

**COMMENT FORM FOR PROPOSED REGULATIONS  
FEBRUARY 13, 1999**

**DEADLINE FOR COMMENTS: MARCH 14, 1999**

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SECTION NUMBER: \_\_\_ Subchapter E: Requirements for Regional EMS Council

SECTION TITLE: \_\_\_\_\_ 1001.102 (relating to council director) \_\_\_pg#\_ 17

**COMMENT:**

Discussion on the micro-management of Council and Regional EMS Councils. Philadelphia is pleased that micro-management will not occur by the Department. This though needs to be reflected throughout the rules and regulation. The Regional EMS Councils should be the first line of responsibility.

**RECOMMENDATION:**

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

Contact Person: Ralph A. Halper / Donna M. Lebisly  
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SECTION NUMBER: \_\_\_ Subchapter I: Research in Prehospital Care

SECTION TITLE: \_\_\_\_\_ 1001.161 (relating to research) \_\_\_pg#\_\_19

COMMENT:

All research proposals should be initially submitted to the Regional EMS Council and Medical Advisory Board of jurisdiction. This avoids the micro-management issue by the Department.

RECOMMENDATION:

Re-write for submission to the Regional EMS Councils of jurisdiction.

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**SECTION NUMBER: Chapter 1003. Personnel Subchapter A: Adm & Supervision EMS**

**SECTION TITLE: \_\_\_\_\_ 1003. 4 (relating to medical command) \_\_\_\_\_ pg# 22**

**COMMENT:**

Statement of ---medical command physician to provide medical command whenever it is sought.. needs to be revised to reflect Regional acknowledgment of medical command authorization status. Any medical command physician would be a breach in continuous quality improvement issues and the utilization of treatment protocols.

Why would a medical command physician consider protocols in Region in which treatment originates or Region in which medical command was first received. Contacting the affiliated Region for medical command would solve this problem/concern and provide quality medical intervention.

**RECOMMENDATION:**

Should be re-worded to reflect the principle of ALS providers contacting their affiliate Regional medical command facility for medical direction.

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**SECTION NUMBER: Chapter 1003.Personnel Subchapter B: Personnel**

**SECTION TITLE: \_\_\_\_\_ pg# 23-32**

**COMMENT:**

Need a more complete explanation of child labor laws and how they apply to EMS. Ages are removed in this portion, but reappear throughout the following sections. All removal of ages must be consistent.

ALS, BLS, ambulance services sound misleading. What happened to the word care or management?

**RECOMMENDATION:**

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**SECTION NUMBER: \_Chapter 1003.Personnel\_\_Subchapter B: Personnel**

**SECTION TITLE: \_\_\_1003.30 (relating to accreditation of sponsors)pg#\_\_35**

**COMMENT:**

Philadelphia Regional EMS does not feel that a continuing education sponsor should be permitted to assign credit hours to a course it presents ..... Decentralization of this responsibility would diminished the quality component of education. Where is the Regional involvement in this issue? For the integrity of continuing education, the Department should continue this responsibility.

**RECOMMENDATION:**

Remove the entire 1003.30 section. Insert the Department responsibility.

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**COMMENT FORM FOR PROPOSED REGULATIONS  
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**SECTION NUMBER: \_Chapter 1005.Licensing of ALS&BLS**

**SECTION TITLE: \_\_\_1005.2 (relating to applications ) pg #40**

**COMMENT:**

Why would a Region conduct a survey before reviewing an application for completion. On-site inspections should confirm what is contained in the application.

**RECOMMENDATION:**

Remove the statement.

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**COMMENT FORM FOR PROPOSED REGULATIONS  
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**SECTION NUMBER: Chapter 1005.Licensing of ALS and BLS**

**SECTION TITLE: 1005.10 (relating to licensure) pg# 44**

**COMMENT:**

What parts of ground ambulance applies to air ambulance? What is the formula for minimum staffing of ambulances? What standard is used?

**RECOMMENDATION:**

Include formula or standard for determining minimum staffing requirements.

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**SECTION NUMBER: \_\_ Chapter 1005.Licensing of ALS and BLS \_\_\_\_\_**

**SECTION TITLE: \_\_\_\_\_ 1005.10 (relating to licensure) \_\_\_\_\_ pg# \_45**

**COMMENT:**

**What is the definition of a "responsible" person? What are these requirements.**

**RECOMMENDATION:**

**Need to include the requirements in this paragraph.**

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**SECTION NUMBER: \_\_\_ Chapter 1005.Licensing of ALS and BLS \_\_\_\_\_**

**SECTION TITLE: \_\_\_\_\_ 1005.10 (relating to licensure) \_\_\_\_\_ pg#\_47**

**COMMENT:**

Driving an ambulance at "rapid speeds"... should never be mentioned or tolerated. Speed should not exceed minimum driving conditions. This type of terminology infers irresponsibility.

**RECOMMENDATION:**

Need to remove "at rapid speeds ..."

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**COMMENT FORM FOR PROPOSED REGULATIONS  
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**SECTION NUMBER: \_\_ Chapter 1009.Medical Command Facilities \_\_**

**SECTION TITLE: \_\_\_\_\_ 1009.1 (relating to operational) \_\_\_\_\_ pg#\_56**

**COMMENT:**

Again, PSAPs need to be advised when medical command facilities cannot give command. Why would this be tolerated? System needs to have an alternative plan.

Again, the medical command facilities must have a recognition of the ALS providers.

**RECOMMENDATION:**

The medical command facility must know the ALS providers.

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**SECTION NUMBER: \_\_\_ Chapter 1009. Medical Command Facilities \_\_\_**

**SECTION TITLE: \_\_\_\_\_ 1009.5 (relating to review) \_\_\_\_\_ pg#\_57**

**COMMENT:**

Paragraph is misleading when compared to 1009.2 which states a medical command facility recognition of 3 years. 1009.5 discusses a review more frequently than once every 2 years. What would the modification of this review??

**RECOMMENDATION:**

Some clarification on time of recognition or review..

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**SECTION NUMBER: \_\_\_ Chapter 1009.Medical Command Facilities \_\_\_**

**SECTION TITLE: \_\_\_\_\_ 1009.6 (relating to discontinuance) \_\_\_\_\_ pg# \_58**

**COMMENT:**

Throughout Rules and Regulations the "days of notice" vary. Some are 30, 60, or 90. The time for notification should be consistent.

**RECOMMENDATION:**

Consistency required on "days of notice."

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SECTION NUMBER: \_\_\_ Chapter 1001. Administration of EMS \_\_\_

SECTION TITLE: \_\_\_\_\_ 1001.2 Definitions \_\_\_ pg# \_74 - 83

COMMENT:

Definitions need an explanation. Services imply care by either personnel, providers or practitioners. What about ALS medical care or management? Where is practitioner defined?

Words are used interchangeably throughout the Rules and Regulations. Why would an ambulance not transport? How is "squad" used in this manner? Provider of EMS is a facility, ambulance?? In all dictionaries, an "ambulance" transports patients.

Ambulance Call Report will not be used for interfacility transports unless intervention is required enroute to hospital.

PSAP again needs to be mentioned as not feasible.

RECOMMENDATION:

Consistency throughout documents and not interchangeable work usage. Maybe a Glossary for utilization and clarification..

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**SECTION NUMBER: \_\_ Chapter 1001. Administration of EMS \_\_**

**SECTION TITLE: \_\_\_\_\_ 1001.7 Development Plan Pg. #89/90**

**COMMENT:**

Regional EMS Developmental Plan should mirror AWP since coordinating and improving the delivery of EMS is the resultant goal!

Undue hardship for public notice of development plan based on municipal government agency.

**RECOMMENDATION:**

Mention of AWP in statement.

Consideration of local government involvement in EMS.

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SECTION NUMBER: \_\_\_ Chapter 1001. Administration of EMS \_\_\_

SECTION TITLE: \_\_\_\_\_ 1001.28 Contracts with Council Pg. #97

COMMENT:

How is the contract with Council evaluated? Council is contracted to the Department, so what is the statement "may contract" imply?

RECOMMENDATION:

Clean up contract language and add an evaluation tool..

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**SECTION NUMBER: \_\_ Chapter 1001. Administration of EMS \_\_**

**SECTION TITLE: \_\_\_\_\_ 1001.61 Quality Improvement Pg. #102**

**COMMENT:**

**Defintion of medical care, personnel and providers again needs to be clearly defined.**

**What are reporting thresholds?**

**RECOMMENDATION:**

**Glossary for clarification of terms.**

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**SECTION NUMBER: \_\_ Chapter 1001. Administration of EMS \_\_**

**SECTION TITLE: \_\_\_\_\_ 1001.62 Regional Programs Pg. #103**

**COMMENT:**

The Regional EMS Council does not conduct these audits. We oversee the process but do not directly audit. The Commissioners Medical Advisory Board discusses system problems but the Regional Office does not perform interfacility or non-emergency audits.

**RECOMMENDATION:**

Need to consider municipal vs non-municipal approach to quality improvement.

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**SECTION NUMBER: \_\_ Chapter 1001. Administration of EMS \_\_**

**SECTION TITLE: \_\_\_\_\_ 1001.101 Governing Body Pg. #107**

**COMMENT:**

Philadelphia needs to include the statement of whether a unit of local government. Must allow for local government membership to EMS.

Immunity of the Sherman Trust Act, Parker Doctrine to allow local municipalities to be responsible for EMS.

**RECOMMENDATION:**

Reinsert ..whether a unit of local government or a public or private nonprofit entity..

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**SECTION NUMBER: \_\_\_ Chapter 1001. Administration of EMS \_\_\_**

**SECTION TITLE: \_\_\_\_\_ 1001.125 Requirements Pg. #1116**

**COMMENT:**

**Conflict with 1001.101 relating to units of local government for regional EMS councils.  
Advisory board must include members of local government.**

**RECOMMENDATION:**

**Insert unit of local government in advisory board.**

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**SECTION NUMBER: \_\_ Chapter 1001.Administration of EMS \_\_**

**SECTION TITLE: \_\_\_\_\_ 1001.141 Duties and Purpose of Council Pg. #118  
1001.142 Meeting and Members**

**COMMENT:**

**Does PEHSC or Board of Directors equal the Council??**

**RECOMMENDATION:**

**Clarification needed for 1001.141 and 1001.142.**

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**SECTION NUMBER: Chapter 1001. Administration of EMS**

**SECTION TITLE: 1001.161 Research Pg. #120**

**COMMENT:**

All research proposals should be forwarded to Regional EMS Office of jurisdiction for review and submittal to the Department. Regional Medical Advisory Boards need to review any EMS research in their jurisdiction.

**RECOMMENDATION:**

Insert the bracket portions of (b)

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**SECTION NUMBER: \_\_\_ Chapter 1003. Personnel**

**SECTION TITLE: \_\_\_\_\_ 1003.1 - 1003.5 Pg. #122-179**

**COMMENT:**

pg. 122 Again, terminology for provider, personnel and practitioner. ALS/BLS service as provider of care.

Pg. 128 Medical command physician giving on-line medical command to prehospital personnel whenever they seek direction.

**RECOMMENDATION:**

Review other comments.

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**SECTION NUMBER: \_\_ Chapter 1003. Personnel**

**SECTION TITLE: \_\_\_\_\_ 1003.21 Ambulance Attendant Pg. #133**

**COMMENT:**

ARC does not offer an advanced first aid course. They will inform you of instructors who still teach first aid only.

**RECOMMENDATION:**

Remove ARC advanced first aid course..

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**SECTION NUMBER: \_\_ Chapter 1003. Personnel**

<b>SECTION TITLE: _____</b>	<b>1003.22</b>	<b>First Responder</b>	<b>Pg. #138</b>
	<b>1003.23</b>	<b>EMT</b>	<b>Pg. #143</b>
	<b>1003.24</b>	<b>Paramedic</b>	<b>Pg. #149</b>

**COMMENT:**

First responder scope of practice....includes... BLS services??? This terminology will require further explanation. Why not insert objectives!!! BLS and ALS services again in EMT and ALS.

**RECOMMENDATION:**

Replace "services" with objectives.

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**SECTION NUMBER:** Chapter 1001.Personnel

**SECTION TITLE:** 1003.23 EMT pg# 141  
1003.23a 144  
1003.24 146, 147, 152, 154

**COMMENT:**

Why are the ages still included in these sections, when on page 25, under the child labor laws, ages were removed.

**RECOMMENDATION:**

Clarify mention of ages in 1003. Personnel.

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**DEADLINE FOR COMMENTS: MARCH 14, 1999**

**SECTION NUMBER: Chapter 1003. Personnel**

**SECTION TITLE: 1003.29 (a)(b)(c) (d) Continuing Education Pg.#166**

**COMMENT:**

Who will be responsible for the monitoring of "x" number of credit hours in medical and trauma education. When will the approved listing by the Department be published for the practitioner?

This addition to the continuing education may be difficult to police unless the summary letter further clarifies specific content of the approved programs.

**RECOMMENDATION:**

Clarification of medical and trauma continuing education requirements.

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**SECTION NUMBER: \_\_ Chapter 1005. Licensing of BLS and ALS Ground Ambulances**

**SECTION TITLE: \_\_\_\_\_ Section 1005.1 General Provisions Pg. #181**

**COMMENT:**

Should not read ambulance services since they are really companies that provide service.

What is an ALS squad unit vehicle? State it is a non-transporting vehicle.

Need a glossary for ambulance types and explanation of their provided service.

In all dictionaries, an "ambulance" transports patients.

**RECOMMENDATION:**

Require an explanation of ambulance terminology.

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**SECTION NUMBER: \_\_\_ Chapter 1005. Licensing of BLS and ALS Ground Ambulances**

**SECTION TITLE: \_\_\_\_\_ Section 1005.10 Licensure & Operating Stds. Pg. #188  
1005.8 Provisional License Pg. #187**

**COMMENT:**

How is minimum staffing requirements determined? Is there a formula or schedule to follow?

Is provisional license for 3 months or 6 months?

**RECOMMENDATION:**

Require an explanation of ambulance terminology.

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**SECTION NUMBER: \_\_ Chapter 1005. Licensing of BLS and ALS Ground Ambulances**

**SECTION TITLE: \_\_\_\_\_ Section 1005.10 Licensure & Operating Stds. Pg. #189  
1005.10 Minimum Staffing Requirements #190  
#191  
#192**

**COMMENT:**

ALS squad unit vehicle with flashing or revolving lights and sirens? How do they meet the Vehicle Code standards?

What is staffing for the exemption?

Need to explain how a duty roster that identifies staff meets the minimum staffing requirements.

**RECOMMENDATION:**

Explanation of ALS squad unit vehicle.

Explanation of staffing and clarification of the requirements..

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**SECTION NUMBER: \_\_\_ Chapter 1005. Licensing of BLS and ALS Ground Ambulances**

**SECTION TITLE: \_\_\_\_\_ Section 1005.10 Licensure & Operating Stds. Pg. #196**

**COMMENT:**

Accident, injury and fatality reporting : impractical for every ambulance vehicle accident. In a large metropolitan area, accidents happen every day. Who would be responsible for reporting to the Region within 8 hours after a fatality or 24 hours after an injury?

**RECOMMENDATION:**

Each ambulance service should have a reporting form that could be forwarded to the Region. Additional reporting forms would be redundant.

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SECTION NUMBER: \_\_\_ Chapter 1005.Licensing of BLS and ALS Ambulances

SECTION TITLE: \_\_\_\_\_ Section 1005.11 Drug Use and Control \_\_\_\_\_ pg#\_197

COMMENT:

Is this the beginning of the inclusion of physician assistants (Pas) into our EMS system. What would be the specialty training required by the PA for continuation of treatment? What specialty training would the hospital be responsible to before sending hospital personnel on an interfacility transport?

RECOMMENDATION:

Clarify PA status.

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**COMMENT FORM FOR PROPOSED REGULATIONS  
FEBRUARY 13, 1999**

**DEADLINE FOR COMMENTS: MARCH 14, 1999**

**SECTION NUMBER: \_\_ Chapter 1005. Licensing of BLS and ALS Ground Ambulances**

**SECTION TITLE: \_\_\_\_\_ Section 1005.12 Disciplinary Actions Pg. #202**

**COMMENT:**

Failure of ALS ambulance to staff?....How will the Regional Office know this problem?  
What staffing formula will the Regional Office use for minimum requirements?

**RECOMMENDATION:**

Clarify minimum staffing requirements.

**Contact Person:** Ralph A. Halper / Donna M. Lebisly  
**Organization:** Philadelphia Regional EMS  
**Address:** Fire Administration Building  
240 Spring Garden Street  
Philadelphia, Pennsylvania 19123

**R&RF1399 : 299: dml**

**R&R42**

**COMMENT FORM FOR PROPOSED REGULATIONS  
FEBRUARY 13, 1999**

**DEADLINE FOR COMMENTS: MARCH 14, 1999**

**SECTION NUMBER:** \_\_\_\_\_ 1009 Medical Command Facilities \_\_\_\_\_

**SECTION TITLE:** \_\_\_\_\_ 1009.1 Operational Criteria \_\_\_\_\_ pg# 226

**COMMENT:**

(15) Medical Command Facilities should know the medical command authorization status and the ALS "provider" they are speaking to for on-line medical command.

**RECOMMENDATION:**

Revision for Regional affiliation of medical command facilities.

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

**Contact Person:** Ralph A. Halper / Donna M. Lebisly  
**Organization:** Philadelphia Regional EMS  
**Address:** Fire Administration Building  
240 Spring Garden Street  
Philadelphia, Pennsylvania 19123

R&RF1399 : 299: dml

R&R43

**COMMENT FORM FOR PROPOSED REGULATIONS  
FEBRUARY 13, 1999**

**DEADLINE FOR COMMENTS: MARCH 14, 1999**

**SECTION NUMBER:** \_\_\_\_\_ 1011 Accreditation of Training Institutes \_\_\_\_\_

**SECTION TITLE:** \_\_\_\_\_ 1011.1 BLS and ALS Training Institutes \_\_pg#\_ 233-235

**COMMENT:**

**What are qualified and responsible instructors? Do we need a minimum age? Will the "training manual" still be identified as the Prehospital Personnel Manual?**

**RECOMMENDATION:**

**Clarification or definition of these terms. Rename the manual to a more appropriate title.**

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

**Contact Person:** Ralph A. Halper / Donna M. Lebisly  
**Organization:** Philadelphia Regional EMS  
**Address:** Fire Administration Building  
240 Spring Garden Street  
Philadelphia, Pennsylvania 19123

**R&RF1399 : 299: dml  
R&R44**

**COMMENT FORM FOR PROPOSED REGULATIONS  
FEBRUARY 13, 1999**

**DEADLINE FOR COMMENTS: MARCH 14, 1999**

**SECTION NUMBER:** \_\_\_\_\_1011 Accreditation of Training Institutes\_\_\_\_\_

**SECTION TITLE:** \_\_\_\_\_1011.4 Denial, restriction.... \_\_pg#\_242

**COMMENT:**

**Who is the agency head? What decision will this "agency head" be permitted to issue?**

**RECOMMENDATION:**

**Clarification of agency head.**

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

**Contact Person:** Ralph A. Halper / Donna M. Lebisly  
**Organization:** Philadelphia Regional EMS  
**Address:** Fire Administration Building  
240 Spring Garden Street  
Philadelphia, Pennsylvania 19123

**R&RF1399 : 299: dml**

**R&R45**

**COMMENT FORM FOR PROPOSED REGULATIONS  
FEBRUARY 13, 1999**

**DEADLINE FOR COMMENTS: MARCH 14, 1999**

**SECTION NUMBER: \_\_\_\_\_ 1013. Special Events \_\_\_\_\_**

**SECTION TITLE: \_\_\_\_\_ 1013.1 - 1013.7 Pg. #243 - 247**

**COMMENT:**

**Pg. 243 1013.1 (a) Why change the submission to "may." All special event sponsors MUST submit the plan to the Regional Office of jurisdiction. What happens if a sponsor does not submit a plan or provide coverage for an event? What recourse does the Regional Office and local government have if this plan "may" be submitted?**

**Pg. 247 1013.5 Need to have EMS special event physician on scene.**

**RECOMMENDATION:**

**Change back to shall submit.**

**Include as (4) EMS special event physician must be on-site at treatment facilities.**

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

**Contact Person: Ralph A. Halper / Donna M. Lebisly  
Organization: Philadelphia Regional EMS  
Address: Fire Administration Building  
240 Spring Garden Street  
Philadelphia, Pennsylvania 19123**

**R&RF1399 : 299: dml**

**R&R46**

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

The attached comments have been forwarded by:

Lancaster General Hospital  
555 North Duke St.  
PO Box 3555  
Lancaster, PA 17604-3555

Contact Person: Jeffrey S. Manning, EMS Manager  
Contact Phone: (717) 290-5119

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

Section Number and page	Section Title	Comment:	Suggestion:
1003.29 (1) Page 941	EMT Con Ed requirements	For new EMT's it states that they must complete 16 CEU's during the first 3 year re-certification process. Half these hours must be in medical and Trauma related hours. There is no requirement after this first time period for medical or trauma courses. A provider can take an EVOC class and satisfy re-certification requirement.	<b>Add: That an EMT must complete half of their 16 CEU's in trauma or medical related education during each re-certification period.</b>
1003.23(a)(3) Page 936	EMS Instructor certification	Changed to state has successfully completed an EMS instructor course approved by the department, or possesses a BS degree in education or a teacher's certification in education.	<b>Add: has BS degree in Emergency Health services.</b> Reasoning: There are more and more graduates of EHS/EMS programs within the state. These programs include courses in Education / Instructional issues.
1003.28 (3) Page 940	Medical Command Authorization	Changed that allows physicians to verify competencies either through direct observation or through a delegate.	Good change better reflects current operational occurrences.

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

Section Number and page	Section Title	Comment:	Suggestion:
1009.1 (10) Page 960	Medical Command Facilities.	<p>Changed wording to the recognition of medical command facility to be valid for a period of three years.</p> <p>Requirement for the facilities to submit renewal applications 60 days prior to the end of the 3 year recognition period.</p>	<p>This is definitely an improvement from the old requirements.</p> <p><b>Add: that the facility will receive notice for renewal from the Department or Regional EMS offices 120 days prior to the three year renewal period.</b></p>

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99 MAR 18 AM 9: 16

REGULATORY  
REVIEW COMMISSION

2113 Circle Road  
Carlisle, PA 17013

March 11, 1999

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

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Dear Ms. Trimble,

Thank you for the opportunity to offer comment on the proposed revisions to the EMS regulations. I applaud the effort that has been put into these proposed revisions as I know how much work and commitment it involves. I was part of a regulatory Bureau in the old DER for 5 years and know first hand what goes on.

I have been a certified EMT for the past 19 years, 99% of the time as a volunteer. I am currently a member of Silver Spring Ambulance and Rescue Association in Cumberland County, and I am recent past vice-president of the association.

As a volunteer, parts of §1005.10, Licensure and general operating standards, cause me great distress. Although not intentional, the proposed changes can be construed as an effort to virtually eliminate volunteer ambulance services. The constraints proposed place undue burden on volunteer and paid/volunteer ambulance services to a point where they may not be able to comply. Also, the proposed changes do not accurately reflect what actually happens out there in the field. It appears as if your technical advisory committee does not have a volunteer ambulance service representative on it.

Please consider my comments and suggestions carefully. Hopefully the proposed regulations can be fixed where they will not place an undue burden on anyone and still achieve optimum care for our patients. As always, patient care is why we are there.

Also, please remember – volunteers do this because they want to, not because they have to. The satisfaction of providing care for those in need is the only compensation we need.

If I can be of further assistance, please feel free to call. I can be reached at (h) 717 249 7405, (w) 717 783 7269, or at the ambulance company 717 697 3131 from 6pm Friday night to 6am Saturday mornings.

Thank you for your time and consideration.

Sincerely,



Thomas G. Whitfield

COMMENT FORM FOR PROPOSED REGULATIONS  
FEBRUARY 13, 1999

DEADLINE FOR COMMENTS: March 14, 1999

SECTION NUMBER: 61005.10(2)(1)

SECTION TITLE: LICENSURE AND GENERAL OPERATING STANDARDS - PG# 188

COMMENT: ROSTER OF ACTIVE PERSONNEL

PLEASE SEE ATTACHED COMMENTS AND RECOMMENDATIONS

RECOMMENDATION:

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

CONTACT PERSON THOMAS G. WHITFIELD  
ORGANIZATION SILVER SPRING AMBULANCE AND RESCUE ASSN  
ADDRESS P.O. Box 177 COUNTY CUMBERLAND  
CITY NEW KINGSTON STATE PA ZIP CODE 17072 PHONE (717) 697-3131

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

USE EXTRA PAGES IF NECESSARY. PLEASE USE THE SAME FORMAT AND ADDRESS COMMENTS TO THE SPECIFIC SECTIONS OF THE PROPOSED REGULATIONS.

AS I AM NOT ALWAYS AT THE AMBULANCE STATION, PLEASE CORRESPOND WITH ME AS BELOW:

THOMAS G. WHITFIELD (W) 717-783-7269  
2113 CIRCLE ROAD (H) 717-249-7405  
CARLISLE, PA 17013

§1005.10(a)(1)

page 188

**Comment:**

Does the Department of Health have the statutory authority to regulate an ambulance company's staffing process? Isn't it up to each individual ambulance company to determine how best to staff their ambulances?

**Recommendation:**

Be that as it may. The way I read this regulation, posting a sign-up sheet will satisfy the requirement.

Please refer to my comments on minimum staffing for §1005.10(d)(1)(iii), and §1005.10(e)(1) and (2).

COMMENT FORM FOR PROPOSED REGULATIONS  
FEBRUARY 13, 1999

DEADLINE FOR COMMENTS: March 14, 1999

SECTION NUMBER: § 1005.10(d)(1)(iii)

SECTION TITLE: LICENSURE AND GENERAL OPERATING STANDARDS — PG# 192

COMMENT:

ALL UNITS

PLEASE SEE ATTACHED COMMENTS AND RECOMMENDATIONS.

RECOMMENDATION:

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

CONTACT PERSON THOMAS G. WHITFIELD  
ORGANIZATION SILVER SPRING AMBULANCE AND RESCUE ASSOCIATION  
ADDRESS P. O. Box 127 COUNTY CUMBERLAND  
CITY NEW KINGSTON STATE PA ZIP CODE 17072 PHONE (717) 691-3131

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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AS I AM NOT ALWAYS AT THE AMBULANCE STATION PLEASE  
CORRESPOND WITH ME AS BELOW:

THOMAS G. WHITFIELD  
2113 CIRCLE ROAD  
CARLISLE PA 17013

(W) 717-783-7269  
(H) 717-249-7405

**Comment:**

I find this section extremely restrictive, especially when dealing with volunteer or paid/volunteer ambulance services. At times it is extremely difficult to find people "...who have committed themselves to be available at the specified times..." I am a volunteer EMT with an ambulance company in Cumberland County. Staffing can be difficult. I have a normal shift time and if I am available at any other given time and a call comes in, I respond. The station may not be manned and/or the sign-up may not be filled-in for that time, but the ambulance most likely will be staffed and respond. It is not always necessary to have enough people committed to fully staff all your ambulances. As in the volunteer fire service, when the call goes out, whoever is available will respond. Our second ambulance is usually staffed in this manner. If, for instance, we are dispatched for a MVA and our first ambulance responds, and there is a need for a second ambulance there, usually there are enough personnel at the scene to staff the second ambulance and it will respond with only a driver. Other times, although not scheduled or committed, there will be enough personnel "visiting" the station to staff both ambulances.

Forcing volunteers to be "..committed ... to be available at the specified times.." will be a death knell to volunteer services. Because a volunteer service may have no one committed at certain times, this will force them to be out-of-service during these times, when in reality, if dispatched, enough manpower is often available to respond to the call. Forcing a volunteer ambulance company to meet minimum staffing requirements in this manner will force many to become partially or fully paid services, or go out of business. If the call volume is not enough to sustain a paid ambulance company, then the municipality will be forced to subsidize the paid ambulance company adding to the tax payer burden. In addition, forcing a volunteer ambulance company to be unnecessarily out-of-service, will be used by other ambulance companies, municipalities, and/or PSAPs as leverage to force them out of business.

For those times when an ambulance service cannot achieve minimum staffing, please refer to my response to §1005.10(e)(1) and (2).

This regulation is also ambiguous in that it does not specify a level of staffing. Must we have staff available for one unit, two units, all units?

**Recommendation:**

As a remedy, I suggest the line indicated in (iii) as shown, be removed:

(iii) *All Units*. Minimum staffing standards are satisfied when an ambulance service has a duty roster that defines staff who meet minimum staff criteria and

~~[ who have committed themselves to be available at the specified times, and ]~~

when minimum required staff are present during the emergency medical treatment and transport of a patient.

COMMENT FORM FOR PROPOSED REGULATIONS  
FEBRUARY 13, 1999

DEADLINE FOR COMMENTS: March 14, 1999

SECTION NUMBER: § 1005.10 (e) (2) AND (3)

SECTION TITLE: LICENSURE AND GENERAL OPERATING STANDARDS - PG# 194

COMMENT: COMMUNICATING WITH PSAPs

Please see ATTACHED COMMENTS AND RECOMMENDATIONS

RECOMMENDATION:

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

CONTACT PERSON THOMAS G. WHITFIELD  
ORGANIZATION SILVER SPRING AMBULANCE AND RESCUE ASSOCIATION  
ADDRESS P.O. Box 157 COUNTY CUMBERLAND  
CITY NEW KINGSTON STATE PA ZIP CODE 17072 PHONE (717) 692-3131

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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AS I AM NOT ALWAYS AT THE AMBULANCE STATION, PLEASE CORRESPOND WITH ME AS BELOW:

THOMAS G. WHITFIELD (W) 717-783-7269  
2113 CIRCLE ROAD (H) 717-249-7405  
CARLISLE PA 17013



**Comments:**

These sections appear to allow an ambulance company determine when it can or can't respond to a call for assistance *after* being dispatched. And, it allows the PSAP to make the same decisions. Conflicts will arise.

The term "...immediately en route..." is subject to a wide interpretation. Also, by removing the 10-minute response requirement, a PSAP has no guidance as to when it should send the next available ambulance when the originally dispatched ambulance fails to respond. In theory, two things can happen. One, an ambulance will be able to sit there for an extraordinarily long time waiting for sufficient crew to arrive. Or, PSAPs will set response time criteria so tight that only fully staffed ambulance services will be able to meet the "...immediately en route..." requirement, forcing volunteer and partly paid/volunteer ambulance companies to go fully paid or go out of business.

**Recommendation:**

I recommend the term "...immediately..." be dropped from that line.

I further recommend language be added that would in effect require PSAPs to develop dispatch criteria and timing that would allow for timely dispatch of available ambulance services, without being overly burdensome on ambulance services who need a few minutes to assure minimum staffing and to respond. I offer the following as an example, as it applies to my ambulance service:

If we receive a dispatch and cannot achieve minimum staffing requirements, by personnel at or responding to the station, and/or call-ins to the PSAP to say if personnel are responding to the scene or station within 3 minutes, or do not have an ambulance responding in 6 minutes from the time of dispatch (even though staffing requirements have been met by calling the PSAP), the PSAP will dispatch the next-due ambulance. If we do manage to respond after the next due ambulance has been dispatched, we may cancel the next due ambulance only if we will reach the scene of the emergency before they will.

# PSHP

Pennsylvania Society of  
Health-System Pharmacists

Pharmacists dedicated to safe and proper medication use in organized health care settings

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RENEW EXPIRES

March 11, 1999

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

ORIGINAL: 2003

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Dear Ms. Trimble:

In reviewing the information in the Pennsylvania Bulletin, vol 29 no 7, Feb 13, 1999, concerning proposed rulemaking for Emergency Medical Services, a clarification to Chapter 1005.11 Section j and k of 28 PA Code may be necessary when a licensed ambulance service has administered and needs replacement of a controlled substance. The current language is not consistent with the current practice where prescriptions are not written, but rather, medication orders.

Section j (page 952) refers to the prescribing physician providing a signed prescription within 72 hours to the dispensing/replacing pharmacy for a scheduled II controlled substance ordered and administered. Section k (page 952) refers to replacing a controlled substance upon presentation of a written record of use and administration.

Does an ambulance trip report constitute the written record of use and administration applicable to section k? Also, if the ambulance trip report is signed by the ordering physician will this constitute a signed prescription referred to in section j or is it still necessary to obtain a signed prescription within 72 hours? It is suggested that the language read "prescription or medication order."

Thank you for consideration of these comments. If you need additional information, please contact me at 215-596-8997.

Sincerely,



Victoria Elliott, RPh, MBA  
Executive Vice President

P.O. Box 13329

Philadelphia, PA

19101-3329

215.596.8997

Fax 215.596.8502



**EMERGENCY HEALTH SERVICES FEDERATION, INC.**

722 Limekiln Road • New Cumberland, PA 17070-2354  
717-774-7911 • 1-800-334-EHSF • 717-774-6163 fax  
web page • www.ehsf.org

*Reg  
Comments*

11 March, 1999

Margaret Trimble  
Director  
Emergency Medical Services Office  
Pennsylvania Department of Health  
P. O. Box 90  
Harrisburg PA 17108

ORIGINAL: 2003  
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Dear Ms. Trimble:

Attached you will find comments to the proposed EMS Act Regulations compiled for the Emergency Health Services Federation.

We feel overall the proposed regulations will fulfill the current needs of the EMS System with the continued goal of updating the EMS Act.

If you have any questions, please contact me.

Sincerely,

Cynthia S. Ehlers  
resident

RECEIVED  
99 MAR 18 AM 9:20  
HEALTH COMMISSION

EMERGENCY HEALTH SERVICES FEDERATION, INC.  
722 LIMEKILN ROAD  
NEW CUMBERLAND, PA 17070-2354  
717-774-7911

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

**COMMENT FORM FOR PROPOSED REGULATIONS  
FEBRUARY 13, 1999**

**DEADLINE FOR COMMENTS: March 14, 1999**

SECTION NUMBER: 1005.6

SECTION TITLE: Out-of State Providers PG # 947

**COMMENT:**

1. By what criteria is "regularly" to be defined. This has been a vague definition and needs clarified in order to determine the need for out-of-state EMS services.
2. This section has been unenforceable. By what means are we aware of this occurrence.
3. Does out-of-state aeromedical fall into this definition? If so, does the Maryland State Police have a waiver?

**RECOMMENDATION:**

Determine the need for inclusion of this section, or make it more specific.

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

CONTACT PERSON Cynthia S. Ehlers, President

ORGANIZATION Emergency Health Services Federation

ADDRESS 722 Limekiln Road COUNTY York

CITY New Cumberland STATE PA ZIP CODE 17070 PHONE (717) 774-7911

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

**COMMENT FORM FOR PROPOSED REGULATIONS  
FEBRUARY 13, 1999**

**DEADLINE FOR COMMENTS: March 14, 1999**

SECTION NUMBER: 1001.2

SECTION TITLE: Definitions PG # 98

**COMMENT:**

1. Ambulance call report - does not included all EMS services that require documentation of a response  
EX: QRS
2. What is a nonemergency ALS response?

**RECOMMENDATION:**

EMS Response Report - A summary of an emergency response, nonemergency transport that becomes an emergency and interfacility transport. This includes patient release, patient refusals, cancellations and DOA.

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

CONTACT PERSON Cynthia S. Ehlers, President

ORGANIZATION Emergency Health Services Federation

ADDRESS 722 Limekiln Road COUNTY York

CITY New Cumberland STATE PA ZIP CODE 17070 PHONE (717) 774-7911

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

**COMMENT FORM FOR PROPOSED REGULATIONS  
FEBRUARY 13, 1999**

***DEADLINE FOR COMMENTS: March 14, 1999***

SECTION NUMBER: 1001.2

SECTION TITLE: Definitions PG # 921

**COMMENT:**

Mutual Aid Response

1. May detract from EMS resource management at Communication Center.
2. May promote inappropriate response.
3. With the removal of primary response area and closest available ambulance. What is mutual aid response purpose?

**RECOMMENDATION:**

Remove mutual aid response

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

CONTACT PERSON Cynthia S. Ehlers, President

ORGANIZATION Emergency Health Services Federation

ADDRESS 722 Limekiln Road COUNTY York

CITY New Cumberland STATE PA ZIP CODE 17070 PHONE (717 ) 774-7911

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

**COMMENT FORM FOR PROPOSED REGULATIONS  
FEBRUARY 13, 1999**

**DEADLINE FOR COMMENTS: March 14, 1999**

SECTION NUMBER: 1001.41 (d)

SECTION TITLE: Data and information requirements for Amb. Services PG # 925

**COMMENT:**

Section with specifics have long been needed.

**RECOMMENDATION:**

Make no changes.

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

CONTACT PERSON Cynthia S. Ehlers, President

ORGANIZATION Emergency Health Services Federation

ADDRESS 722 Limekiln Road COUNTY York

CITY New Cumberland STATE PA ZIP CODE 17070 PHONE (717 ) 774-7911

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  
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**COMMENT FORM FOR PROPOSED REGULATIONS  
FEBRUARY 13, 1999**

***DEADLINE FOR COMMENTS: March 14, 1999***

SECTION NUMBER: 1001.161 (b)

SECTION TITLE: Research PG # 929

**COMMENT:**

Determination of merit of a research proposal, especially clinical, should be made by a physician.

**RECOMMENDATION:**

"If the Commonwealth Medical Director concludes that the proposal may have merit ..."

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

CONTACT PERSON Cynthia S. Ehlers, President

ORGANIZATION Emergency Health Services Federation

ADDRESS 722 Limekiln Road COUNTY York

CITY New Cumberland STATE PA ZIP CODE 17070 PHONE (717) 774-7911

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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COMMENTS TO THE SPECIFIC SECTIONS OF THE PROPOSED REGULATIONS.



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

**COMMENT FORM FOR PROPOSED REGULATIONS  
FEBRUARY 13, 1999**

***DEADLINE FOR COMMENTS: March 14, 1999***

SECTION NUMBER: 1003.22(a) 1003.23 (a) 1003.24 (a)

SECTION TITLE: First Responder, EMT, EMT-Paramedic PG # 932-936

**COMMENT:**

1. Do not understand the need for the statement included in each section. "This section does not prohibit a \_\_\_\_\_ from providing EMS as a good Samaritan."
2. The preamble does not provide adequate information to explain the need for this statement. The EMS act includes a liability exclusion that has been tested within the courts.
3. Could create problem with EMT-Paramedics in attempts to "respond" as a volunteer outside of the Medical Command authorization process.

**RECOMMENDATION:**

Provide further explanation and rationale for the inclusion of this statement. This may still create confusion.

Consider removal of statement in above listed sections.

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

CONTACT PERSON Cynthia S. Ehlers, President

ORGANIZATION Emergency Health Services Federation

ADDRESS 722 Limekiln Road COUNTY York

CITY New Cumberland STATE PA ZIP CODE 17070 PHONE (717) 774-7911

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**COMMENT FORM FOR PROPOSED REGULATIONS  
FEBRUARY 13, 1999**

***DEADLINE FOR COMMENTS: March 14, 1999***

**SECTION NUMBER:** 1005.10 (a) (3)

**SECTION TITLE:** Licensure and General Operating Standard **PG #** 948

**COMMENT:**

1. Records of "No Response" should be recorded and maintained by the Communications Center. These records could then be obtained when needed.
  
2. The section was interpreted that these records would include those calls to an area when the EMS service is already on a call. This would create excessive paperwork.

**RECOMMENDATION:**

Remove the last part of the section. "As well as a notation of whether it responded to the call and the reason if it did not respond."

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

**CONTACT PERSON** Cynthia S. Ehlers, President

**ORGANIZATION** Emergency Health Services Federation

**ADDRESS** 722 Limekiln Road **COUNTY** York

**CITY** New Cumberland **STATE** PA **ZIP CODE** 17070 **PHONE** (717) 774-7911

**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

USE EXTRA PAGES IF NECESSARY. PLEASE USE THE SAME FORMAT AND ADDRESS COMMENTS TO THE SPECIFIC SECTIONS OF THE PROPOSED REGULATIONS.

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

**COMMENT FORM FOR PROPOSED REGULATIONS  
FEBRUARY 13, 1999**

***DEADLINE FOR COMMENTS: March 14, 1999***

SECTION NUMBER: 1005.10 (G)

SECTION TITLE: Licensure and General Operating Standard and use PG # 950  
of Lights and Siren.

**COMMENT:**

Section still does not provide adequate definitions for the use of  
Lights and Siren.

**RECOMMENDATION:**

Section be written to identify publishing of policy for use of  
Lights and Siren.

Adopt PEHSC recommendation which includes more clear definitions,  
or if possible, include PEHSC recommendations into this section.

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

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28 Pa. Code Part VII

**COMMENT FORM FOR PROPOSED REGULATIONS  
FEBRUARY 13, 1999**

***DEADLINE FOR COMMENTS: March 14, 1999***

SECTION NUMBER: 1005.10 (i)

SECTION TITLE: Licensure and general operating standards PG # 950

COMMENT: Accident, injury and fatality reporting

Agree with the reportable accident and fatality reporting.

However, injury reporting could become very cumbersome. Consider that all minor injuries could be reported.

Ambulance injuries are reported to Department of Labor.

**RECOMMENDATION:**

Consider defining "severity" of injury and determine if same information could be obtained from Dept. of Labor.

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

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**COMMENT FORM FOR PROPOSED REGULATIONS  
FEBRUARY 13, 1999**

**DEADLINE FOR COMMENTS: March 14, 1999**

SECTION NUMBER: 1011.1

SECTION TITLE: Accreditation of Training Institutes PG # 961

**COMMENT:**

Although there was a change in the definitions to EMS Training Institute, it does not appear to be consistent in this section.

**RECOMMENDATION:**

Consider consistency.

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

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CITY New Cumberland STATE PA ZIP CODE 17070 PHONE (717) 774-7911

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Department of Health  
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28 Pa. Code Part VII

**COMMENT FORM FOR PROPOSED REGULATIONS  
FEBRUARY 13, 1999**

**DEADLINE FOR COMMENTS: March 14, 1999**

SECTION NUMBER: 1011.1 (g); 1011.1 (h)

SECTION TITLE: Accreditation of Training Institutes PG # 963

**COMMENT:**

Clinical preceptors and field preceptors are only addressed for ALS training institutes.

**RECOMMENDATION:**

Consider a generic statement which would allow both clinical and field preceptors at the BLS level.

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

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ORGANIZATION Emergency Health Services Federation

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# FAX COVER SHEET

TO: MS MARGARET TRIMBLE FAX#: 717 772-0910

FROM: G. RUSEN, MD

WHEELING HOSPITAL INC.  
EMERGENCY/TRAUMA CENTER  
MEDICAL PARK  
WHEELING, WV 26003  
PHONE: (304) 243-3280  
FAX PHONE: (304) 243-3708

DATE: 3/12/99

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**Joseph E. McAndrew MD**

275 Treasure Lake  
DuBois, PA 15801  
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March 11, 1999

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REVIEW COMMISSION

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 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 119 of proposed rulemaking).

Physician board certification is becoming an essential element in the credentialing process for hospital and health care organizational accreditation, physician medical staff membership and soon for third party reimbursement. Medical specialty certification of physicians, however, remains a voluntary procedure in the United States. Many physicians have elected to seek formal recognition of their proficiency in their chosen area of medicine by presenting themselves for examination before specialty boards comprised of their 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 (BCEM). Like most physicians in rural Pennsylvania, and the United States, I am not residency trained in emergency medicine. To demonstrate my competence in emergency medicine, beyond the confidence my local medical and EMS staff have in my abilities, and to improve my knowledge base, I have applied and been accepted to sit for the BCEM boards. Other emergency medicine boards have been closed to individuals such as myself: those proficient in the practice of emergency medicine through years of experience, the so-called "practice track," and many with residency training in other areas of medicine such as internal medicine, family practice and general surgery ( my area of previous training).



The proposed regulatory language of the above amendment will affect my practice directly, potentially limiting or eliminating my ability to practice in the area of medicine where I have practiced the past 10 years.

The Department seeks to define "board certification" in a manner that will exclude one private certifying body over another. Similar issues have been addressed at the federal level:

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

My specialty society, The American Association of Physician Specialists, Inc. (AAPS), is a national organization incorporated in 1952 to provide a clinically-recognized mechanism for specialty certification of physicians. 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 system that continuously monitor physician performance, each board provides a measureable, 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 board, 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. 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, 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 the American Association of Physician Specialists, Inc. (AAPS) 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.

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,

  
Joseph E. McAndrew MD