HAP

THE HOSPITAL & HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA

March 19, 1999

ORIGINAL: 2003
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Margaret E. Trimble
Director
Emergency Medical Services Office
Department of Health
1027 Health and Welfare Building
P.O. Box 90
Harrisburg, PA 17108

Re: Proposed rulemaking, Department of Health, 28 Pa. Code Chapters 1001,1003, 1005, 1007, 1009, 1011, 1013 and 1015, Emergency Medical Services, 29 *Pennsylvania Bulletin.*

Dear Ms. Trimble:

On behalf of The Hospital & Healthsystem Association of Pennsylvania (HAP), which represents more than 240 hospitals and health systems in the commonwealth, I would like to offer the following comments in response to the changes proposed by the Department of Health to the emergency medical services regulations:

Medical command physician criteria.

The department proposes to require successful completion of an Advanced Pediatric Life Support (APLS) or a Pediatric Advanced Life Support (PALS) course, combined with other criteria, for a physician to become a medical command physician or advanced life support service medical director if the physician is not board-certified in emergency medicine. In addition, the department would continue to require completion of the Medical Command Base Station course for both physician positions and biennial renewal of certification in Advanced Cardiac Life Support (ACLS). The requirement for an Advanced Trauma Life Support (ATLS) course is proposed to be modified to require this course be completed only once, and certification not needed to be renewed.

HAP Position: HAP supports the additional requirement of a pediatric course in advanced life support. HAP supports the proposed modification to the trauma course requirements and continuation of the ACLS requirements.

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While the preamble to the proposed rule indicates that the department would grant an exception to the regulation, under 1001.4, the language indicates that this would be limited to candidates who could establish "that the certification that person received from another certifying agency was issued under standards equal to or greater than those employed by the private certifying bodies referenced in the definition." HAP has concerns about this position for two reasons. First, how is the department going to determine "equal to or greater"? If the assessment of "equal to or greater" is an assessment of the whether the certification has equal to or greater standards in the area of emergency medicine, it is doubtful that any of the other board certifications would meet the standard, which would exclude many excellent physicians who are currently operating as medical command physicians or ALS medical directors. Secondly, it appears that the exception would only be considered for candidates with certifications, and that physicians who are experienced and competent in emergency medicine would be excluded from consideration. A copy of the results of a recent survey HAP conducted on board certification is enclosed.

HAP recommendation: Expand the circumstances under which an exception might be granted and grandfather in those physicians currently approved as medical command physicians or ALS medical directors.

Ambulance Call Report.

The department proposes to amend the regulations to require that certain patient information solicited by the ambulance call report be reported immediately to a receiving facility, to prescribe the time in which an ambulance call report is to be completed after termination of services to the patient, and impose a duty upon an ambulance service to establish a policy prescribing who is to complete the report on behalf of the ambulance service.

HAP Position: HAP supports any revisions to the ambulance call report requirements that will promote timely completion and transfer to the hospitals of this important information.

At this time HAP has not identified any other issues of concern in the proposed regulations. I thank you for the opportunity to comment and the thoughtful and open process that was used by the department in development of the proposal.

If you have any questions, please feel free to contact me at (717) 561-5325 or by e-mail at crinehart@hap2000.org.

Sincerely,

Cheri L. Rinehart

CHERI L. RINEHART
Vice President
Integrated Delivery Systems

CLR\dd

Enclosure

Emergency Department Staffing Survey Results

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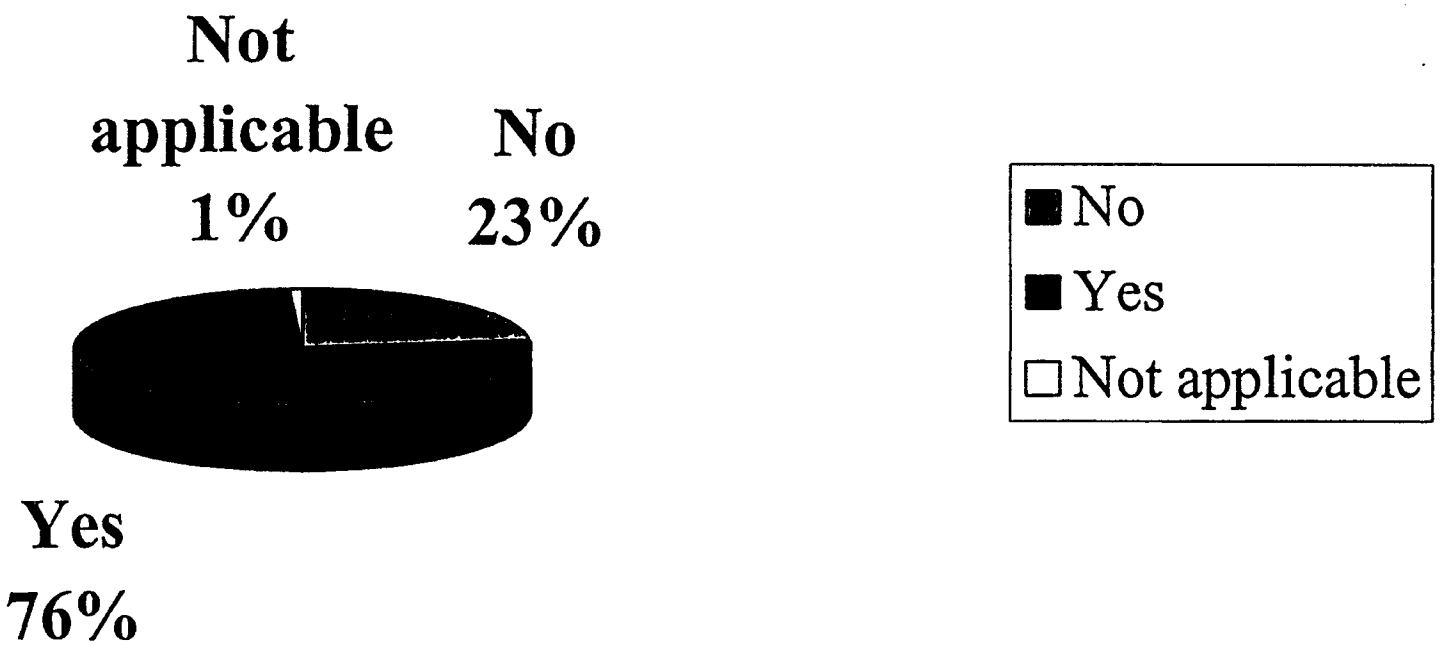
HAP

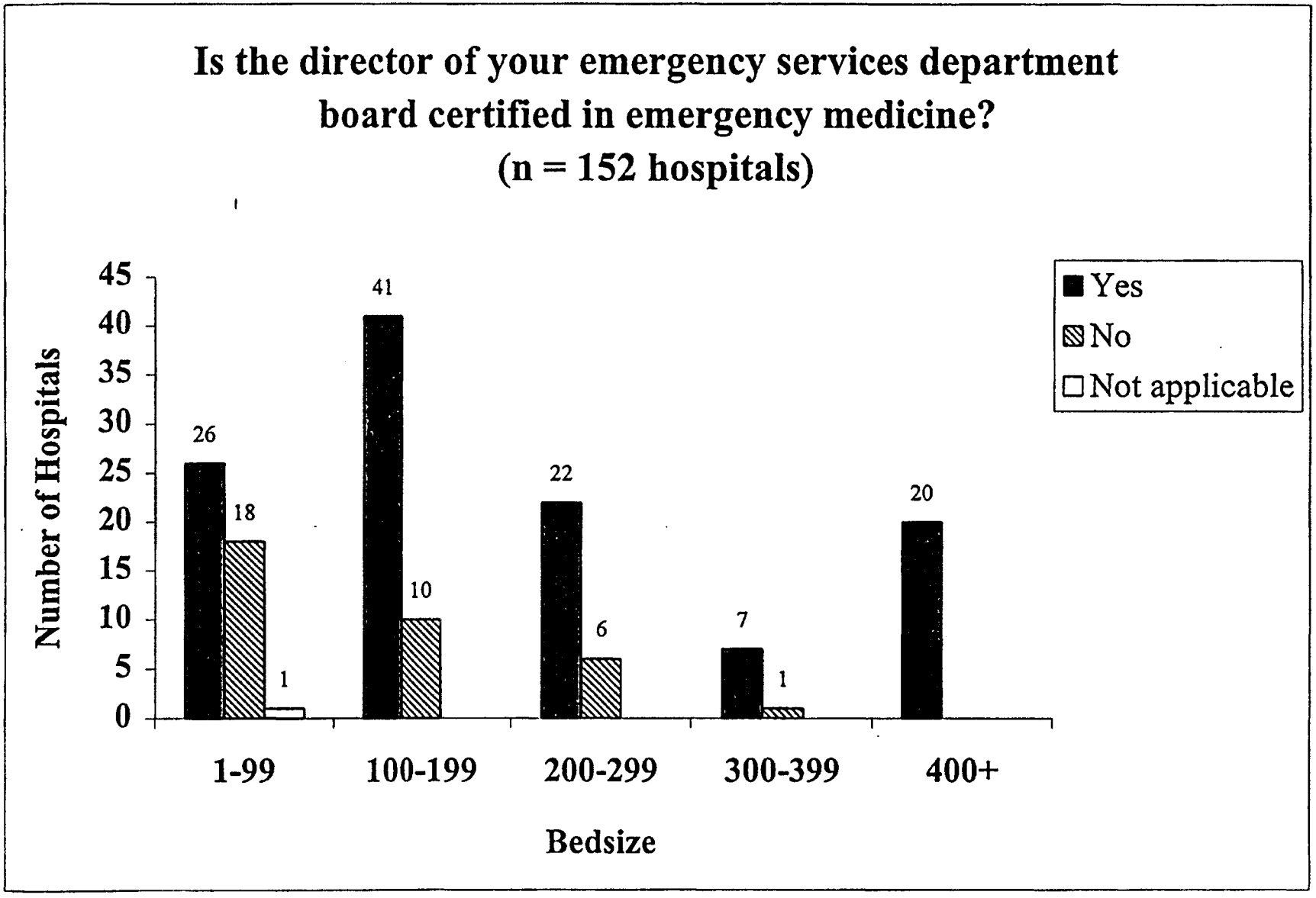
THE HOSPITAL & HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA

Emergency Department Staffing Survey
Summary of Responders versus Non-resonders

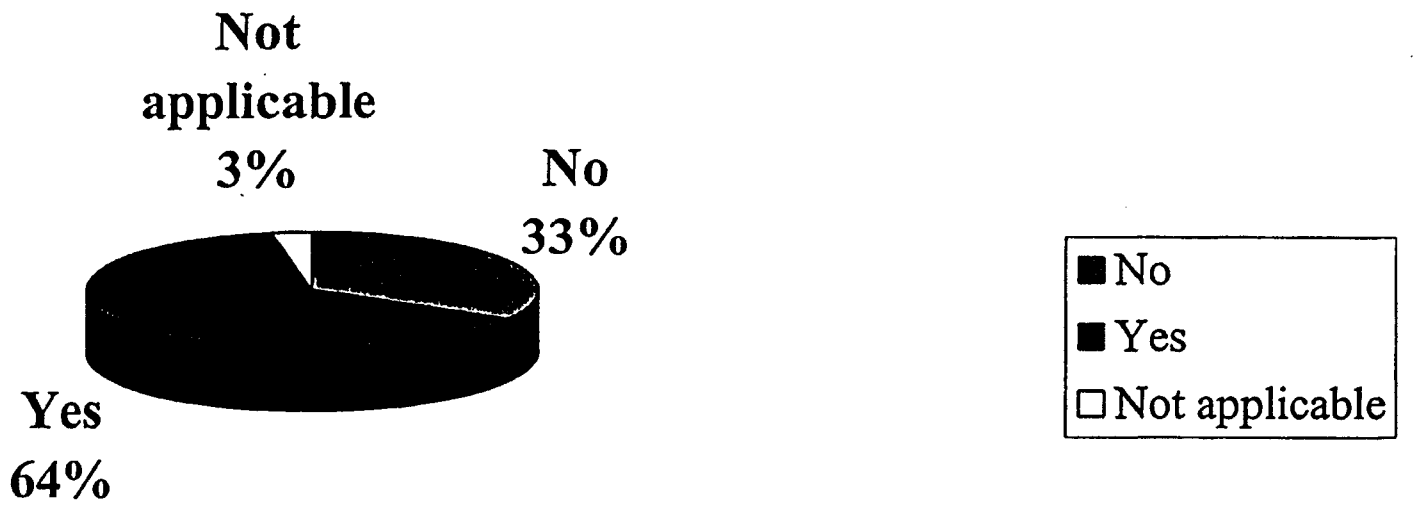
	Survey Responders				Group Totals	
	No		Yes		Count	Percent
Number of Beds	Count	Percent	Count	Percent		
1 - 99	32	41.6%	45	58.4%	77	100.0%
100 - 199	33	39.3%	51	60.7%	84	100.0%
200 - 299	9	24.3%	28	75.7%	37	100.0%
300 - 399	2	20.0%	8	80.0%	10	100.0%
400+	6	23.1%	20	76.9%	26	100.0%
Grand Total	**82**	**35.0%**	**152**	**65.0%**	**234**	**100.0%**

Is the director of your emergency services department board certified in emergency medicine?
(n = 152 hospitals)




Is the director of your emergency services department board certified in emergency medicine?
(n = 152 hospitals)
Number of Hospitals
45
40
35
30
25
20
15
10
5
0
26
18
1
41
10
22
6
7
1
20
1-99
100-199
200-299
300-399
400+
Bedsize
Yes
No
Not applicable

If the director is not board certified in emergency medicine is the director board certified in another appropriate specialty?
(n = 35 hospitals)



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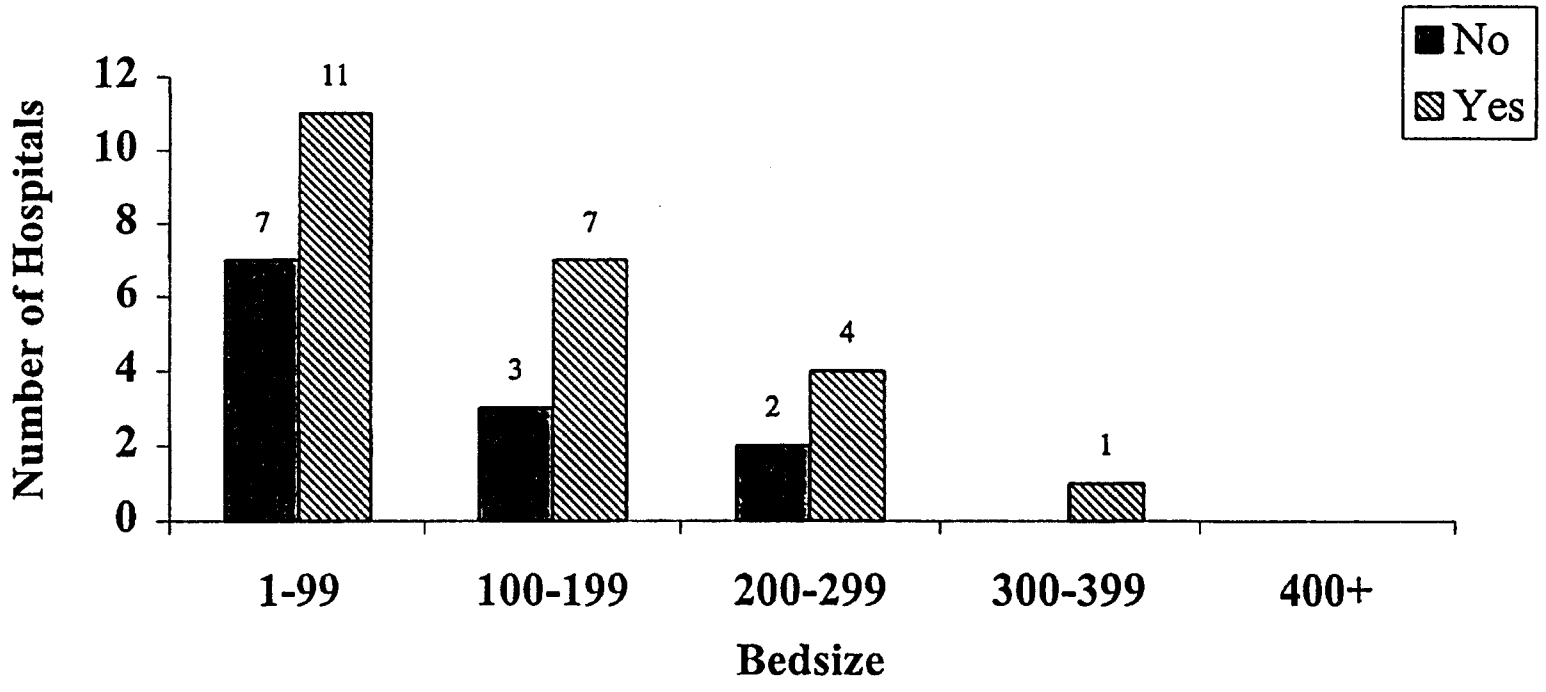
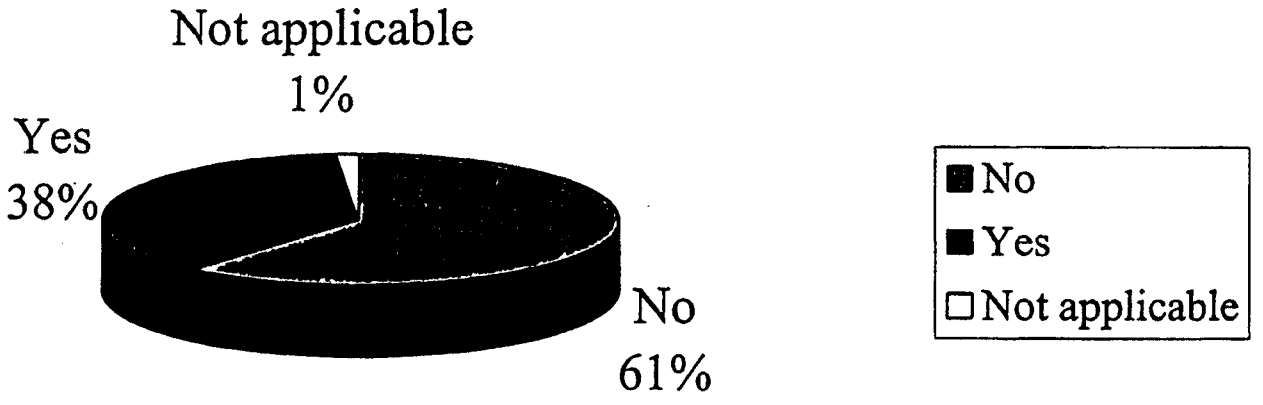


Do you have 24-hour coverage of your emergency department by physicians board certified in emergency medicine?
(n = 152 hospitals)



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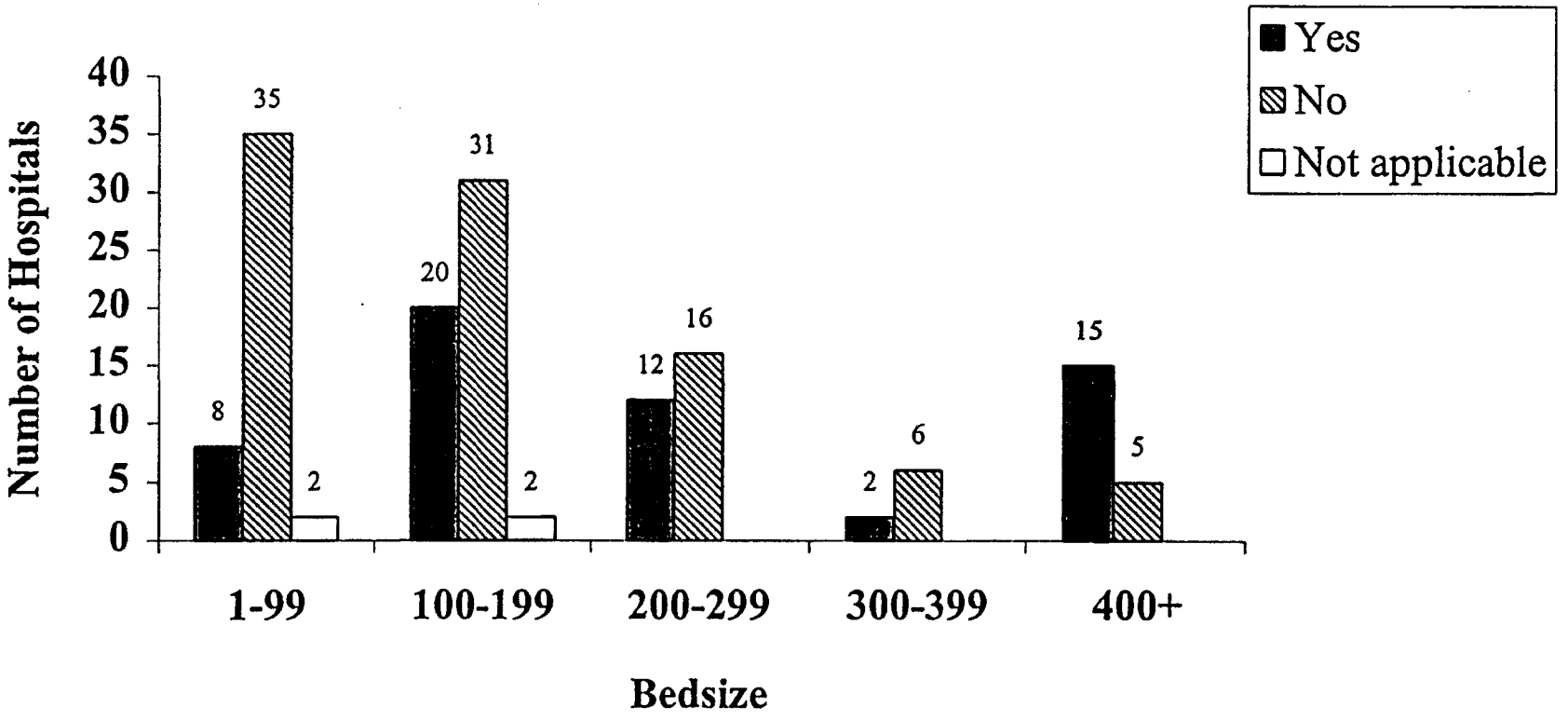
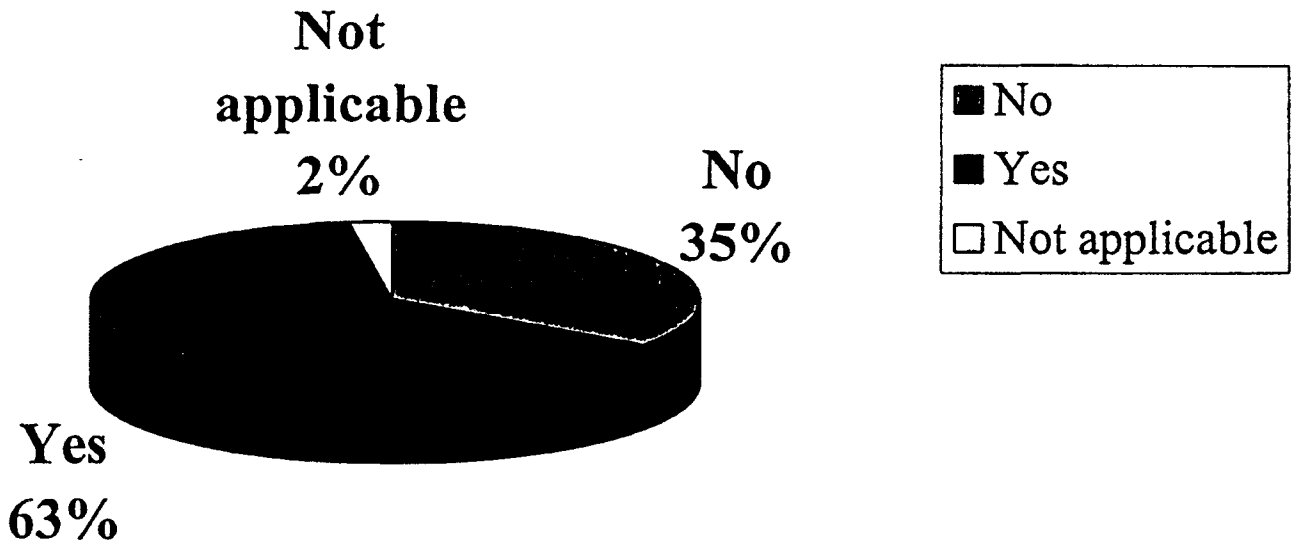


If you do not have 24-hour coverage of your emergency department by physicians board certified in emergency medicine are your physicians board certified in another appropriate specialty?
(n = 93 hospitals)



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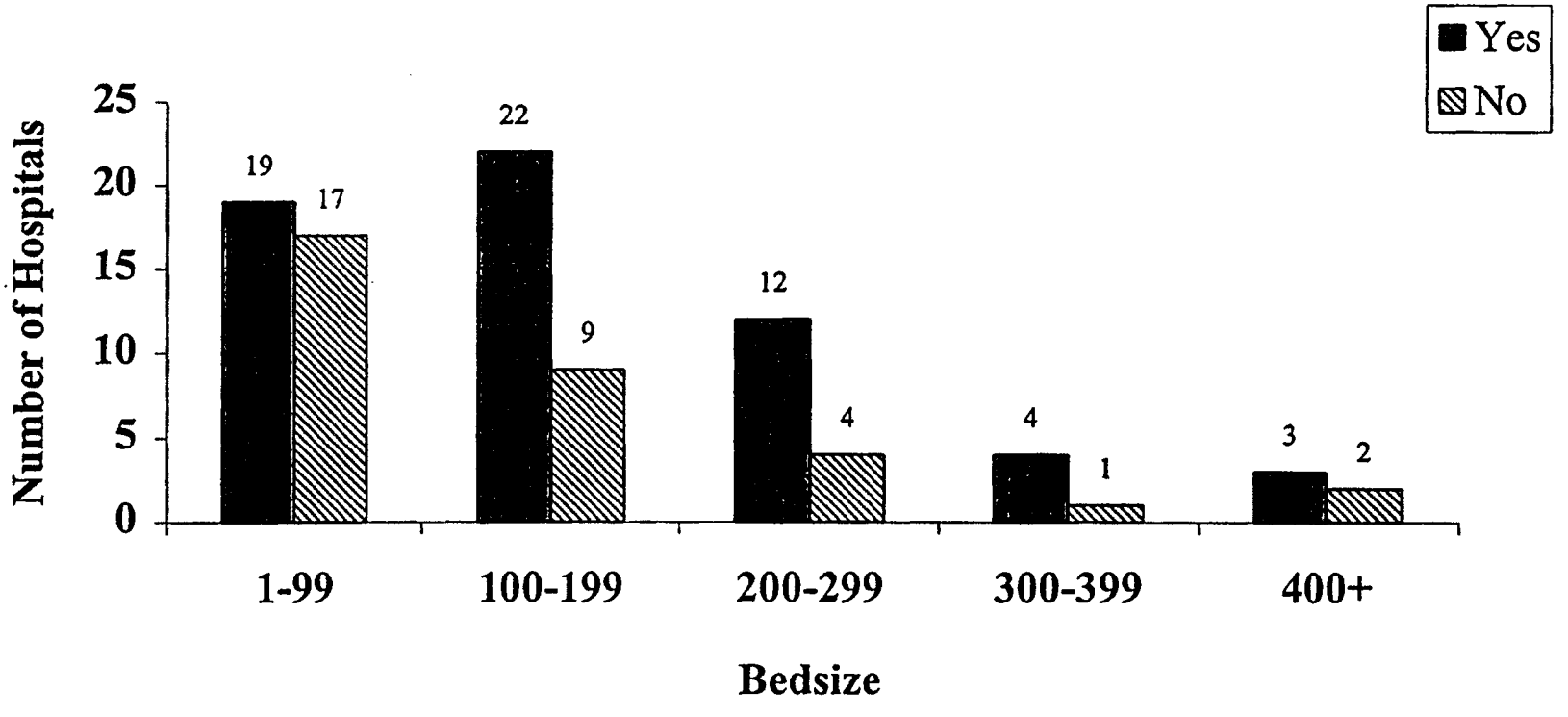
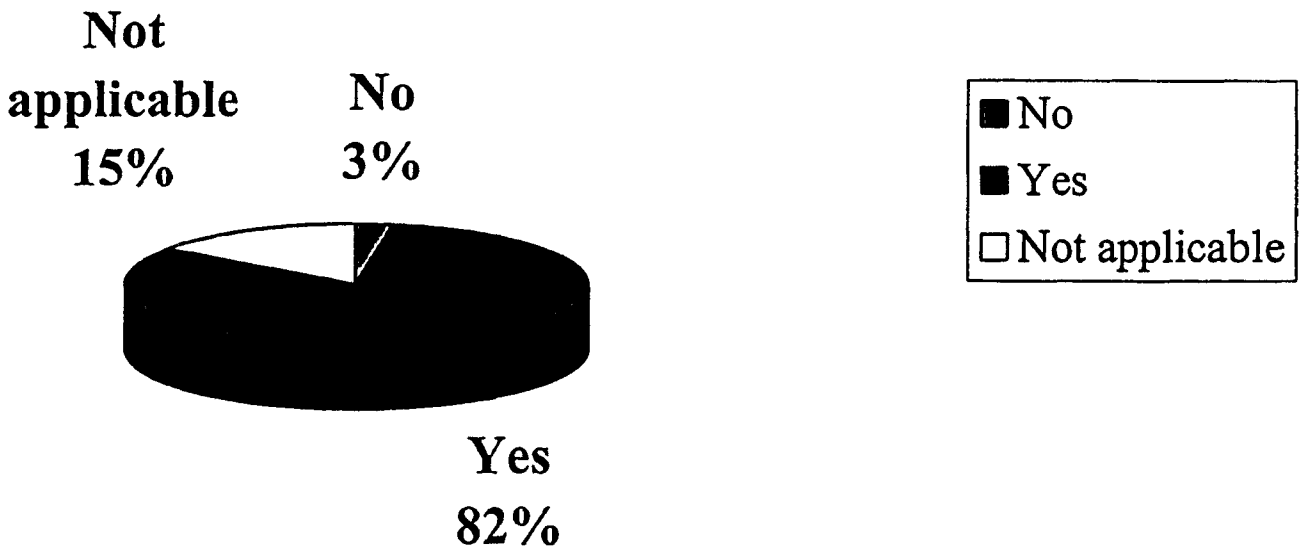
(n = 93)



Do you require your emergency department physicians who are not board certified in emergency medicine to complete the Advanced Cardiac Life Support (ACLS) course?
(n = 152 hospitals)



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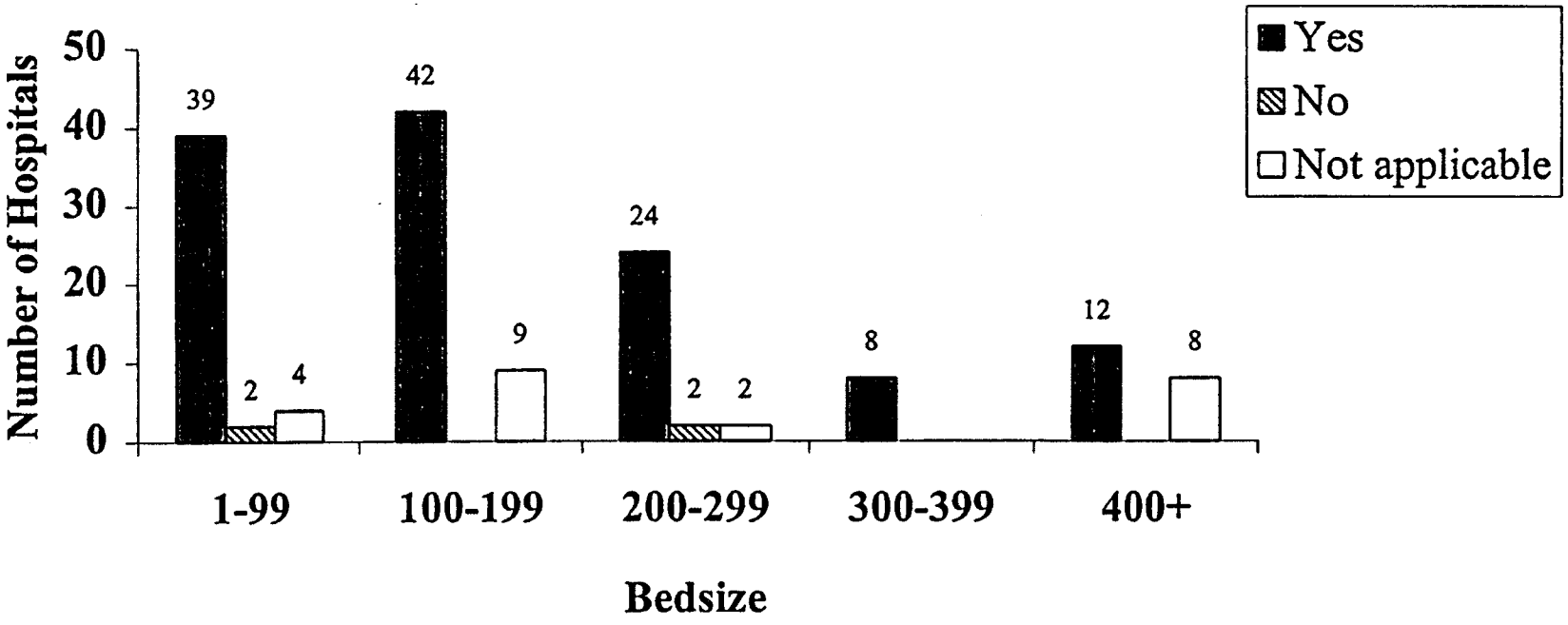

Do you require your emergency department physicians who are not board certified in emergency medicine to complete the Pediatric Advanced Cardiac Life Support (PALS) or the Advanced Pediatric Life Support (APLS) course?
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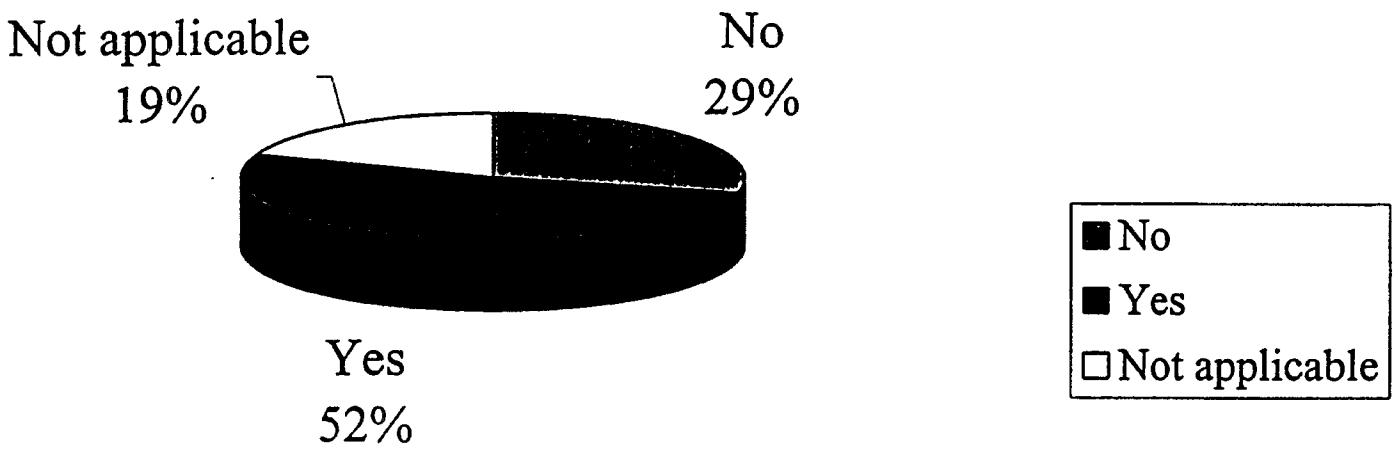

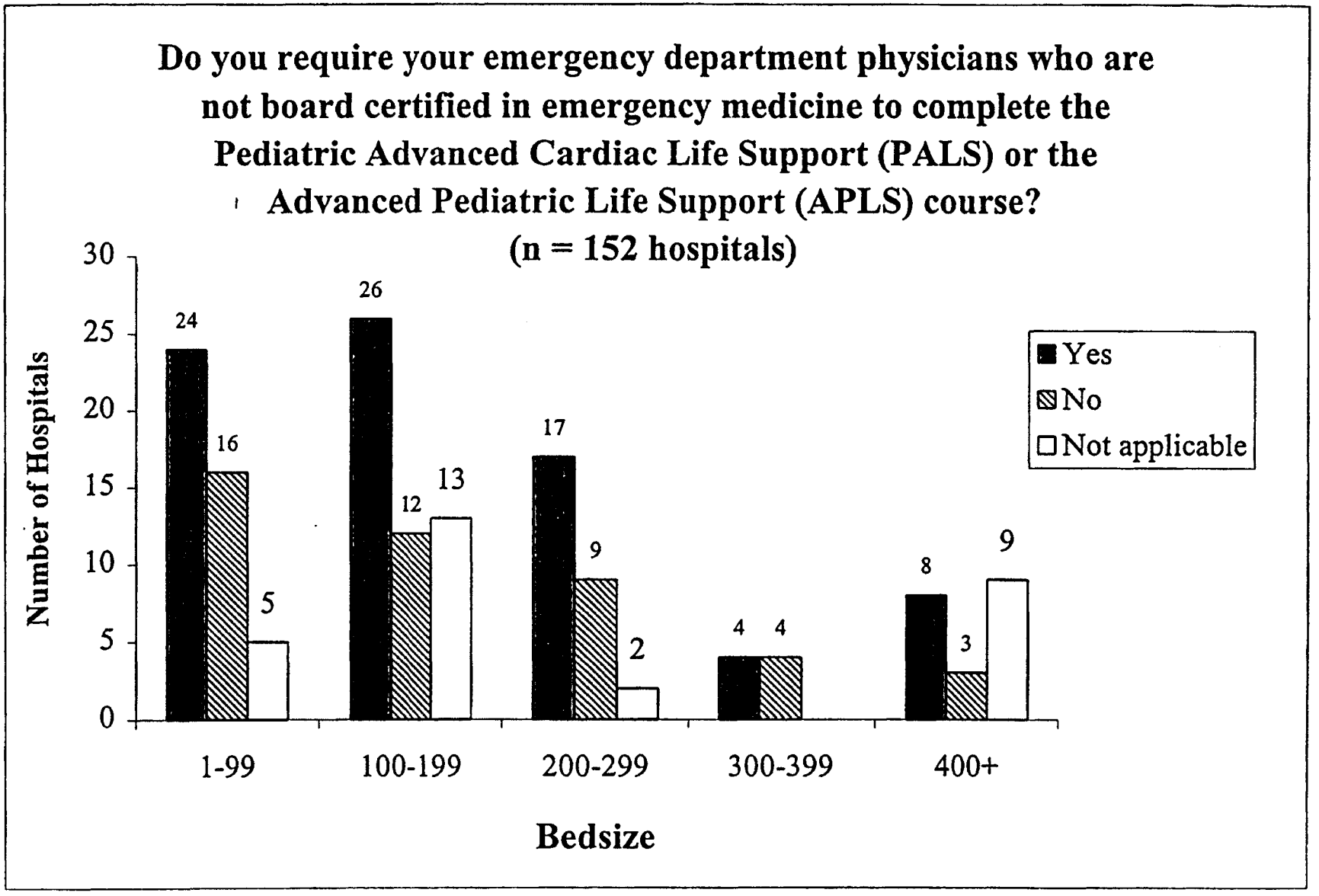
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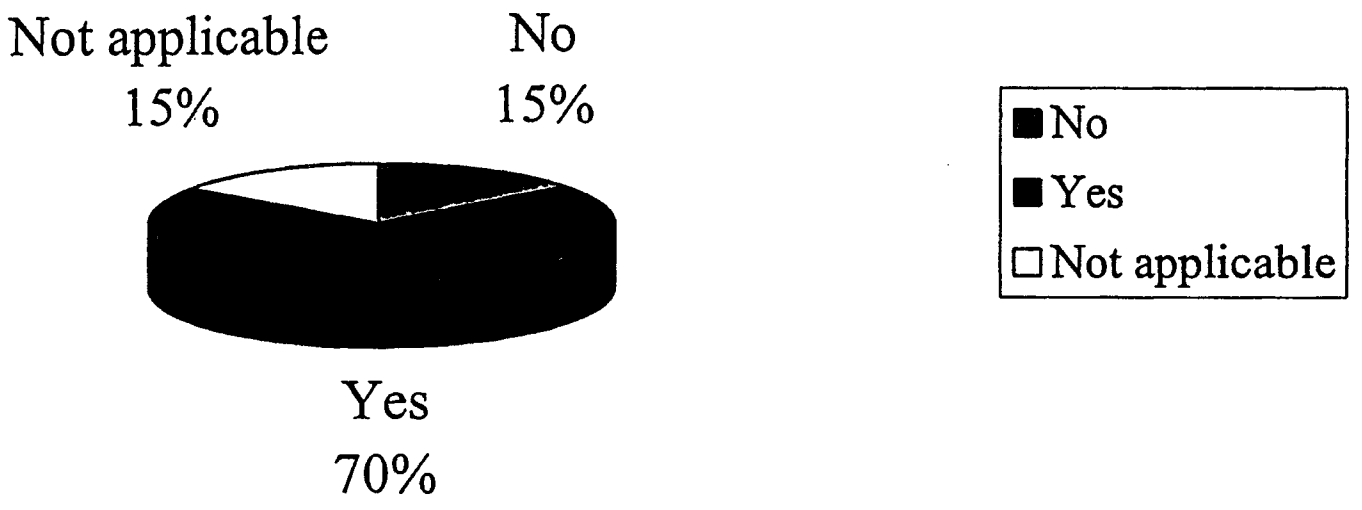
(n = 152 hospitals)
Number of Hospitals
30
25
20
15
10
5
0
24
16
5
26
12
13
17
9
2
4
4
8
3
9
1-99
100-199
200-299
300-399
400+
Bedsize
Yes
No
Not applicable

Do you require your emergency department physicians who are not certified in emergency medicine to complete the Advanced Trauma Life Support (ATLS) course?
(n = 152 hospitals)



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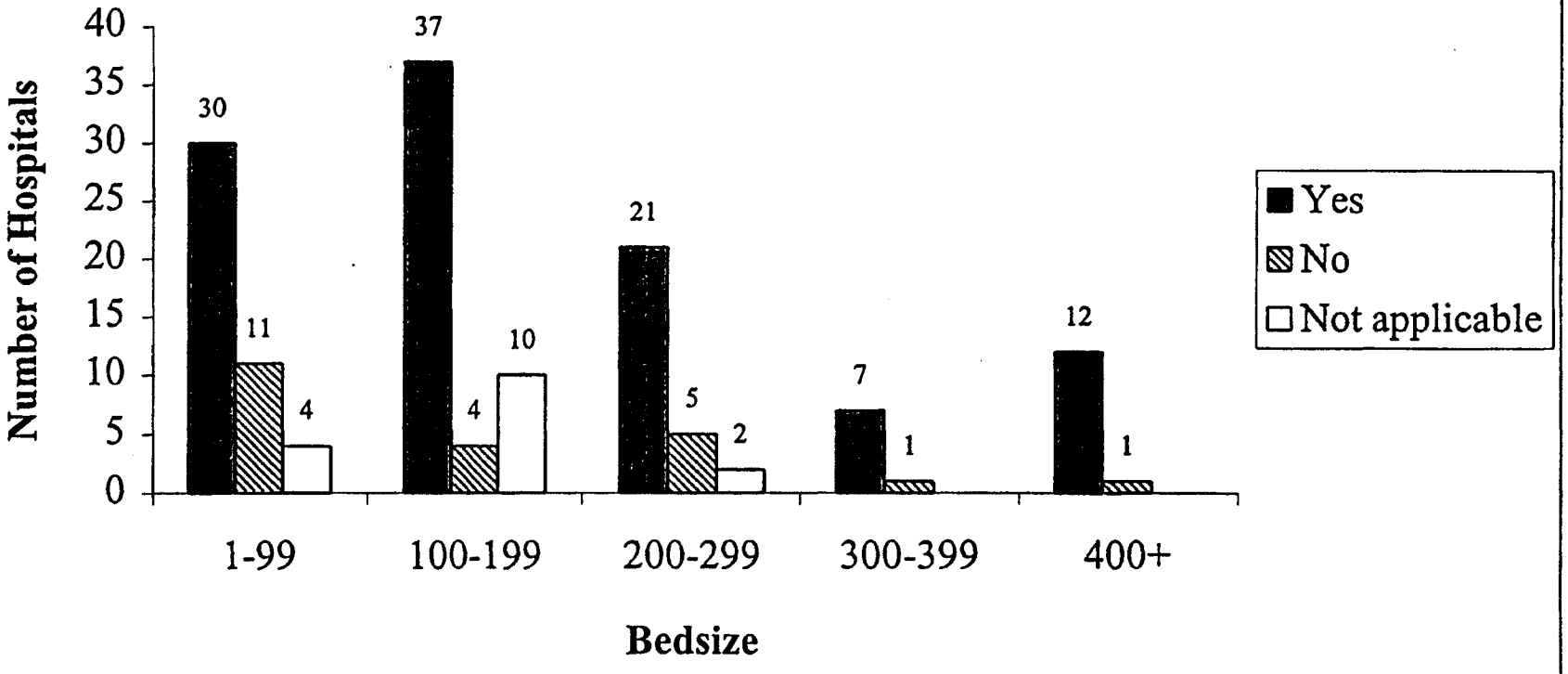
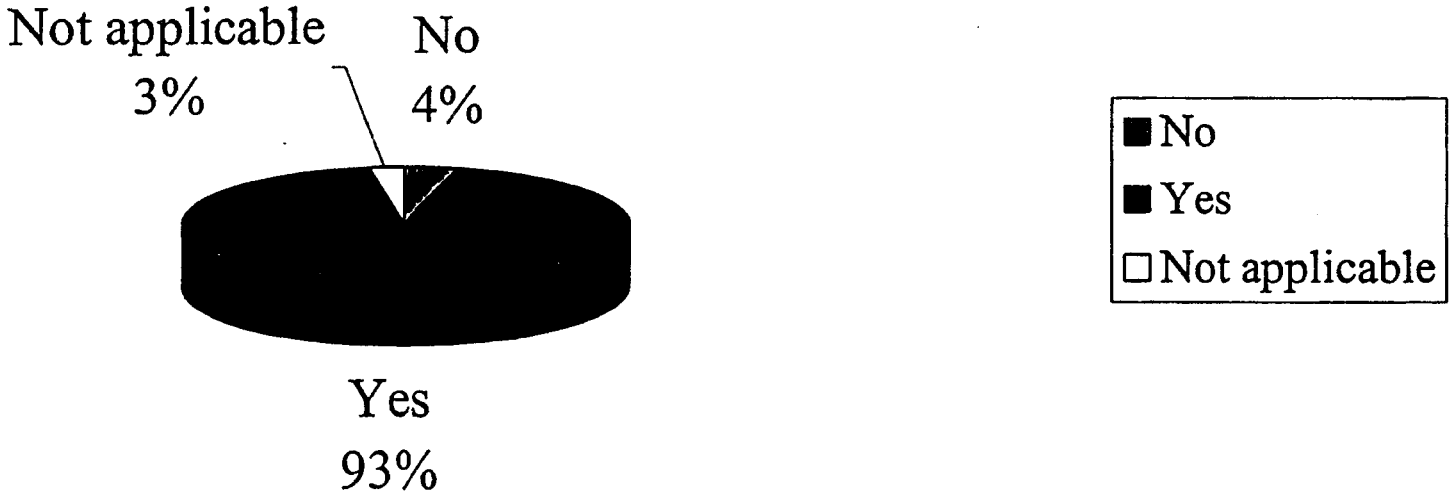
(n = 152 hospitals)



Do you require your emergency department nursing staff, if they do not have certification as emergency department nurses, to complete the Advanced Cardiac Life Support (ACLS) course?
(n= 152)



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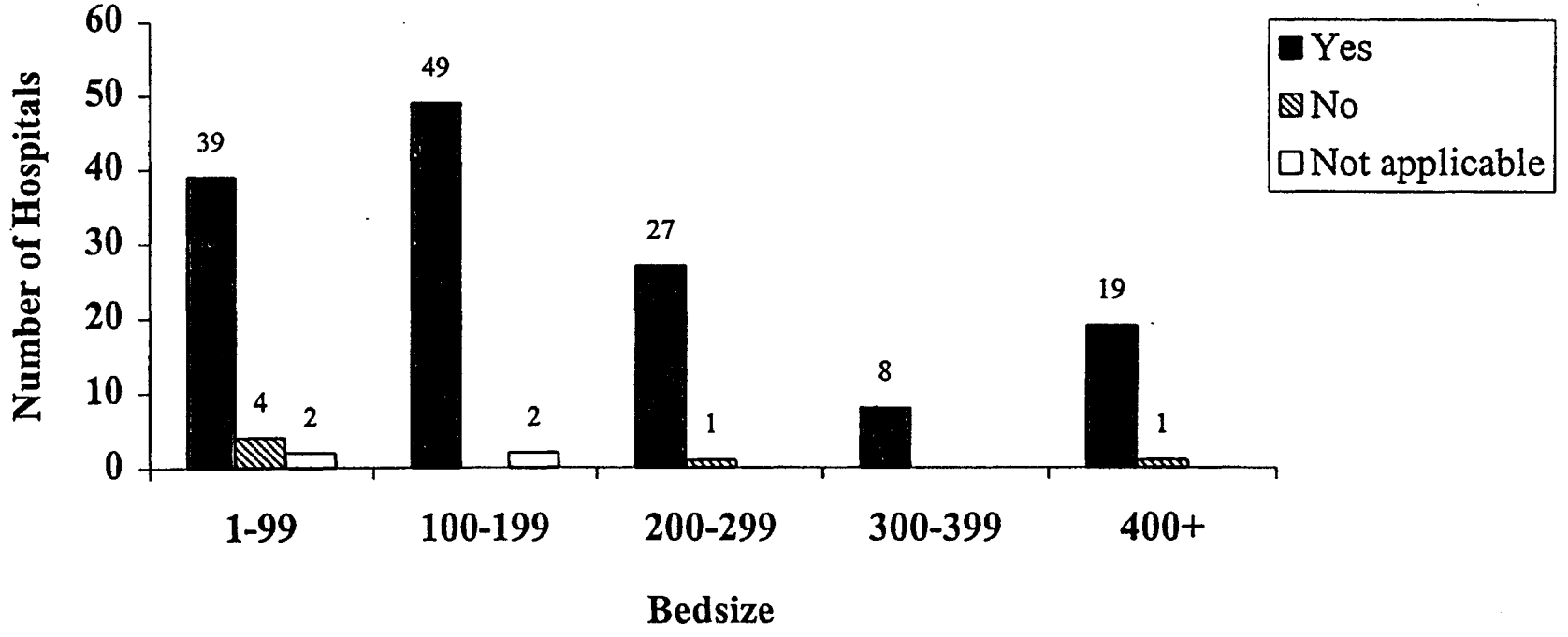

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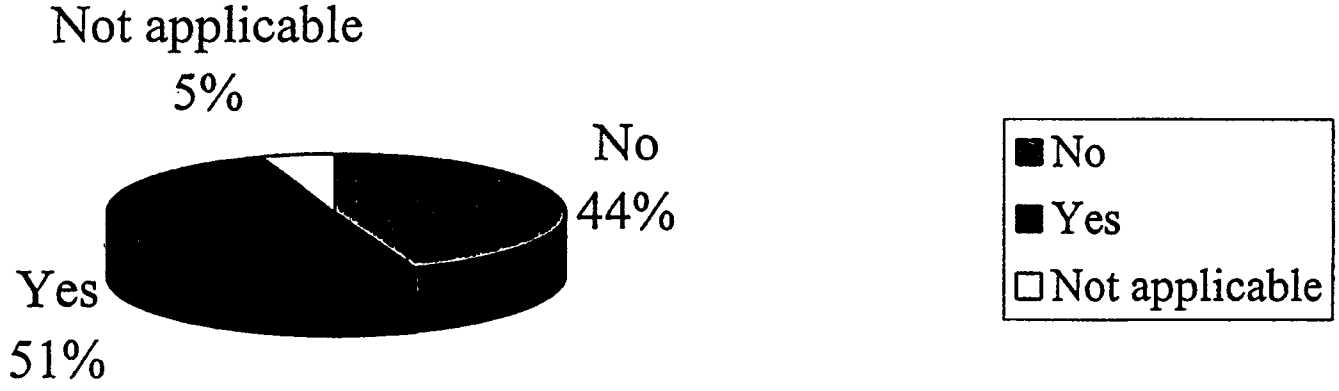

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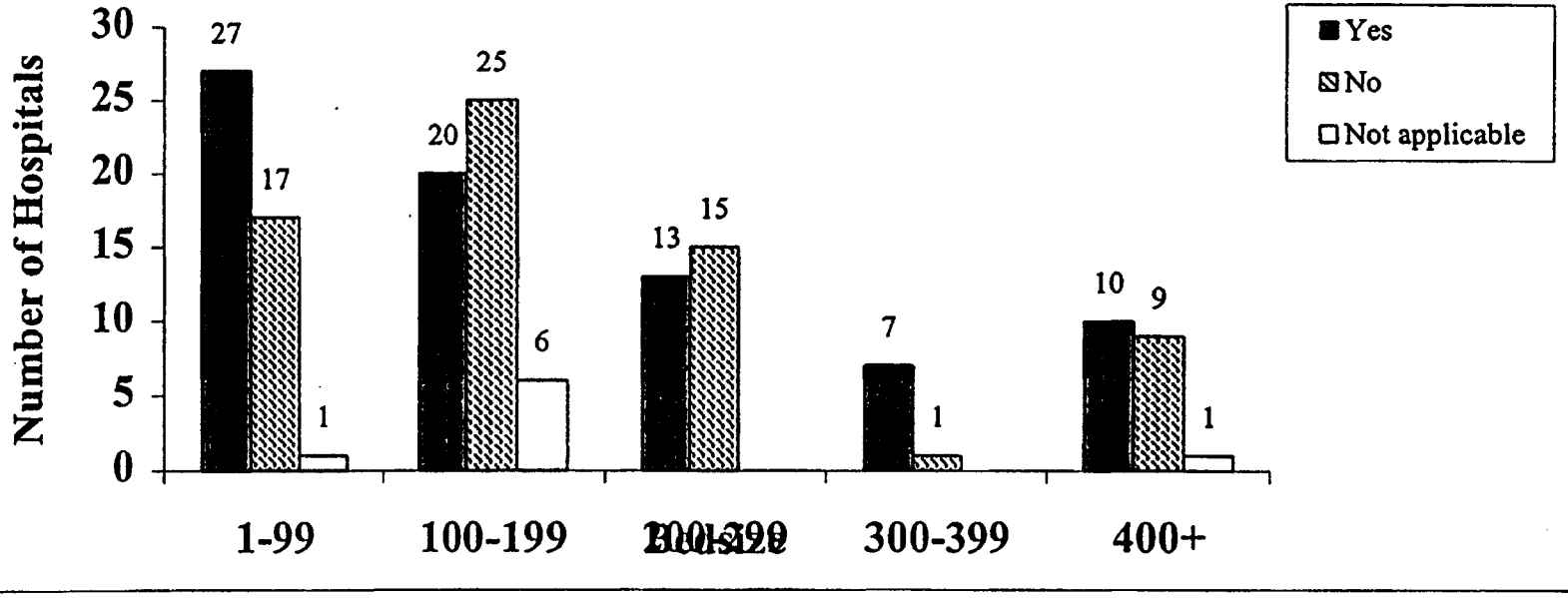

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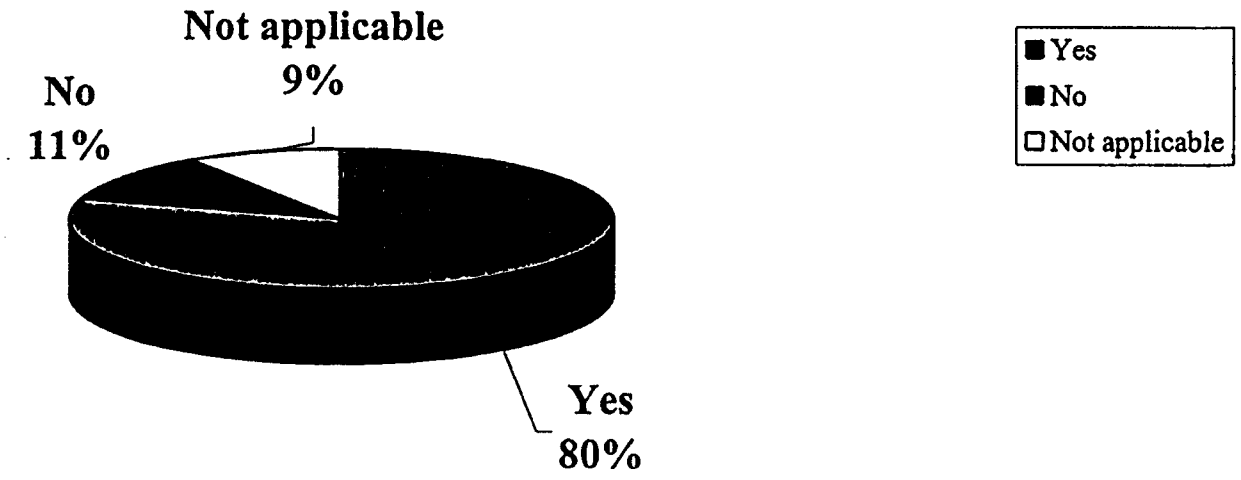

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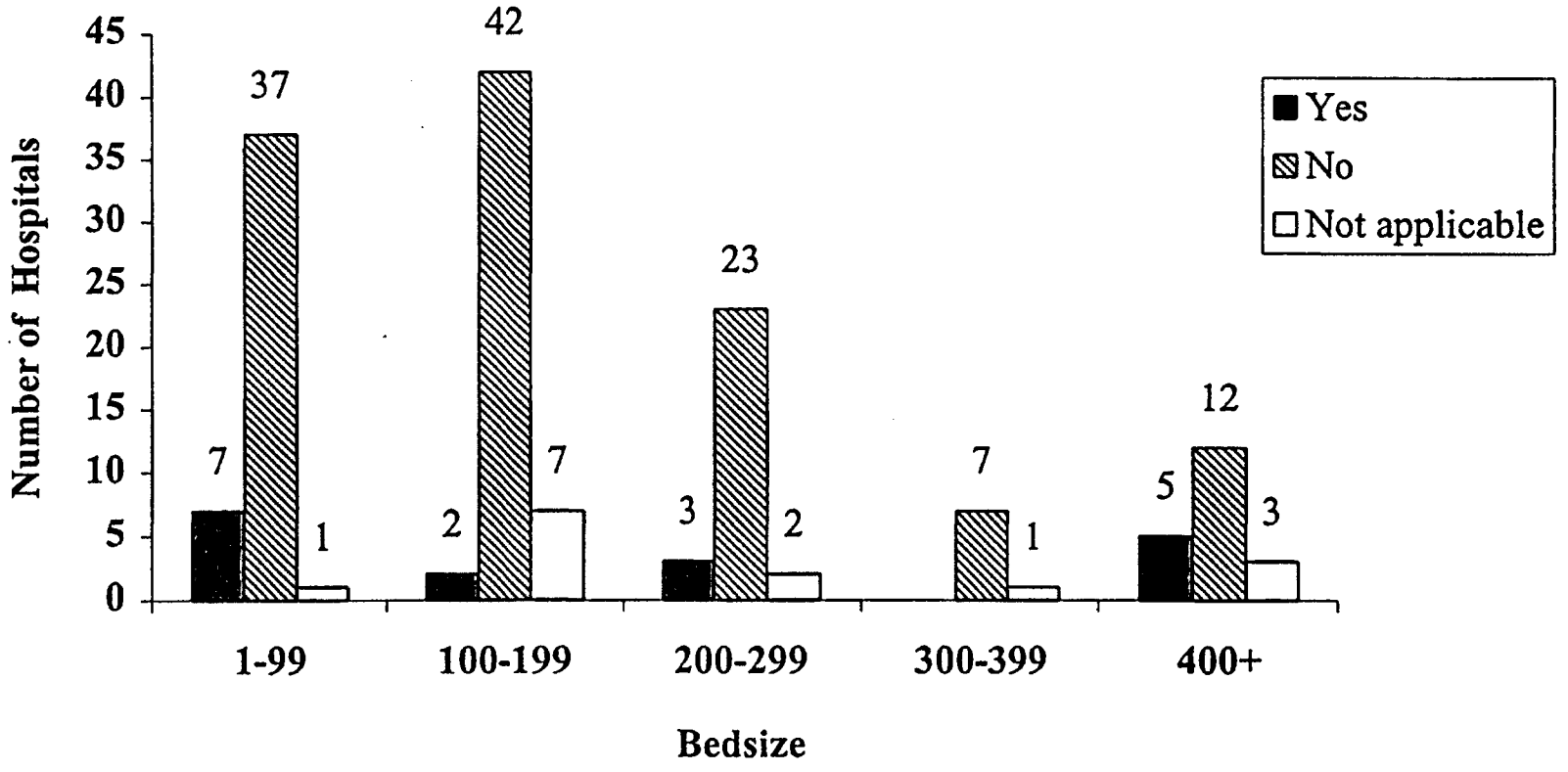
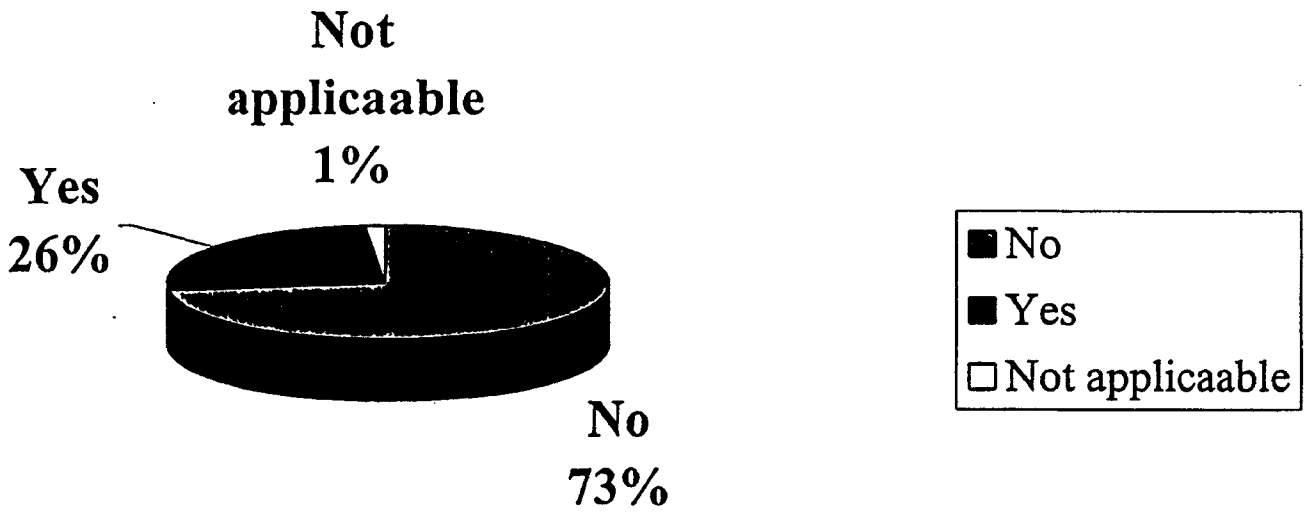


Do you use resident "moonlighters" to ensure 24-hour coverage of your emergency department? (n= 152 hospitals)



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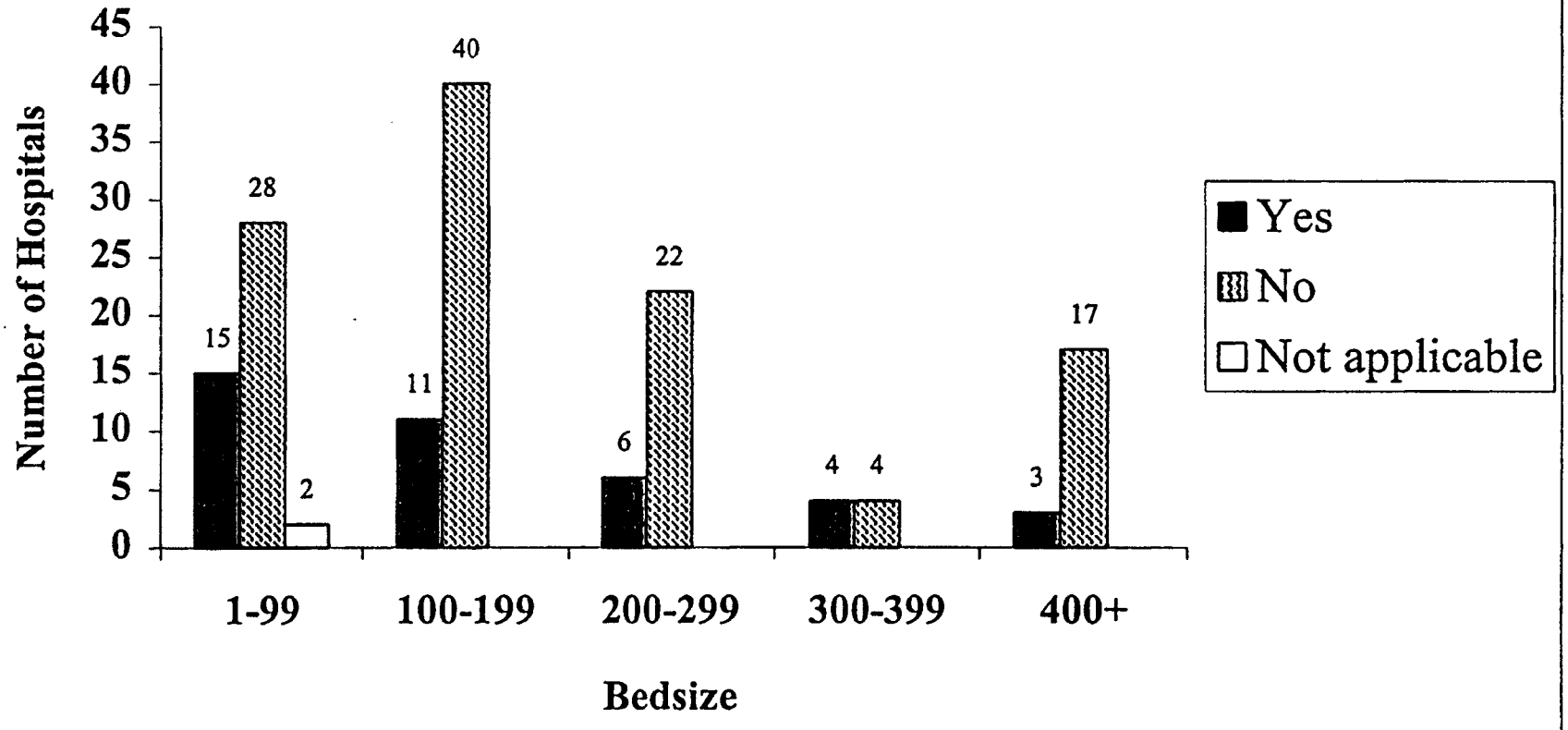
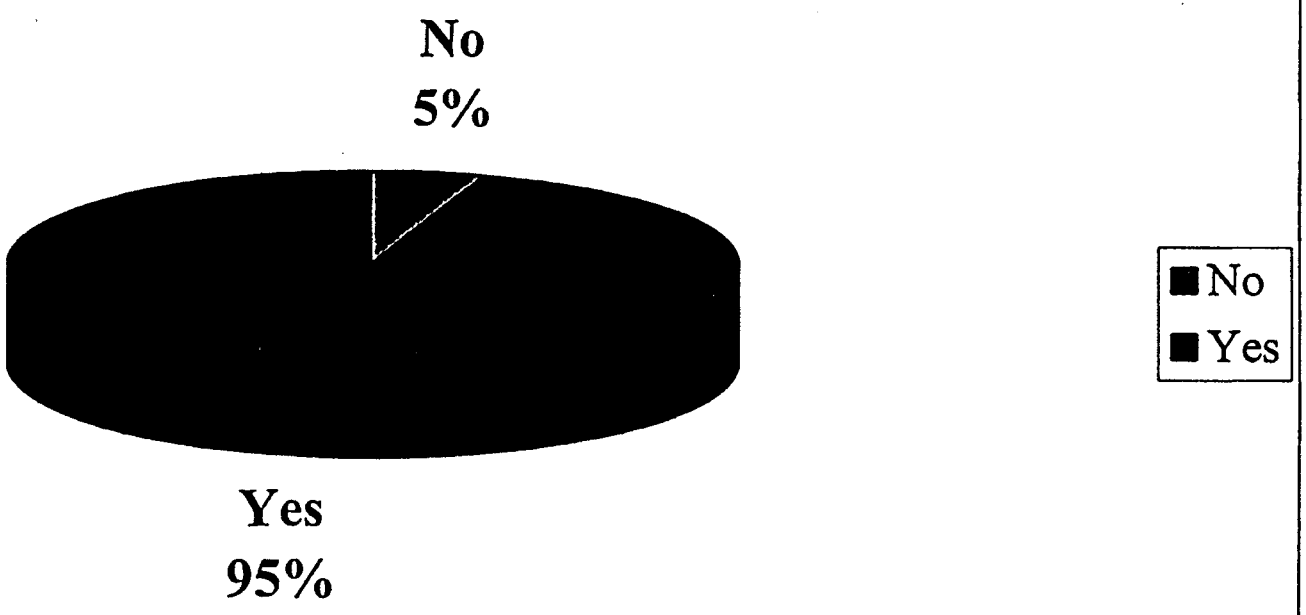


If you use resident "moonlighters" in your emergency department do you require them to complete the Advanced Cardiac Life Support (ACLS) course? (n = 39 hospitals)



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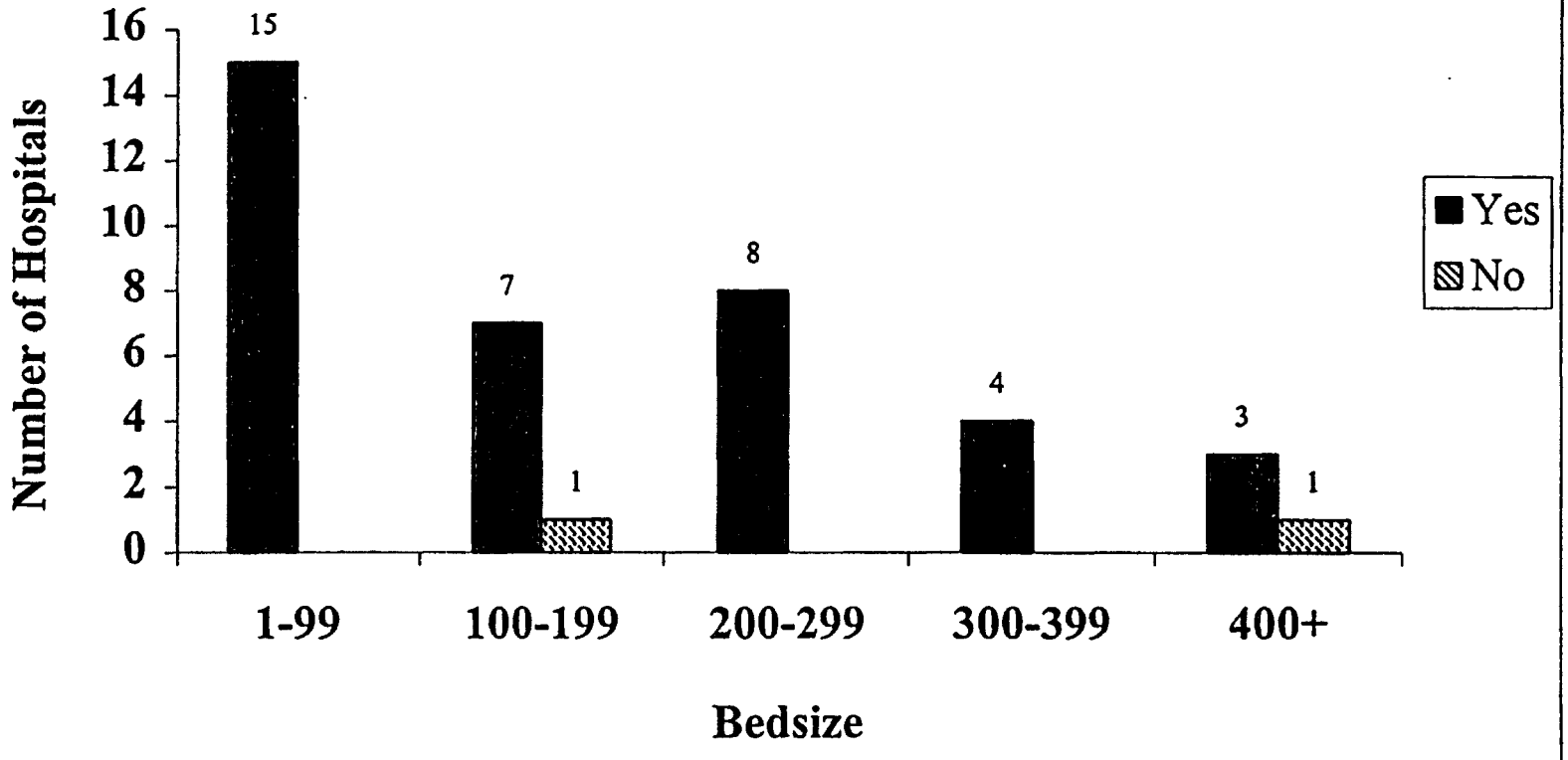

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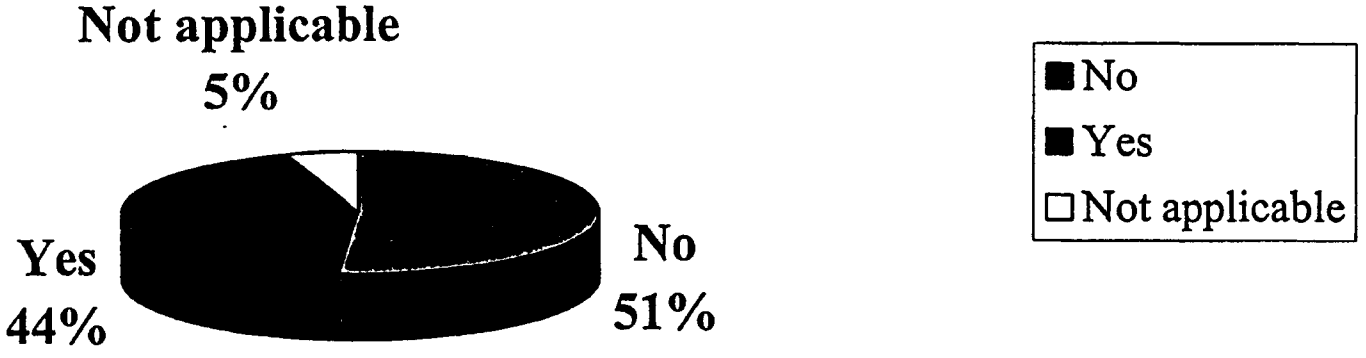
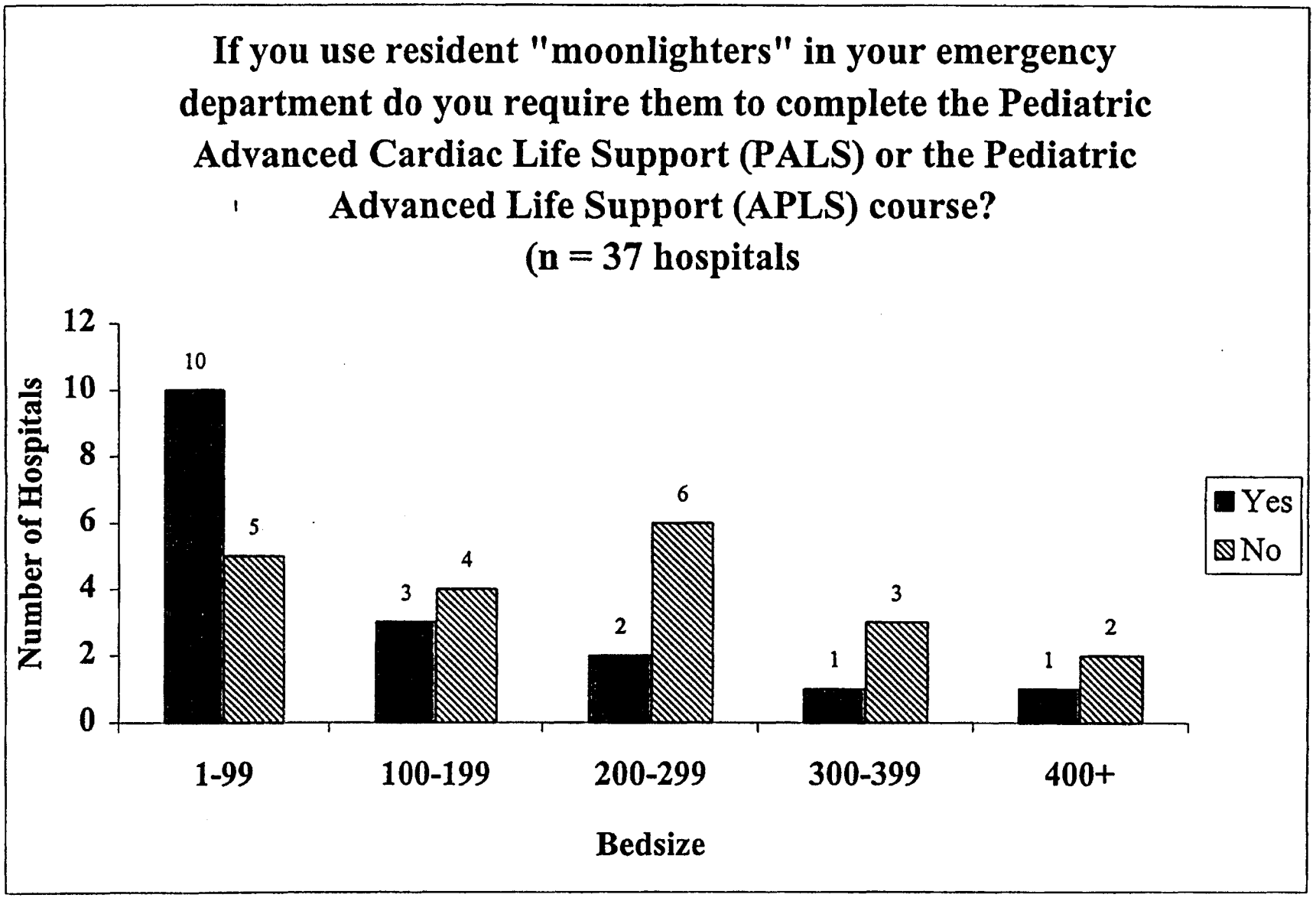
(n = 37 hospitals)

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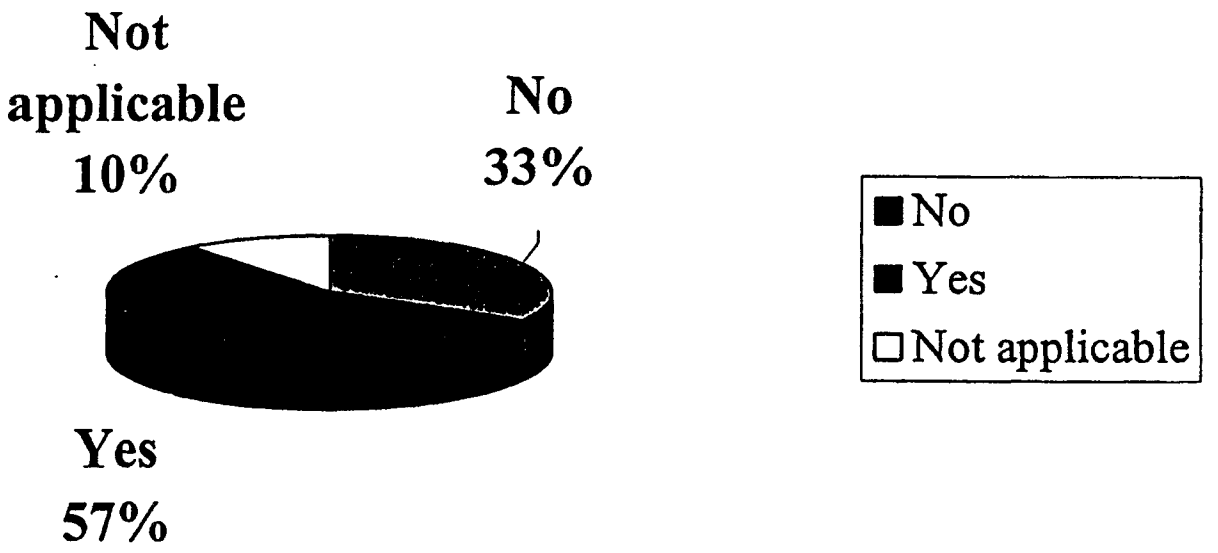
(n = 37 hospitals
Number of Hospitals
12
10
8
6
4
2
0
10
5
3
4
2
6
1
3
1
2
1-99
100-199
200-299
300-399
400+
Bedsize
Yes
No

If you use resident "moonlighters" in your emergency department do you require them to complete the Advanced Trauma Life Support (ATLS) course? (n = 35 hospitals)



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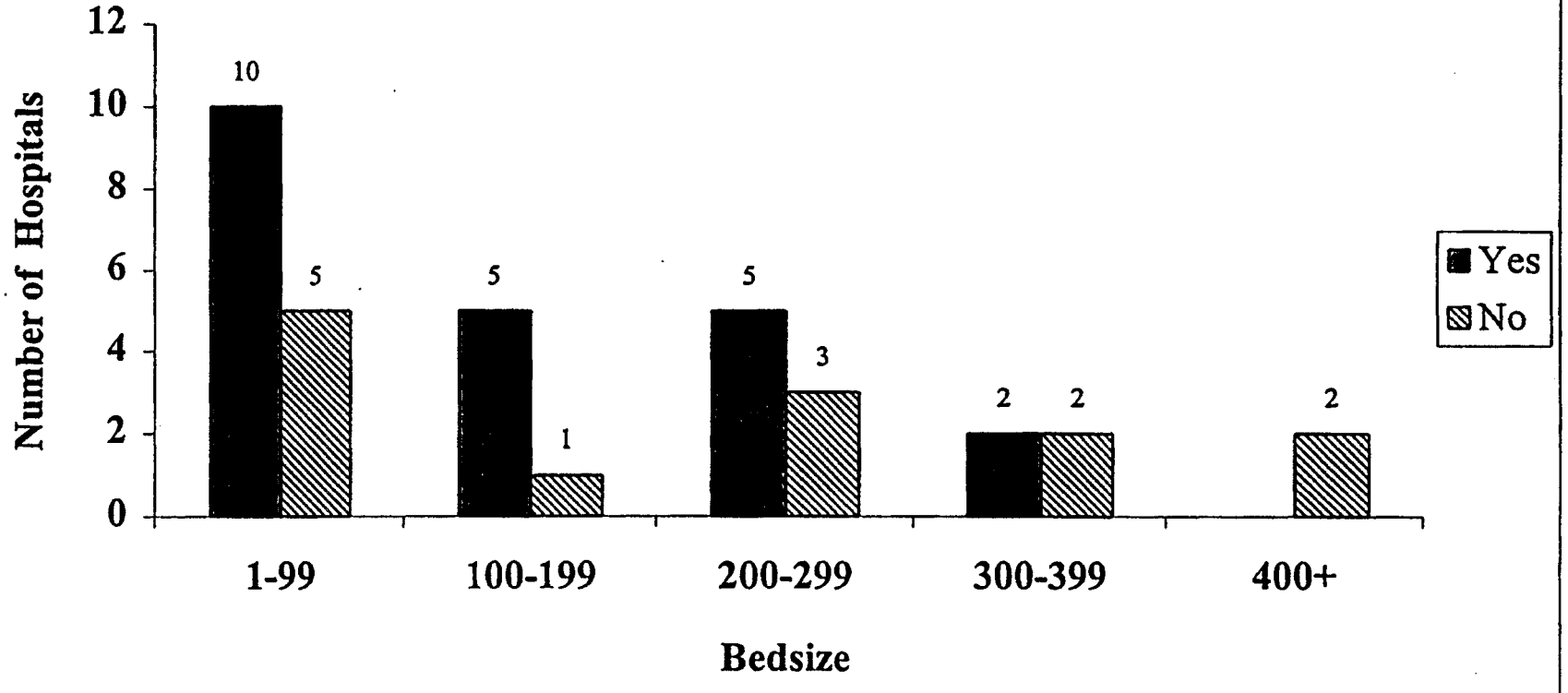
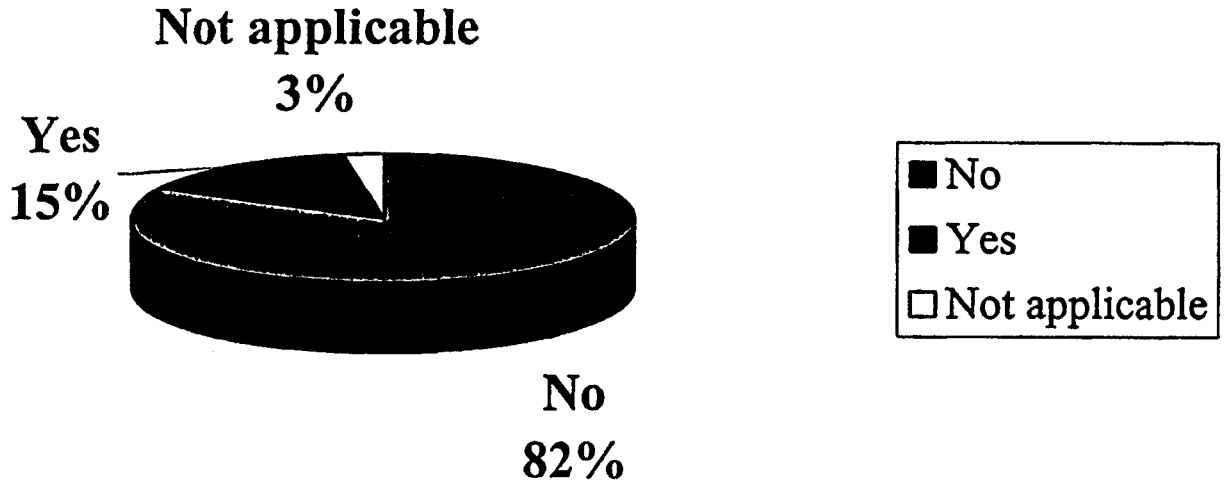


If it were permitted, would you consider staffing your emergency department at any time using only non-physician providers (physician assistants, nurse practitioners) with physician back-up?
(n = 152 hospitals)



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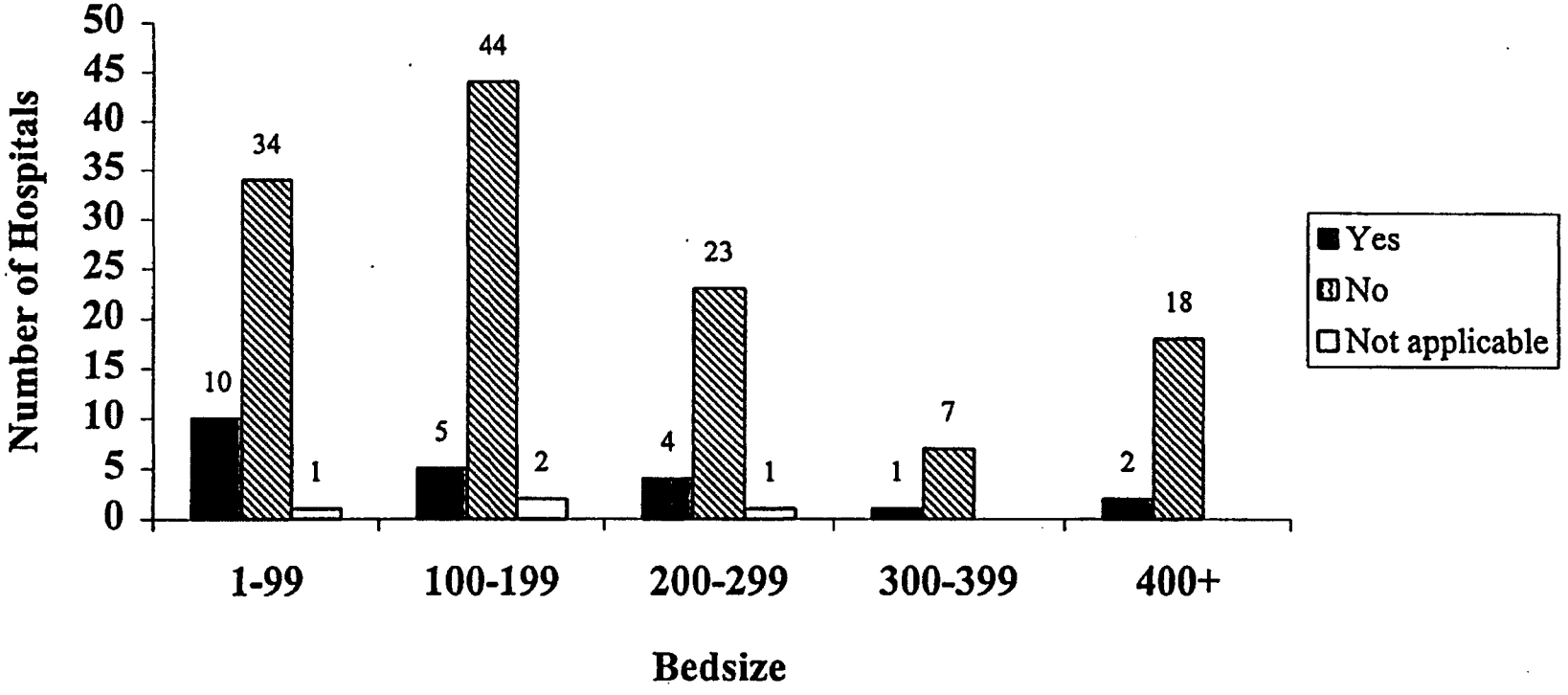

Emergency Dept
Lee Hospital
Johnstown Pa 15901

[redacted]

Ms. Margaret E. Trimble
Director
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Department of Health
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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.

I chose to present myself for the American Association of Physician Specialists, Inc. (AAPS) affiliated Board of Certification in Emergency Medicine, because (insert reasons here).

The proposed regulatory language will affect my practice directly by (insert how you will be affected directly, such as inability to practice, loss of job as ALS service medical director or medical control physician.)

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

[redacted]
Emergency Dept
Lee Hospital
Johnstown Pa 15901

1999 MAR 16 PM 2:
EMERGENCY MED. SVC.

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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 (insert reasons here).

The proposed regulatory language will affect my practice directly by (insert how you will be affected directly, such as inability to practice, loss of job as ALS service medical director or medical control physician.)

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

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 S Ergas MD.

James S Ergas MD

Lee Hospital Emergency Dept
Johnstown, Penn
Associate Director

P.S. If any questions, please contact me at Lee Hospital 814-533-0109.

Omid Rowshan M.D.
44 Alexander CT.
Newtown, PA 18940
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Ms. Margaret E. Trimble
Director

Emergency Medical Services Office
Dept. of Health
1027 Health and Welfare building
P.O. Box 90
Harrisburg ,PA 17108

Ref. Amendment to 28 PA.
Code pt. 7 .
Chapt 1001, Subchapt. A
Section 1001.2
Board certification P. 919

Dear Ms. Trimble.

This letter is in reference to the proposed amendments to 28 PA 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 defenition of "BOARD CERTIFICATION"

I am a residency trained board certified family physician and graduated in 1992. Due to The earlier closure of the practice track by ABEM, I was unable to sit for the emergency medicine Board. I have practiced emergency medicine in a full-time capacity since 1992 and my appointments are As follows;

Vice-chair dept. of emergency medicine at Temple lower bucks Hosp. Volume 33000.
Assistant clinical professor dept. of emergency medicine temple university, MCP.
Medical Director Bensalem Rescue Squad 96-97.

I am currently board certified in emergency medicine through Board OF Certification In Emergency Medicine (BCEM) an affiliate of American association of Physician Specialists(AAPS).

I am a carrier oriented emergency physician and plan to practice for many years to come. It is my Belief that the requirement for board certification through BCEM is as rigorous if not more than ABEM. Also I believe that I am very competent in the field as evidence by my accomplishments.

With all recent issues surrounding managed care and their requirements, it will be only a matter of time before board certification becomes a requirement which can threaten my professional as well as financial survival, needless to say my family's.

In conclusion, I am requesting that Board Of Certification in Emergency Medicine (BCEM) Exam as given by American Association of Physician Specialists (AAPS) be recognized as equivalent To ABEM and Osteopathic Emergency Medicine board and request that the language in the proposed Pa, Code chapter 1001, subchapter A, be amended to include the AAPS.

March 12, 1999

Ms Margaret Trimble
Emergency Medical Services
PA Dept. of Health
P.O. Box 90
Harrisburg, PA, 17108

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Dear Ms. Trimble,

I am writing to comment on the proposed rules re: EMS Medical Command requirements that recognize only AOA and AOA approved boards. I believe that is unfair and the state is being misled. It is only fair to recognize BCEM/AAPS boards as well.

Briefly, the majority of professional, full-time emergency physicians are not boarded. Of those boarded by ABEM and AOBEM the majorities are not residency trained in emergency medicine. Unlike most/many of those credentialed by those 2 boards, the vast majority, I believe, of those credentialed by BCEM have completed residency training in another specialty relating to the practice of emergency medicine IN ADDITION TO the numerous hours of emergency medicine required to sit for the BCEM exam.

Unfortunately, I believe, from talking to your staff, that the state has been drawn into the scientifically-based internal politics of emergency medicine. Most of those, I believe, that serve on the boards from whom you receive council are, like myself, members of ACEP. ACEP, unfortunately, is politically tied to ABEM (they appoint board members to ABEM) and, in fact, founded ABEM. As I understand it, ABEM is putting pressure on ACEP for their very recent recognition of AOBEM; pressure that is currently preventing

ACEP recognition of BCEM (or preventing BCEM from requesting that recognition).

The rules and regs. of the state should do one thing. That is to ensure the highest quality EMS command. If you ask the correct questions of the different organizations you will find that: ① the BCEM exam is as rigorous as, or more so, than the other 2 exams. ② the BCEM diplomates are as well trained as the majority of the diplomates of the other 2 boards. ③ the BCEM diplomates are as professional and dedicated as the diplomates of the other 2 boards.

Enclosed is my C.V. to give you documentation as to my credentials. I hope that this aids you in correcting the proposed rules. Feel free to contact me if I can be of any further assistance.

Most sincerly,

Geoffrey Ruben MD

GEOFFREY RUBEN, M.D.

CURRICULUM VITAE

GEOFFREY L. RUBEN, M. D.

ADDRESS:

Professional: Emergency Trauma Center
Wheeling Hospital
One Medical Park
Wheeling, WV 26003

Residence: 375 Woodside Drive
Washington, PA 15301
(724) 223-8947

POSTGRADUATE APPOINTMENTS:

10/90 - Present	Staff Physician, Department of Emergency Medicine Wheeling Hospital Wheeling, WV 26003
7/90 - Present	Clinical Instructor Department of Emergency Medicine West Virginia University Hospitals Medical Center Drive, Department 220 Morgantown, WV 26506
11/88 - 7/90	Instructor, Departments of Surgery and Pediatrics Department of Emergency Medicine West Virginia University Hospitals Medical Center Drive, Department 220 Morgantown, WV 26506

Associated Positions

Present	Team Physician Group, Wheeling Nailers Professional Ice Hockey Wheeling, WV
Present	Medical Director, Dallas Volunteer Fire Department Dallas, WV
1991-1994	Medical Director, Bethany Volunteer Fire Department Bethany, WV

POSTGRADUATE TRAINING:

"Fellowship" in Emergency Medicine 11/88 - 7/90	Department of Emergency Medicine WVU School of Medicine Morgantown, WV 26506
Pediatric Residency 1985 - 1988	Department of Pediatrics West Virginia University Hospital Morgantown, WV 26506

EDUCATION:

MD 1985	West Virginia University School of Medicine Morgantown, WV 26506
1982	Diploma of Health Sciences St. Georges University School of Medicine St. Georges, Grenada
Completed one year of Ph.D. program in Environmental Toxicology	University of Cincinnati College of Medicine Cincinnati, OH
B.A. Biology/Chemistry	Antioch College Yellow Springs, OH

BOARD CERTIFICATION:

Board Certified in Emergency Medicine (BCEM)

Board Certified in Pediatrics (ABP)

Diplomate of the National Board of Medical Examiners

STATE LICENSURE:

West Virginia #14966

Pennsylvania MD - 043663 - E

REGISTRATIONS AND CERTIFICATIONS:

ACLS Certification - Current

PALS Certification - Instructor - Current

BTLS Certification - Instructor - Current

ATLS Certification - Current

PROFESSIONAL AFFILIATIONS:

1997 - present	Member, American Association of Physician Specialties
1998 - present	Secretary/Treasurer, WV Chapter , American College of Emergency Physicians
1988 - present	Member, WV Chapter, American College of Emergency Physicians
1995 - present	Member, American College of Physician Executives
1993 - present	Charter Member, Association of Emergency Physicians
1990 - present	Member, Ohio County Medical Society
1987 - present	Member, American Medical Association
1988 - present	Member. Society of Academic Emergency Medicine
1987 - present	Member, WV Medical Association
1980 - 1990	Member, Physicians for Social Responsibility

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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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 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.

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, 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

PENNSYLVANIA CHAPTER,
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

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March 17, 1999

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

Dear Ms. Trimble:

The EMS Committee of the Pennsylvania Chapter, American College of Emergency Physicians (PaACEP), is interested in constantly improving the out-of-hospital care of patients within the Commonwealth. The committee has reviewed the proposed changes to Title 28 (28 PA. Code Chs. 1001-1005), and we would like to offer the following comments for consideration by your office.

In general, PaACEP believes that the proposed changes will improve and clarify the current rules and regulations, and we are pleased with the results of the revision process to this point. In this light, the following comments were the consensus of the PaACEP EMS Committee:

§1003.24.d.17 It is beneficial to expand the paramedic scope of practice for defined skills, after additional training and performed under the auspices of a medical director who makes provisions for these skills, within the service's protocols/policies. We are concerned that the current wording seems to allow paramedics to perform any skills that are taught in an "approved " Department course. We believe that the Department should still maintain a basic list of skills and drugs for general use by any service when approved by the ALS service medical director and a separate, Department approved list of advanced skills that will require additional training, continuing education, and medical director approval. We also recommend the addition of a similar section to the EMT and FR scope of practice statements. There is the potential for advanced/ additional BLS skills that could be performed by selected, trained EMTs with the appropriate medical direction and protocols.

§1003.24.d.15 We believe that performing central venous cannulation is not a paramedic skill that is generally beneficial to patients, and we suggest deleting this from the general scope of practice. In addition to its limited value and high complication rate, all paramedic courses do not teach their students to be proficient at this skill; therefore, it is not logical to include this on a general list of paramedic scope of practice. This skill should be covered under §1003.24.d.17, and should be limited to paramedics with additional training. We believe that some of these optional skills should have mandated regular continuing education and evaluation of competence. The committee also commented that urinary catheters and gastric tubes should also be on the supplemental list for the same reasons.

§101.161.b The committee remains very concerned about the process for approval of research projects. We agree that an extensive Department review with significant consultation with the PEHSC MAC may be beneficial to services that are not affiliated with academic institutions nor have prior research experience. On the other hand, Pennsylvania is fortunate to have many researchers and institutions that are leaders in EMS research. We recommend providing an expedited review of projects sponsored by academic institutions in the Commonwealth and already approved by their Institutional Review Board.

§1003.28(d) While the medical command accreditation process has been dramatically clarified and improved, we are concerned about the process for appealing the withdrawal of medical command authorization. If the decision of an ALS Medical Director is overturned by the Regional Medical Director or by the Department, it is perilously unclear as to who then takes legal responsibility for the future actions of the paramedic. It is our opinion that the ALS Service Medical Directors should not be responsible for the patient care delivered by a paramedic who they believe has deficiencies in their ability to care for patients. We recommend that, in this unusual circumstance, the Department clarify who else will serve as the responsible medical director of the reinstated paramedic.

§1003.29 (a)(1) and 1003.29(b)(1) The requirement for paramedics to have half of their continuing education credits in medical or trauma CME is excellent. We believe that the same requirement should hold for first responders and EMTs. Consider extending this requirement to every recertification period for FRs and EMTs rather than just the first period.

§1001.128(18) The requirement for regional councils to notify medical command facilities and ALS ambulance services of a paramedic who loses medical command authorization is commendable. This will assist with, but not solve, the problem of paramedics who jump from service to service and region to region due to patient care concerns. We realize that the Department may not have the statutory authority to develop a statewide ALS provider database similar to the national physician database. As an alternative, we recommend the Department mandate that applicants for medical command list every ambulance service and medical director that has ever given them command when applying for medical command authorization with a new service. This should be incorporated into the Department's medical command authorization form.

§1001.2 Finally, we would like to reaffirm our national organization's definition of board certification.

"The American College of Emergency Physicians (ACEP) recognizes and supports the American Board of Emergency medicine (ABEM) as the sole American Board of Medical Specialties (ABMS) certifying body for emergency medicine.

ACEP recognizes the American Osteopathic Board of Emergency Medicine (AOBEM) as a certifying body in emergency medicine, under the jurisdiction of the American Osteopathic Association (AOA), limited to osteopathic physicians.

ACEP recognizes the American Board of Pediatrics (ABP), as an ABMS certifying body in pediatrics, which provides a certificate of added qualifications for pediatricians in the subspecialty of pediatric emergency medicine.

ACEP acknowledges that there currently exists the Board of Certification in Emergency Medicine (BCEM) which also offers board certification in emergency medicine."

The membership of PaACEP appreciates the chance to comment on this important draft, and we thank you for considering our opinions. Please feel free to contact us if we can assist the Department in the future. As emergency physicians in the Commonwealth, we routinely see the benefits of an excellent EMS system, and we are always interested in helping to improve the care of our patients.

Sincerely,

Laurence Gavin, MD, FACEP
President, PaACEP

Douglas Kupas, MD, FACEP
Chairman, PaACEP EMS Committee

c/act45-1

DEPARTMENT OF HEALTH
...in pursuit of good health

(717) 787-8740

March 16, 1999

Mr. Robert E. Nyce
Executive Director
Independent Regulatory Review Commission
14th Floor, Harristown 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

Margaret E. Trimble
Director
Emergency Medical Services Office

MET:dlw

Enclosures

Original: 2003
cc: Coccodrilli
Harris
Smith
Jewett
Sandusky
Legal

Pepper Hamilton LLP
Attorneys at Law

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P.O. Box 1181
Harrisburg, PA 17108-1181
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Fax 717.238.0575

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717.255.1158
sweetd@pepperlaw.com

March 15, 1999

HAND DELIVERY
John H. Jewett, Regulatory Analyst
Independent Regulatory Review Commission
333 Market Street, 14th Floor
Harrisburg, PA 17101

Re: Department of Health - Proposed Emergency Medical Services Regulation No. 10-143 (#2003)

Dear Mr. Jewett:

In response to your inquiry as to whether our client, the Ambulance Association of Pennsylvania (AAP), has comments on the subject proposed regulation, enclosed are the comments submitted to the Department of Health by AAP. Along with these comments, AAP commended the work of the Department's EMS Office and its Director, Margaret E. Trimble, for an "excellent job" and noted that AAP believes "EMS in Pennsylvania will benefit greatly under these rules."

If you have questions concerning AAP's comments, please feel free to contact me or Ellie Frazier of our firm who can be reached at 255-1152 or you may contact Don DeReamus of AAP directly since he is the person who prepared the enclosed comments.

Sincerely,

David W. Sweet

Enclosures
cc: Honorable Harold F. Mowery, Jr. (with enclosures)
Honorable Vincent Hughes (with enclosures)
Honorable Dennis M. O'Brien (with enclosures)
Honorable Frank Oliver (with enclosures)
Mr. Donald A. DeReamus (without enclosures)
William C. Baer, Executive Vice President (without enclosures)

COMMENT FORM FOR PROPOSED REGULATIONS
FEBRUARY 13, 1999

§1001.2. Definitions.

Pennsylvania Bulletin, Vol. 29, No. 7, February 13, 1999 - page 918
Department of Health Document – page 76

Ambulance call report – A summary of an emergency ambulance response, nonemergency ALS response, interfacility transport, or nonemergency BLS transport that becomes an emergency. The report shall contain information in a format provided by the Department.

Comment/Recommendation:

The Ambulance Association of Pennsylvania respectfully requests a cost analysis be considered to assess the fiscal impact of this transition (paper to electronic data) on small and rural providers in the Commonwealth.

Contact Person: Donald DeReamus, DOH/ACT45 Committee Chairman
Ambulance Association of Pennsylvania
3600 Raymond Street
Reading, PA 19605
1-888-AMB-9121
FAX: 610-921-3075

COMMENT FORM FOR PROPOSED REGULATIONS
FEBRAURY 13, 1999

§1001.2. Definitions.

Department of Health Document – Page 80

Comment: The definition of ***Emergency*** should be revised to reflect the American College of Emergency Physician's prudent layperson definition of emergency which is prevalent in other legislation today.

Recommendation:

Emergency—[A combination of circumstances resulting in a need for immediate medical intervention.] The sudden onset of a medical condition that manifests itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

(1) placing the health of the individual, or, with respect to a pregnant woman, the health of the woman and her unborn child, in serious jeopardy;

(2) serious impairment to bodily functions, or

(3) serious dysfunction of any bodily organs or parts.

Contact Person: Donald DeReamus, DOH/ACT45 Committee Chairman
Ambulance Association of Pennsylvania
3600 Raymond Street
Reading, PA 19605
1-888-AMB-9121
FAX: 610-921-3075

COMMENT FORM FOR PROPOSED REGULATIONS
FEBRUARY 13, 1999

§1001.2. Definitions.

Pennsylvania Bulletin, Vol. 29, No. 7, February 13, 1999 – page 921
Department of Health Document – page 85

Comment: The definition of ***receiving facility*** was revised to specify an organized department with a physician who is trained to manage cardiac, trauma, and pediatric emergencies. There appears to be a void of medical and psychiatric emergencies due to the specificity in the area of management. We believe the Department's intent was to have a physician that is well rounded in all disciplines.

Recommendation:

Receiving facility – A fixed facility that provides an organized emergency department [of emergency medicine], with a [licensed and ACLS certified] physician who is trained to manage cardiac, trauma, pediatric, **medical and psychiatric** emergencies, and is present in the facility [who is] and available to the emergency department 24 [hours a day] hours-a-day, 7 [hours a week] days-a-week, and a registered nurse who is present in the emergency department 24 [hours a day] hours-a-day, 7 [hours a week] days-a-week. The [facilities] facility shall also comply with Chapter 117 (relating to emergency services).

Contact Person: Donald A DeReamus, DOH/ACT45 Committee Chairman
Ambulance Association of Pennsylvania
3600 Raymond Street
Reading, PA 19605
1-888-AMB-9121
FAX: 610-921-3075

COMMENT FORM FOR PROPOSED REGULATIONS
FEBRUARY 13, 1999

§1003.23. EMT.

(e) Scope of practice

Pennsylvania Bulletin, Vol. 29, No. 7, February 13, 1999 – page 935
Department of Health Document – page 143

Comment: In §1003.23. EMT., (e) Scope of practice, the line **(2)** is a new addition and states:

(2) Transportation of a patient with an indwelling intravenous catheter without medication running.

With the advent of shorter patient inpatient stays and home health care, patients are using a vast array of patient controlled devices and other pumps monitored by visiting nurses. The language in the scope of practice is too specific and may cause potential confusion for an EMT finding a patient on an insulin pump, CADD pump, PCA pump, etc. If the medication is not the result of the problem or part of a normal outpatient treatment plan, it should not matter whether it is running or not.

Recommendation:

(e) Scope of practice

(2) Transportation of a patient with an indwelling intravenous catheter without medication running, **unless the medication is part of the patient's normal outpatient treatment plan.**

Contact Person: Donald DeReamus, DOH/ACT45 Committee Chairman
Ambulance Association of Pennsylvania
3600 Raymond Street
Reading, PA 19605
1-888-AMB-9121
FAX: 610-921-3075

COMMENT FORM FOR PROPOSED REGULATIONS
FEBRUARY 13, 1999

§1005.2. Applications.

§§(a), (5)

Pennsylvania Bulletin, Vol. 29, No. 7, February 13, 1999 – page 946
Department of Health Document – page 182

Comment: In §1005.2. Applications., (a), (5) has been reworded to state:

(5) [Service] The emergency service area [served – both primary and mutual-aid] the applicant commits to serve, or alternatively, a statement that the applicant intends to engage primarily in interfacility transports.

The Association feels that there is no need for an ambulance service to stipulate its business intent in the application process to become licensed. A licensed ambulance service in the Commonwealth is licensed to engage in whatever activity (emergency/non-emergency transportation and treatment) regardless of the arena they intend to perform in.

Recommendation:

§1005.2. Applications., (a)
(5) [Service] The emergency service area [served – both primary and mutual-aid] the applicant **is available to serve in.**

Contact Person: Donald DeReamus, DOH/ACT45 Committee Chairman
Ambulance Association of Pennsylvania
3600 Raymond Street
Reading, PA 19605
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COMMENT FORM FOR PROPOSED REGULATIONS
FEBRUARY 13, 1999

§1005.2. Applications.

§§(a), (9)

Pennsylvania Bulletin, Vol. 29, No. 7, February 13, 1999 – page 946
Department of Health Document – page 182

Comment: In §1005.2. Applications., (a), (9) is a new revision and states:

(9) Primary physical building locations, and other building locations out of which it will operate ambulances or a full description of how its ambulances will be placed and respond to emergency calls if they will not be operated out of other building locations.

The Association feels this question is answered in (a), (5) and an ambulance service should not have to stipulate in the application process to become licensed if they engage in system status management practice.

Recommendation:

§1005.2. Applications., (a)
(9) Primary physical building location, and other building locations out of which it will operate ambulances.

Contact Person: Donald DeReamus, DOH/ACT45 Committee Chairman
Ambulance Association of Pennsylvania
3600 Raymond Street
Reading, PA 19605
1-888-AMB-9121
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COMMENT FORM FOR PROPOSED REGULATIONS
FEBRUARY 13, 1999

§1005.2. Applications.

§§(e)

Pennsylvania Bulletin, Vol. 29, No. 7, February 13, 1999 – page 946
Department of Health Document – page 183

Comment: In §1005.2. Applications., (e) is a new revision and states:

(e) An ambulance service shall apply for and secure an amendment to its license prior to substantively altering the location or operation of its ambulances in an EMS region, such as a change in location or operations which would not enable it to timely respond to emergencies in the emergency service area it committed to serve when it applied for a license. The application for an amendment of an ambulance service license shall be submitted to the regional EMS council on a form prescribed by the Department.

The Association feels this entry would be better defined with the addition of physical building in two areas before the word location and deleting committed and replacing it with the word available.

Recommendation:

§1005.2. Applications.

(e) An ambulance service shall apply for and secure an amendment to its license prior to substantively altering the **physical building** location or operation of its ambulances in an EMS region, such as a change in **physical building** location or operations which would not enable it to timely respond to emergencies in the emergency service area it is [committed] **available** to serve when it applied for a license. The application for an amendment of an ambulance service license shall be submitted to the regional EMS council on a form prescribed by the Department.

Contact Person: Donald DeReamus, DOH/ACT45 Committee Chairman
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Reading, PA 19605
1-888-AMB-9121
FAX: 610-921-3075

COMMENT FORM FOR PROPOSED REGULATIONS
FEBRUARY 13, 1999

§1005.10. Licensure and general operating standards.

§§(a) *Documentation requirements.*, (4)

Pennsylvania Bulletin, Vol. 29, No. 7, February 13, 1999 – page 948
Department of Health Document – page 189

Comment: In §1005.10. Licensure and general operating standards., (a) *Documentation requirements.*, (4) the line has been revised and states:

> (a) *Documentation requirements.*
>
> (4) [Copies of mutual-aid agreements with other ambulance services which service the applicant's community or applicant's service area.] A record of the time periods for which the ambulance service notified the PSAP that it would not be available to respond to a call.

The Association would like to know on whom the burden would fall to record a service's unavailability. Some services that may not acknowledge an initial dispatch may never be aware the dispatch was missed creating inaccurate statistics. Additionally, a service may have its resources committed and be unable to respond. We believe the PSAP should be responsible for collecting this information for the unavailability of a service to meet its primary dispatch obligation.

Recommendation:

§1005.10 Licensure and general operating standards.

> (a) *Documentation requirements.*
>
> (4) [Copies of mutual aid agreements with other ambulance services which service the applicant's community or applicant's service area.] A record of the time periods or specific **dispatches as recorded by the PSAP for which the ambulance service was unable to respond to a primary emergency dispatch in it coverage area.**

Contact Person: Donald DeReamus, DOH/ACT45 Committee Chairman
Ambulance Association of Pennsylvania
3600 Raymond Street
Reading, PA 19605

COMMENT FORM FOR PROPOSED REGULATIONS
FEBRUARY 13, 1999

§1005.10. Licensure and general operating standards.

§§(e) *Communicating with PSAPs.*, (4) Response to dispatch by PSAP.

Pennsylvania Bulletin, Vol. 29, No. 7, February 13, 1999 – page 950
Department of Health Document – page 194

Comment: In §1005.10. Licensure and general operating standards., (e) Communication with PSAPs., line (4) *Response to dispatch by PSAP* has been added and states:

(4) Response to dispatch by PSAP. An ambulance service shall respond to a call for emergency assistance as communicated by the PSAP.

The Association feels this line is not needed as this is covered in the previous three line. Additionally, the intent of the word shall lends one to the thought of potential liability.

Recommendation:

§1005.10. Licensure and general operating standards.
(e) *Communication with PSAPs.*
[(4) *Response to dispatch by PSAP.* An ambulance shall respond to a call for emergency assistance as communicated by the PSAP.]

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COMMENT FORM FOR PROPOSED REGULATIONS
FEBRUARY 13, 1999

§1001.2. Definitions.

Text discrepancies between the *Pennsylvania Bulletin* and Department of Health Document as retrieved from the Department of Health EMS Office website.

ALS service medical director – the words **[set forth]** are deleted in the *Pennsylvania Bulletin* but appear in the Department of Health Document.

Air ambulance medical director – the words **[set forth]** are deleted in the *Pennsylvania Bulletin* but appear in the Department of Health Document.

Critical care specialty receiving facility – **including, in one** of is present in the *Pennsylvania Bulletin* as opposed to **but not limited to, one** in the Department of Health Document.

EMSOF – the word **under** is present in the *Pennsylvania Bulletin* as opposed to **pursuant to** in the Department of Health Document.

Federal KKK standards – the words **[set up]** are deleted and replaced with the word **adopted** in the *Pennsylvania Bulletin*.

Medical [control] coordination – in (iv) **[Medical] Transfer and treatment** are present in the Pennsylvania Bulletin as opposed to **Transfer and [M]medical treatment** in the Department of Health Document.

Prehospital personnel – the entire line **Any one of these individuals is a "prehospital practitioner"** is not present in the *Pennsylvania Bulletin* but in the Department of Health Document.

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