specialists, Inc.

In the alternative our organization is prepared and willing to work with the Department of Health and the Emergency Medical Services Office in reaching appropriate criteria for recognition of boards of certification, and amending the language of the proposed regulation

Sincerely,

Daniel S. Reifsnyder MD FAAFP
8 Summit Manor
Lewistown, PA 17044
717 248 9572



Titusville Area Hospital

RECEIVED

99 MAR 18 AM 9:29

COMMUNICATIONS DIVISION

March 5, 1999

EMERGENCY MED. SVC.

1999 MAR 12 PM 9:42

**Pennsylvania Department of Health
Emergency Medical Services Office
1027 Health and Welfare Building
P.O. Box 90
Harrisburg, PA 17108**

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Attention: Margaret E. Trimble, Director

Subject: Comments on Proposed Rulemaking, Department of Health, Emergency Medical Services

Dear Ms. Trimble:

We have carefully reviewed the Proposed Rulemaking for Emergency Medical Services dated February 13, 1999 and would present the following comments for your consideration before the publishing of a final rule:

**Subchapter G, 1001.121
(14) (page 928)**

As written in the proposed rules, the second sentence of this section does not make sense. This is probably a typographical error.

**Chapter 1005
1005.1(c) (1) (page 946)**

As written, this proposed rule defines a "mobile intensive care unit vehicle".

This section should be used to define an "ALS ambulance". Use of the term "ALS Ambulance" would be consistent with other definitions in the section, and would much more accurately describe the unit.

Regulations, both current and proposed, strictly limit equipment, medications, and scope of practice relating to what procedures may be performed by a licensed ambulance service.

Except in the context of interfacility transfers, an ambulance may not use or even possess an IV infusion pump. A modern, legally, equipped ALS ambulance does not remotely resemble even the most "basic" intensive care unit in a health care context.

The labeling of an ambulance that does not have the capability of performing a 12 lead electrocardiogram, do any invasive monitoring whatsoever, and is not even required to carry pulse oximetry equipment, as a "mobile intensive care unit", is certainly incorrect, if not deceptive to the general public.

406 West Oak Street
Titusville, Pennsylvania 16354
(814) 827-1851

**Section 1005.10
(3) (page 949)**

This section requires that ambulance services ensure that ambulance drivers are "responsible person" and lists what constitutes a "responsible person".

Section (vii) describes specific violations of the motor vehicle code that should be considered in prohibiting a person from being a "responsible person" (Conviction of DUI and Reckless Driving).

It seems more appropriate that the ambulance service be required to review the overall motor vehicle driving record of an individual to help determine if the person is a "responsible person". While a conviction of reckless driving may be an indication of a problem, I feel that violations of other sections of the vehicle code, (leaving the scene of an accident, homicide by motor vehicle for example) or a combination of multiple violations are also valuable in evaluation of a person to be entrusted with driving an ambulance in the Commonwealth.

The proposed requirement for a repeat of an approved Emergency Vehicle Operators course should be reviewed for validity based on the current course content.

New, unnumbered section titled "Communicating with PSAP" (page 950)

This section is an improvement over previously proposed Rules. A requirement for the development of a policy by each licensed ambulance service to request that the primary PSAP for the area involved dispatch according to a preplan when a service does not make any response to a call for its service should be added.

The Proposed Rules and Regulations version published on February 13, 1999 are a marked improvement over the previous draft published on April 01, 1998. The continuing review and revision and final publication these new Rules will enhance EMS in the Commonwealth of Pennsylvania.

Sincerely,



**William C. Wingo
Manager
EMS Department**

CC: Richard Flinn, PEHSC

House Majority Brody
 Minority IRRC
Senate Majority EMS Dir.
 Minority

3-5-99

Ronald W. Gregory DO
193 Stonehedge Rd.

Hollidaysburg, PA 16648

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99 MAR 12 AM 8:30

1999 MAR -3 PM 9:30

INDEPENDENT REGULATORY
REVIEW COMMISSION

DIVISION OF
EMERGENCY MED. SVC.

Ms. Margaret E. Trimble

Director

Emergency Medical Services Office
Department of Health

ORIGINAL: 2003

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Dear Ms Trimble,

I have recently become aware of the opportunity for comment on the proposed amendments to 28 PA Code Part VII relating to Emergency Medical Services.

As a practicing emergency medicine physician at Conemaugh Hospital Level II trauma facility I am requesting that AAPS-affiliated Boards of Certification be included in the Act's Definitions section.

I am boarded by AAPS (American Association of Physician Specialists) in emergency medicine. I strongly believe it a fact to fact comparison was made of AAPS board certification requirements and current requirements of any other certifying board, AAPS would be found to be equivalent if not higher than other boards.

Please consider this request.

Sincerely, Ronald W. Gregory DO



House Majority Brody
 Minority IRRC
Senate Majority EMS Dir.
 Minority

1999 MAR -5 PM 9:26

DEPT. OF
EMERGENCY MED. SVC.

Ms. Margaret E. Trimble
Director
Emergency Medical Services Office
Department of Health
1027 Health and Welfare Building
P.O. Box 90
Harrisburg, PA 17108
(717) 787-8740

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RECEIVED
99 MAR 12 AM 8:30
HARRISBURG
PENNSYLVANIA
DEPARTMENT OF HEALTH

Dear Ms. Trimble:

I am writing to comment on proposed amendments to 28 PA. Code Part VII (relating to emergency medical services) as published in the Pennsylvania Bulletin, Volume 29, Number 7, Part II, dated February 13, 1999. My comment is directed to proposed Chapter 1001, Subchapter A, Section 1001.2 (Definitions) and the effects of the proposed definition of "Board Certification" (page 919 of proposed rulemaking).

Physician board certification has become an essential element in many instances of credentialing for the purposes of reimbursement, hospital and health care organizational accreditation, and physician staff membership. Medical specialty certification of physicians, however, remains a voluntary procedure in the United States. Some physicians have elected to seek formal recognition of their proficiency in their chosen field by presenting themselves for examination before specialty boards comprised of their professional peers. The definition of each specialty, in addition to the education and other requirements leading to acceptance into the certification process are developed by consensus within the medical profession. Specialty certification is separate and distinct from licensure.

The Department seeks to define "board certification" in a manner that will exclude one private certifying body in preference to other private certifying bodies without having established criteria for recognition of certifying bodies. This preferential use of a particular board certifying organization has been recognized by the United States Congress. In a request to the U.S. General Accounting Office to conduct a study on the professional certification practices and requirements of federal agencies, James M. Talent, Chair of the House of Representatives Committee on Small Business, expressed concern that "diversity of certification has led, in some instances, to an informal system of preferences for one certification over another." The Chair further stated that "these preferences often occur without any objective justification." This is an important issue because these certifications are often a prerequisite for federal or state contracting opportunities or a requirement for compliance with regulations and guidelines.

Ms. Margaret E. Trimble

Page 2.

Representative Robert Stump, Chair of the House Committee on Veterans' Affairs, had similar concerns regarding the Department of Veteran Affairs and their recognition of particular board certifying organizations. He was most interested in what criteria were used to evaluate the two organizations the Department of Veteran Affairs chose to recognize in an informational letter (IL 10-97-031 dated August 12, 1997).

The American Association of Physician Specialists, Inc. (AAPS) is a national organization established in 1950 and incorporated in 1952 to provide a clinically-recognized mechanism for specialty certification of physicians with advanced training through an examination process. The AAPS is the administrative home for twelve Boards of Certification. Each AAPS affiliated board of certification has established criteria for examination development, examination validation, and candidate admission to the certification process. In recognition of the multiple mechanisms in the health care delivery system that continuously monitor physician performance (the fact that physicians must learn a substantial amount of medicine in a clinical practice setting; the difficulty of physicians in a particular cohort to enter approved residency training programs; the emerging importance of specialty certification in the health care delivery system; and the variety of career paths leading physicians to particular emphasis in their practice of medicine), AAPS-affiliated boards provide a measurable, objective mechanism to meet the accreditation requirements of the multitude of organizations involved in accreditation and health care delivery.

The Regional Emergency Medical Services Council of New York City, Inc. and the Regional Emergency Medical Advisory Committee of New York (REMAC) has recognized that the AAPS boards, in particular the Board of Certification in Emergency Medicine (BCEM) is equivalent to the American Board of Emergency Medicine (ABEM) and the American Osteopathic Board of Emergency Medicine (AOBEM). The New York REMAC determined, with the aid of counsel, that the examinations and requirements for admission to the certification process are equivalent, that there were no issues of quality of care provided by BCEM-certified individuals. The REMAC council further stated that, should the REMAC exclude BCEM-certified physicians, similarly certified ABEM physicians (those certified via the practice track) would also have to be excluded.

Even though the General Provisions of the Proposed Rulemaking provide that reference to specific certifying bodies would not preclude the Department from considering persons with certifications by other private certifying bodies, the effect of the proposed language in the regulation will effectively exclude a cohort of physicians from participation in the Pennsylvania emergency medical system. Many private organizations, hospital, health care insurers, managed-care organizations, and others generally follow the regulations established by the local governmental body. As such, many of these organizations will exclude those physicians certified by one of the American Association of Physician Specialists, Inc. (AAPS) affiliated boards of certification thinking that they are in compliance with State Regulations.

Ms. Margaret E. Trimble
Page 3.

Therefore, we request that the language in proposed PA. Code Chapter 1001, Subchapter A, Section 1001.2 (Definitions) be amended to include the American Association of Physician Specialists, Inc.

In the alternative our organization is prepared and willing to work with the Department of Health and the Emergency Medical Services Office in reaching appropriate criteria for recognition of boards of certification, and amending the language of the proposed regulation.

Sincerely,



Lewis W. Marshall Jr., M.D., JD, FAAEP, FCLM
Chair, AAPS Liaison Committee

LWM:cs

cc: Ms. Cindy L. Warner
Pennsylvania State Board of Medicine
Ms. Gina K. Bittner
Pennsylvania State Board of Osteopathic Medicine
Ms. Jean Will, R.N.
Pennsylvania Health Services Council
Ms. Cynthia S. Ehlers
Emergency Health Services Federation, Inc.

PAOLI FIRE COMPANY

"Neighbor helping Neighbor since 1909"

House	<input type="checkbox"/> Majority	<input type="checkbox"/> Brody
	<input type="checkbox"/> Minority	<input type="checkbox"/> IRRRC
Senate	<input type="checkbox"/> Majority	<input type="checkbox"/> EMS Dir.
	<input type="checkbox"/> Minority	

Margaret E. Trimble, Director
 Emergency Medical Services Office
 Pennsylvania Department of Health
 1027 Health and Welfare Building
 P.O. Box 90
 Harrisburg, PA 17108

March 4, 1999
 ORIGINAL: 2003
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Re: Comments on Proposed Rules and Regulations
 Title 28. Chapters 1001-1013

Dear Ms. Trimble:

I wish to make comment on the draft of the Rules and Regulations, Title 28 of the PA Code, Chapters 1001-1013 to have been published in the PA Bulletin on February 13, 1999.

There are two major concerns with the current draft:

1. All Units Duty Roster (*cf.* §1005.10(d)(1)(iii))
2. EMT-Paramedic and Prehospital Registered Nurse scope of practice when performing as a crewmember on a BLS vehicle.
 - a. For the purposes of defining scope of authority.
 - b. For determining who is to handle patient management.

ALL UNITS DUTY ROSTER:

The wording of the §1005.10(d)(1)(iii) using the term "duty roster" is unclear. Giving the benefit of the doubt to the Ambulance Services, the phraseology, "are satisfied when", might be interpreted that this is but one of several options available for the purpose of meeting the requirement that the Service must show with reasonable certainty that minimum staffing standards will be met when an ambulance is requested. If the interpretation that a duty roster is the only option available, the subsection is too restrictive by not allowing alternative solutions.

A duty roster has not worked for the Paoli Fire Company for a number of years now. Crew only signed up until the last minute when they realize no personal plans would materialize. Crew "whited out" their signed commitment at the last minute when something else better came up. Either way, the duty roster system failed since it never provided an early or a firm commitment.

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 EMERGENCY MED. COMMISSION

Page 2

Margaret E. Trimble, Director

Re: Comments on Proposed Rules and Regulations

Title 28, Chapters 1001-1013

March 4, 1999

However, over the past several years for the Paoli Fire Company, less than 0.5% of the calls were missed due to a failure to meet the minimum staffing requirements. This small number is out of an annual 911-dispatched call volume totaling 800 to 900 calls. Such statistics probably cannot be topped by those having a working duty roster system.

Most EMTs I have spoken with will positively not sign a duty roster when such a roster becomes the subject of State Law requiring the crewmembers to "commit to being available" at the times designated. Not many volunteers will sign a duty roster as a legal document. Currently, where duty rosters are used, the crew members who miss a call when they have made a commitment, are subject to the personal shame for any additional harm caused the patient for failure to respond and are subject to rebuke by the local organization. Currently, crewmembers are not directly or indirectly in violation of State law for occasional oversights of their duty roster commitments.

Since this Subsection is listed as "All Units", the question arises when a service has more than one ambulance vehicle listed as available to respond with the PSAP. Does the use of the term, "All Units" suggest that a duty roster must be completed for all available units? To require anything less than a duty roster for all units listed as available would penalize those services having only one unit. A service with a single unit must have a duty roster for 100% of its units while larger services only must have a duty roster for 50% or less of their units.

For a volunteer fire company, which operates a BLS ambulance, does the duty roster commitment remove those members from being available to respond to fire calls for the time period committed?

The better approach here would be to set an outcome-based standard, leaving the precise methods for meeting the standard up to the Service. For example, wording similar to the following could be used:

Services which fail to respond, due to inability to meet the minimum staffing standards, to more than 1 % of their calls shall be considered for provisional licensure requiring the service to develop specific means to address the failure to respond.

Page 3

Margaret E. Trimble, Director

Re: Comments on Proposed Rules and Regulations
Title 28, Chapters 1001-1013

March 4, 1999

EMT-PARMEDIC AND PREHOSPITAL REGISTERED NURSE SCOPE OF PRACTICE WHEN PERFORMING AS A CREWMEMBER ON A BLS VEHICLE.

To most, it is obvious that the scope of practice of an EMT-Paramedic or Prehospital Registered Nurse is at the ALS level when all of the following are present:

1. Certified or Recognized as an EMT-Paramedic or Prehospital Registered Nurse. (*cf.* §1003.24, Title 28 of the PA Code, Chapters 1001-1013 and §1003.25b)
2. Granted Medical Command Authorization. (*cf.* §1003.24 and §1003.25b)
3. Providing Emergency Medical Services on behalf of the ALS ambulance service whose medical director has granted medical command authorization. (*cf.* §1003.28(a)).
4. Following the order of a medical command physician, or using Department approved transfer and medical treatment protocols as authorized by the ALS service medical director. (*cf.* §1003.24(d))

The component that is missing when Paramedics or Prehospital Registered Nurses staff a BLS unit (as permitted by 1005.10(d)(1)(i)) is number "3." above. Therefore, Paramedics and Prehospital Registered Nurses must limit their scope of practice to the BLS level when staffing BLS units. The Rules and Regulations do not specifically point this out; therefore, it becomes a matter of interpretation.

The Rules and Regulation also do not specifically state that Basic Life Support vehicle units must restrict the level of care to the EMT level. It has to be gleaned from the coming together of numerous subsections. Since the regulations do not have a specific statement to this effect, it too becomes a matter of interpretation. The minimum staffing requirement under §1005.10(d) *et seq.* delineates best what the difference is between a BLS and an ALS unit. Also, Subsection §1005.10(c)(3) lends credence to the interpretation that Paramedics and Prehospital Registered Nurses must restrict their level of EMS services performed, in that drugs may be carried on BLS units only when a physician is directly responsible for security, accountability administration and maintenance of the equipment and drugs (emphasis added).

Page 4

Margaret E. Trimble, Director

Re: Comments on Proposed Rules and Regulations

Title 28, Chapters 1001-1013

March 4, 1999

The failure of the rules and regulations to make all of this clear leaves some EMT-Paramedics and Prehospital Registered Nurses reluctant to serve as volunteers for BLS Ambulance Services for fear of being sued for not functioning at the ALS level.

The lack of a clarifying statement also causes confusion when EMT-Paramedics serve as a crew member on a BLS Ambulance as to who is most qualified to accompany the patient in the patient compartment. This has somewhat been resolved by the proposed deletion of §1005.10(d)(1)(i)(B), and the proposed new wording of §1005.10(d)(1)(i).

Also, confusion has arisen at multiple victim vehicular accidents where an EMT-Paramedic functioning at the BLS level as a crew member for a BLS Ambulance Service, feels he/she is in charge regardless of service rank, training and experience of the other BLS Ambulance service members present. This has somewhat been resolved by the proposed deletion of §1005.10(d)(2)(i), "Scene control" and the proposed new wording in §1005.10(f), "Patient management".

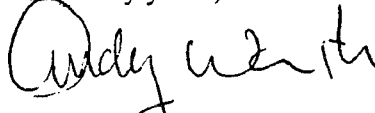
It is recommended that Subsections be added to §1003.24 and §1003.25b stating the following as a means of removing any possibility of a misinterpretation:

The scope of practice of an EMT-Paramedic or Prehospital Registered Nurse is at the BLS level whenever the EMT-Paramedic or Prehospital Registered Nurse is serving as a crewmember on a BLS vehicle or with a BLS Ambulance Service.

Thank you for the opportunity to make comment.

Please feel free to contact me at my daytime phone at 610-344-6238. My e-mail address is: wort101w@cdc.gov.

Sincerely yours,



Andrew Worth
Ambulance Captain

George Grof-Tisza, M. D., FAEP, BCEM

PO Box 771

Somerset, PA 15501

(814) 443-1085

March 4, 1999

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REGULATORY
REVIEW COMMISSION

EMERGENCY MED. SVC.

Ms. Margaret E. Trimble / Director
Emergency Medicine Services Office
Department of Health
1027 Health and Welfare Building
PO Box 90
Harrisburgh, PA 17108

House Majority Brody
 Minority IRRC
Senate Majority EMS Dir.
 Minority

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Dear Ms. Trimble:

I am writing to comment on proposed amendments to 28 PA. Code part VII (relating to emergency medicine services) as published in the Pennsylvania Bulletin, Volume 29, Number 7, Part II, dated February 13, 1999. My comment is directed to proposed Chapter 1001, Subchapter A, Section 1001.2 (Definitions) and the effects of the proposed definition of "Board Certification" (page 919 of proposed rulemaking).

I chose to present myself for the American Association of Physician Specialists, Inc. (AAPS) affiliated Board of Certification in Emergency Medicine, because although board certification is voluntary in the United States, there is increasing pressure on all physicians to complete this credentialing process. The boards of other certifying bodies were closed to me since they had closed their practice track years ago. The proposed regulatory language will affect my practice directly because I may be unable to practice emergency medicine.

This will also have a detrimental effect on under served areas. It is the small rural and inner city hospital that is served by physicians like myself. Narrowing the definition of "board certification" may very likely leave them without physicians.

Specialty certification is voluntary. It is distinctly separate from licensure. It is the formal recognition of a specialty board that a physician has reached proficiency in their chosen field. The definition of each specialty, in addition to the education and other requirements leading to the acceptance into certification is developed by consensus within the medical profession.

The Department seeks to define "board certification" in a way that will exclude one *private* certifying body in preference to other private certifying bodies without having established criteria for recognition of certifying bodies. The US Congress has requested the US General Accounting Office to study preferential use of a particular *private* certifying board to the exclusion of all others. The chair found that "these preferences often occur without any objective justification."

This is an important issue because these certifications are often prerequisites for federal or state contracting opportunities or a requirement for compliance with regulations and guidelines. Representative Robert Stump, Chair of the House committee on Veterans' Affairs, had similar

page 2

concerns regarding preferential treatment in their recognition of particular board certifying organizations. He was most interested in criteria used to evaluate the organizations. (Il 10-97-031 dated August 12, 1997).

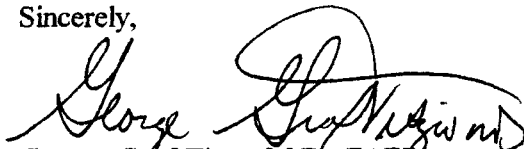
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The Regional Emergency Medical Services Council of New York City, Inc. and the Regional Emergency Medical Advisory Committee of New York (REMAC) has recognized the AAPS boards, in particular the Board of Certification in Emergency Medicine (BCEM) **is equivalent to the American Board of Emergency Medicine (ABEM) and the American Osteopathic Board of Emergency Medicine (AOBEM).** The New York REMAC determined, with the aid of counsel, **that the examinations and requirements for admission to the certification process are equivalent,** that there were no issues of quality of care provided by BCEM-certified individuals. The REMAC counsel further stated that, should REMAC exclude BCEM -certified physicians, similarly certified ABEM physicians (those certified via the practice track) would also have to be excluded.

Although the General Provision of the Proposed Rulemaking provide that reference to specific certifying bodies would not preclude the Department from considering persons with certifications by other private certifying bodies, the effect of the proposed language in the regulation will effectively exclude a cohort of physicians from participation in the Pennsylvania emergency medical system. Many private organizations, hospitals, health care insurers, managed-care organizations, and others generally follow the regulations established by the local governmental body. As such, many of these organizations will exclude those physicians certified by one of the American Association of Physician Specialists, Inc. (AAPS)-affiliated boards of certification thinking that they are in compliance with State Regulations.

Therefore, we request that the language in proposed PA. Code Chapter 1001, Subchapter A, Section 1001.2 (Definitions) be amended to include the American Association of Physician Specialists, Inc.

Sincerely,


George Grof-Tisza, M.D., FAEP

Mar-17-99 10:15A EMSRL

P.02



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 2829 University Ave Southeast, Suite 310
 Minneapolis, MN 55414-3222
 99 MAR 23 AM 8:54
 (612) 627-6000 (800) 747-2011 FAX (612) 627-6442 TTY (800) 627-3529
 REVIEW COMMISSION
 www.emsrlb.state.mn.us

Memo

ORIGINAL: 2003

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To: Interested Parties
From: Mary Hedges, Executive Director *MH*
Date: March 3, 1999
Re: Position Announcement – Regional Liaison

The Emergency Medical Services Regulatory Board is recruiting applicants for a newly established position as regional liaison. The position will be announced in the March 5 issue of *Minnesota Career Opportunities* (copy enclosed) and advertised in the March 7 issues of the *Minneapolis Star Tribune* and the *St. Paul Pioneer Press*.

Currently the position is established as follows.

Classification: State Programs Administrator Coordinator – Emergency Medical Services

Salary Range: \$42,888 - \$63,204

Location: Minneapolis, with statewide responsibilities

Prerequisites: Bachelors degree in health care, community health, organization management, or related area, and three years of professional experience in EMS administration.

Outline of Responsibilities:

- Organize and deliver program support to the eight designated regional EMS systems in order to ensure optimum statewide EMS systems and to foster cooperative working relationships among the regional systems and with the EMSRB.
- Direct the agency's federal EMS for Children (EMSC) grant program, coordinating efforts with the EMSC Resource Center and the U.S. Department of Health and Human Services.
- Implement a statewide plan for EMS data collection, managing communications with and disseminating information to the eight designated regional EMS systems.
- Perform other related duties as assigned.

Applications are due by **Friday, March 26**, and may be mailed, faxed or delivered to the Department of Employee Relations (DOER), 200 Centennial Office Building, 658 Cedar Street, Saint Paul, MN 55155-1603. DOER's fax number is (651) 296-8919.

State *Application for Employment* forms are available either from DOER or the EMSRB office, (612) 627-6000. Applicants are requested to attach a description of their qualifications in pre-hospital care, data collection and analysis, project development, grant administration, and contract development.

Mar-17-99 10:15A EMSRB

**STATE PROGRAMS ADMINISTRATOR COORDINATOR – EMERGENCY MEDICAL SERVICES \$20.54-30.27/hour;
\$42,888-63,204/year.**

Applications accepted through Friday, March 26, 1999. Current vacancy: Emergency Medical Services Regulatory Board, Minneapolis.

Organize and deliver program support to the eight designated regional EMS systems in the state to ensure optimum systems operation and to foster cooperative working relationships. Direct the agency's federal EMSC grant program, coordinating efforts with the EMSC Resource Center and the U.S. Department of Health and Human Services. Implement a statewide plan for EMS data collection, managing communications with and disseminating information to the regional EMS systems.

Selection process: To qualify and receive a score of 70, you must have:

- Bachelor's degree in Health Care, Community Health, Organization Management or related area; AND
- three years of relevant professional experience in emergency medical services administration.

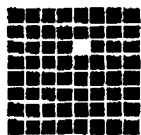
Please attach to your application or resume a description of your qualifications in each area (one page per area):

1. pre-hospital care;
2. data collection and analysis;
3. project development;
4. grant administration;
5. contract development.

Submit applications to: Department of Employee Relations, 200 Centennial Office Building, 658 Cedar Street, St. Paul, MN 55155-1603 or fax to (651) 296-8919.

Facsimile Cover Sheet

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PENNSYLVANIA ACEP

To: Margaret Trimble
Company: EMS Division
Phone:
Fax:

From: David Blunk
Company: PaACEP
Phone: 717-558-7750
Fax: 717-558-7841 or 7840

Date: 3-17-99
Pages including this cover page: 4

Comments:

PaACEP's comments regarding the Act 45 rules and regulations draft.



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Minneapolis, MN 55414-3222

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MINNESOTA EMERGENCY MEDICAL SERVICES
REVIEW COMMISSION

www.emsrb.state.mn.us

Memo

ORIGINAL: 2003

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To: Interested Parties
From: Mary Hedges, Executive Director *MH*
Date: March 3, 1999
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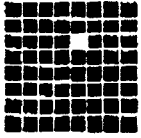
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4. grant administration;
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Submit applications to: Department of Employee Relations, 200 Centennial Office Building, 658 Cedar Street, St. Paul, MN 55155-1603 or fax to (651) 296-8919.

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PENNSYLVANIA ACEP

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99 MAR 23 AM 8:55
INVESTIGATIVE DIVISION
HARRISBURG, PA
REVIEW COLLECTION

To: Margaret Trimble
Company: EMS Division
Phone:
Fax:

From: David Blunk
Company: PaACEP
Phone: 717-558-7750
Fax: 717-558-7841 or 7840

Date: 3-17-99
Pages including this cover page: 4

Comments:

PaACEP's comments regarding the Act 45 rules and regulations draft.

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REVIEW COMMISSION

Susquehanna Township Emergency Medical Services
108 Short Street
Harrisburg, PA 17109
(717) 545-0842

Body IRRC EMS Dir.

Majority Minority Majority Minority

House Senate

March 2, 1999

Margaret E. Trimble
Director, Emergency Medical Services Office
Department of Health
1027 Health and Welfare Building
P.O. Box 90
Harrisburg, PA 17108

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EMERGENCY MED. SVC.
108 SHORT ST.
HARRISBURG, PA 17109

Dear Ms. Trimble:

Re: EMS Act Revisions

§ 1003.29, Continuing Education Requirements

(b)(1) Appears to state that a new EMT, during his/her first re-certification period must take at least 12 hours of continuing education in clinical areas. Presumably, in the following re-certification periods the requirement will be 24 hours in any approved course.

I understand that the VFIS Emergency Vehicle Driver Training and Education Program is being approved for 16 hours of continuing education credit.

While I fully understand the desirability of having people take and repeat driver education; I have to express my concern that an EMT can maintain his/her certification by satisfying 2/3 of the continuing education in non-clinical areas.

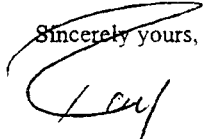
As an EMS manager, educator and volunteer, I am constantly exposed to people who perform few, if any clinical skills over the course of the year, yet retain their certification by attending a minimal amount of continuing education – which may bear no requirement for hands-on skill practice. In fact, the only skill which must be frequently demonstrated is CPR (AED being a company level renewal).

I would like to see more emphasis placed on refresher training programs that include a skill competency demonstration.

I fully understand the cry that adding more requirements to the job makes it difficult to find and retain volunteers and costs dollars for career services. On the other hand, this profession won't grow and improve as long as our standards are set so low. If we're going to commit to doing the job, let's gain and grow the skills to do it right!

Thank you for the opportunity to comment.

Sincerely yours,



Raymond J. Barth, NREMT
Operations Manager

House Majority Brody
 Minority IRRC
Senate Majority EMS Dir.
 Minority

Holy Redeemer Hospital and Medical Center
Department of Emergency Medicine

MAR 1 9 30
DIVISION OF
EMERGENCY MED. SVC
March 1, 1999

Ms. Margaret E. Trimble
Director
Emergency Medical Services Office
Department of Health
1027 Health and Welfare Building
P.O. Box 90
Harrisburg, PA 17108
(717) 787-8740

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Dear Ms. Trimble:

I am writing to comment on proposed amendments to 28 PA. Code Part VII (relating to emergency medical services) as published in the Pennsylvania Bulletin on 2/13/99. My comment is directed to proposed Chapter 1001, Subchapter A, Section 1001.2 and the effects of the proposed definition of "Board Certification".

Physician board certification has become more important for purposes of reimbursement, hospital and health care organizational accreditation, and physician staff membership.

I chose to present myself to the American Association of Physician Specialists, Inc. (AAPS) affiliated Board Certification in Emergency Medicine, because of its long history of providing meaningful accreditation for the specialty of Emergency Medicine.

The Regional Emergency Medical Advisory Committee of New York (REMAC), has recognized AAPS boards, in particular Board Certification in Emergency Medicine (BCEM), as equivalent to American Board of Emergency Medicine and the American Osteopathic Board of Emergency Medicine (AOBEM).

1648 Huntingdon Pike

Meadowbrook, PA 19046

215-938-2100

Holy Redeemer Hospital and Medical Center

Department of Emergency Medicine

Page 2

Even though the general provisions of the Proposed Rulemaking provide that reference to specific certifying bodies, the effect of the proposed language in the regulation will effectively exclude a well qualified cohort of physicians from participation in the emergency medical system. Many hospital, health care insurers and managed care organizations generally follow the guidelines of local government. Therefore, I request the language in proposed PA. Code Chapter 1001. Subchapter A, Section 1001.2 be amended to include the American Association of Physician Specialists, Inc.

I thank you for your consideration in this important matter.

Sincerely,



Perry Pitkow, M.D.

cc: Stewart J. Greenleaf
Frank A. Salvatore
Christine Tartaglione

Department of Health
Proposed Regulations (No. 10-143)
Amendments to Emergency Medical Services Regulations
28 Pa. Code Part VII

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COMMENT FORM FOR PROPOSED REGULATIONS
FEBRUARY 13, 1999

DEADLINE FOR COMMENTS: March 14, 1999

SECTION NUMBER: 1001.28

SECTION TITLE: Award + Admin of Funding PG # 905

COMMENT:

How would the EMSOF monies be utilized by the Council?
Was this done in the past? If not, why now?

RECOMMENDATION:

There should be specific terms/limitations applied to the
EMSOF monies received by the Council. I think the money
for the Council should come from sources other than
EMSOF.

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REVIEW COMMISSION

ALL comments will be responded to by the Department of Health and forwarded to the appropriate committees.

CONTACT PERSON Michael J. Sheedy, Manager
ORGANIZATION Yellow Breeches EMS, Inc.
ADDRESS PO Box 106 COUNTY Cumberland
CITY Mt. Holly Springs STATE PA ZIP CODE 17065 PHONE (717) 486-3833

RETURN TO: Pennsylvania Department of Health
Emergency Medical Services Office
P.O. Box 90
Harrisburg, PA 17108
FAX: 717-772-0910

Deadline: March 14, 1999

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Department of Health
Proposed Regulations (No. 10-143)
Amendments to Emergency Medical Services Regulations
28 Pa. Code Part VII

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COMMENT FORM FOR PROPOSED REGULATIONS
FEBRUARY 13, 1999

DEADLINE FOR COMMENTS: March 14, 1999

SECTION NUMBER: 1001.63 + 1001.64

SECTION TITLE: Quality Assurance PG# 906

COMMENT:

In the improvement of our own QA program we have found that some medical command facilities have cited patient confidentiality as a reason to not assist us in obtaining the information that we need. I believe that this is the case because we are not affiliated with the receiving facility and their risk management believes it could be held liable in some way.

RECOMMENDATION:

Inclusion of language that allows for the ability of EMS services to obtain patient information for quality assurance purposes.

ALL comments will be responded to by the Department of Health and forwarded to the appropriate committees.

CONTACT PERSON Michael Shreed Manager
ORGANIZATION Yellow Breeches EMS, Inc.
ADDRESS PO Box 106 COUNTY Cumberland
CITY Mt. Holly Springs STATE PA ZIP CODE 17065 PHONE (717) 486-3835

RETURN TO: Pennsylvania Department of Health
Emergency Medical Services Office
P.O. Box 90
Harrisburg, PA 17108
FAX: 717-772-0910
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- HRC
- EMSO Staff
- House (2)
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Yellow Breeches EMS, Inc.
 PO Box 108
 100 Chestnut Street
 Mount Holly Springs, Pa 17065
 E-Mail YBEMS90@aol.com
 (717)488-3833
 (717)488-8970

INDEPENDENT JUDICIAL REVIEW COMMISSION

SEND TO Company name <i>Dept. of Health</i>	From <i>Mike Shedy</i>
Attention	Date <i>2/22/99</i>
Office location	Office location
Fax number <i>717-2910</i>	Phone number <i>486-3833</i>

- Urgent
- Reply ASAP
- Please comment
- Please review
- For your information

Total pages, including cover.

3

COMMENTS

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PA Department of Health
 Emergency Medical Services Office
 P.O. Box 90
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- IRRC
- EMSO Staff
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- Senate (2)

Department of Health

Proposed Regulations (No. 10-14),

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 28 Pa. Code Part VII

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COMMENT FORM FOR PROPOSED REGULATIONS FEBRUARY 13, 1999

DEADLINE FOR COMMENTS: March 14, 1999

SECTION NUMBER: _____

SECTION TITLE: _____ PG # _____

COMMENT:

After reviewing the entire document, I applaud you on the document. It's good to have the Medical Command Physicians certified. The section on allowing BLS to carry A&S will help to provide more timely A&S. The good Samaritan provisions are a help to these providers who stop at scenes when off duty. The information and data reporting requirement is needed, may help in acquiring EMS funding.

RECOMMENDATION:

Adopt as printed.

All comments will be responded to by the Department of Health and forwarded to the appropriate committees.

CONTACT PERSON Gary L. Shoemaker
 ORGANIZATION _____
 ADDRESS 8 Loop Drive COUNTY York County
 CITY Hanover STATE PA ZIP CODE 17331 PHONE (717) 632-0090

RETURN TO: Pennsylvania Department of Health
 Emergency Medical Services Office
 P.O. Box 90
 Harrisburg, PA 17108
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Proposed Regulations (No. 10-143)

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Amendments to Emergency Medical Services Regulations
28 Pa. Code Part VII

REVIEW COMMISSION
EMERGENCY MEDICAL SERVICES

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FEBRUARY 13, 1999

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DEADLINE FOR COMMENTS: March 14, 1999

SECTION NUMBER: 1003.29

SECTION TITLE: Continuing Ed. Requirements PG# 941

COMMENT: (a) First Responder...
(1) sixteen hours...
(b) EMTs
(1) Twenty-four hours...

Ongoing medical and Trauma education is a vital and necessary component of First Responder and EMT training in an everchanging health care environment. Skills need to be maintained and augmented repeatedly.

RECOMMENDATION:

Therefore, for both of these classifications, I would propose that the required amount of medical and Trauma education be a part of each certification period and not just the first certification period.

ALL comments will be responded to by the Department of Health and forwarded to the appropriate committees.

CONTACT PERSON Susan Ressel RN - EMT

ORGANIZATION BKS - Wakefield Ambulance

ADDRESS 1240 Tanning Yard Hallam COUNTY Lancaster

CITY Peach Bottom STATE PA ZIP CODE 17563 PHONE (717) 578-2935

RETURN TO: Pennsylvania Department of Health
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FEBRUARY 13, 1999

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IRRC
EMS Dir.

Majority
Minority
Majority
Minority

House
Senate

DEADLINE FOR COMMENTS: March 14, 1999

SECTION NUMBER: 1005.10 (As appropriate)

SECTION TITLE: General Operating Standards PG # 950

COMMENT: EMD, Emergency Medical Dispatch protocols need to be required and functioning at PSAPS.

EMD needs to provide Protocols forr the following:

- Response Levels
- Pre-Arrival Instructions
- Response Modes
- Dispatch and Utilization of AED Providers

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RECOMMENDATION:

Medical Priority as adopted by the EHSF any protocol acceptable, recognized and implemented at the Regional level.

ALL comments will be responded to by the Department of Health and forwarded to the appropriate committees.

CONTACT PERSON J. Theodore Wise
 ORGANIZATION Cumberland County OEP
 ADDRESS 1 Courthouse Square COUNTY Cumberland
 CITY Carlisle STATE PA ZIP CODE 17013 PHONE (717) 240-6400

RETURN TO: Pennsylvania Department of Health Deadline: March 14, 1999
Emergency Medical Services Office
P.O. Box 90
Harrisburg, PA 17108
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COMMENT FORM FOR PROPOSED REGULATIONS

FEBRUARY 13, 1999

DEADLINE FOR COMMENTS: March 14, 1999

- House Majority Brody
- Minority IRRC
- Senate Majority EMS Dir.
- Minority

SECTION NUMBER: 1005.8

SECTION TITLE: Provisional License. PG # 188

COMMENT:

The portion protects the volunteer BLS provider. I see no wear in the act an explanation of what constitutes a volunteer. Some so called volunteer EMS services I know pay there people. I am aware you may reimburse your volunteers for items like clothing, education and travel expense. Some group this together an actually use this as pay pr run. I'm not trying to give our volunteer services a rough time, but if we start giving special treatment just because there volunteer you may have more issues down the road. I would like volunteer defined prior to giving them any breaks.

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RECOMMENDATION:

Define volunteer for what it is, volunteer. Unless reimbursing them is approved.

ALL comments will be responded to by the Department of Health and forwarded to the appropriate committees

IDENTIFICATION
REVIEW COMMISSION

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CONTACT PERSON James Effinger Manager / Paramedic

ORGANIZATION Cresson Area Ambulance Service

ADDRESS 725 2nd street COUNTY Cambria

CITY Cresson STATE Pa ZIP CODE 16630 PHONE (814) 886-5641

RETURN TO: **Pennsylvania Department of Health** Deadline: March 14, 1999
Emergency Medical Services Office
 P.O. Box 90
 Harrisburg, PA 17108
 FAX: 717-772-0910

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SECTION NUMBER: 1005.10

SECTION TITLE: LICENSURE & GENERAL OPERATING STANDARDS PG # 192

COMMENT: (d) Personnel requirements under(3) ambulance drivers.
(v) Is free from physical or mental defects that or disease that may impair the persons ability to drive an ambulance. I am aware that they must be free from impairment for 4 years and take another E.V.O.C. class.

I have a problem with the Is part as well as the entire section. I am aware you cannot change this section but proving an individual is drug or alcohol free would have to be an impossible job. I am aware that an individual can claim under the Americans with Disability law that any prior condition can effect his employment. I can we make such an easy statement on this issue with such a complex problem.

RECOMMENDATION:

Needs more research on this and how A.D.A can effect the policy. Maybe I am reading to much into this portion.

ALL comments will be responded to by the Department of Health and forwarded to the appropriate committees

CONTACT PERSON James Effinger Manager / Paramedic
ORGANIZATION Cresson Area Ambulance Service
ADDRESS 725 2nd street COUNTY Cambria
CITY Cresson STATE Pa ZIP CODE 16630 PHONE (814) 886-5641

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TITLE 28. HEALTH AND SAFETY

[28 PA. CODE CHS. 1001-1015]

Emergency Medical Services

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SENT BY: J. Effinger

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March 22, 1999

Mr. Robert E. Nyce
Executive Director
Independent Regulatory Review Commission
14th Floor, Harrisstown II
333 Market Street
Harrisburg, PA 17101

ORIGINAL: 2003

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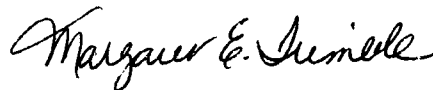
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RE: Proposed Regulations
Emergency Medical Services
No. 10-143

Dear Mr. Nyce:

The Pennsylvania Department of Health has recently received the enclosed public comments to the above-referenced regulations.

Sincerely,



Margaret E. Trimble
Director
Emergency Medical Services Office

MET:dlw

Enclosures