

Regulatory Analysis Form

<p>(1) Agency</p> <p>Department of Public Welfare Office of Medical Assistance Programs</p>	<p>This space for use by IRRC</p> <p style="text-align: center; font-size: 1.2em;">RECEIVED</p> <p style="text-align: center;">1999 OCT -7 PM 2:29</p> <p style="text-align: center;">INDEPENDENT REGULATORY REVIEW COMMISSION</p> <p>IRRC Number: #2072</p> <p style="text-align: center; font-weight: bold; font-size: 1.1em;">McGinley</p>
<p>(2) I.D. Number (Governor's Office Use)</p> <p style="text-align: center; font-size: 1.1em;">#14-463</p>	
<p>(3) Short Title</p> <p>Emergency Medical Condition</p>	
<p>(4) PA Code Cite</p> <p>55 Pa. Code, Chapter 1101 55 Pa. Code Chapter 1141 55 Pa. Code, Chapter 1150 55 Pa. Code, Chapter 1221</p>	<p>(5) Agency Contacts & Telephone Numbers</p> <p>Primary Contact: Linda Miller 772-6522</p> <p>Secondary Contact: Sharon Wilkes 772-6047</p>
<p>(6) Type of Rule Making (Check One)</p> <p><input type="checkbox"/> Proposed Rule Making</p> <p><input type="checkbox"/> Final Order Adopting Regulation</p> <p><input checked="" type="checkbox"/> Final Order, Proposed Rule Making Omitted</p>	<p>(7) Is a 120-Day Emergency Certification Attached?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes: By the Attorney General</p> <p><input type="checkbox"/> Yes: By the Governor</p>
<p>(8) Briefly explain the regulation in clear and nontechnical language.</p> <p>This regulation codifies a previously published Notice of Rule Change authorizing the Department to:</p> <p>(1) revise its definition of "emergency admission"; (2) add new definitions of "emergency medical condition" and "emergency medical care"; (3) delete the definitions of "emergency situation" and "emergency accident care"; and (4) delete Appendix A of Chapter 1221, relating to Clinic and Emergency Room Services.</p>	
<p>(9) State the statutory authority for the regulation and any relevant state or federal court decisions.</p> <p>The Department amends these regulations pursuant to the authority of Section 443.3(1) of the Public Welfare Code, Act of June 13, 1967 (P.L. 31, Act 21, 62 P.S. §§ 443.3(1)).</p>	

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(10) Is the regulation mandated by any federal or state law or court order, or federal regulation? If yes, cite the specific law, case or regulation, and any deadlines for action.

The revised definition of "emergency medical condition" was included in the Balanced Budget Act of 1997, Signed into law by President Clinton on August 5, 1997.

(11) Explain the compelling public interest that justifies the regulation. What is the problem it addresses?

The regulations implement the revised definition of "emergency medical condition" included in the Balanced Budget Act of 1997.

(12) State the public health, safety, environmental or general welfare risks associated with non-regulation.

None.

(13) Describe who will benefit from the regulation. (Quantify the benefits as completely as possible and approximate the number of people who will benefit.)

All recipients will benefit from the revised definition of "emergency medical condition", which will result in more recipients receiving emergency room services that are actual emergency situations.

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(14) Describe who will be adversely affected by the regulation. (Quantify the adverse effects as completely as possible and approximate the number of people who will be adversely affected.)

No one will be adversely affected by the regulation.

(15) List the persons, groups or entities that will be required to comply with the regulation. (Approximate the number of people who will be required to comply.)

All providers of emergency room services will be required to comply with the regulation.

(16) Describe the communications with and input from the public in the development and drafting of the regulation. List the persons and/or groups who were involved, if applicable.

The Department received input from the Medical Assistance Advisory Committee (MAAC) and the Consumer Subcommittee of the MAAC, as well as the Pennsylvania Chapter of the American College of Emergency Physicians and the Hospital and Healthservices Association of Pennsylvania.

(17) Provide a specific estimate of the costs and/or savings to the regulated community associated with compliance, including any legal, accounting or consulting procedures which may be required.

Sam Rostoff 617-4;

Regulatory Analysis Form

(14) Describe who will be adversely affected by the regulation. (Quantify the adverse effects as completely as possible and approximate the number of people who will be adversely affected.)

(15) List the persons, groups or entities that will be required to comply with the regulation. (Approximate the number of people who will be required to comply.)

(16) Describe the communications with and input from the public in the development and drafting of the regulation. List the persons and/or groups who were involved, if applicable.

(17) Provide a specific estimate of the costs and/or savings to the regulated community associated with compliance, including any legal, accounting or consulting procedures which may be required.

Not applicable.

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(18) Provide a specific estimate of the costs and/or savings to local governments associated with compliance, including any legal, accounting or consulting procedures which may be required.

Not applicable.

(19) Provide a specific estimate of the costs and/or savings to state government associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required.

On August 5, 1997, President Clinton signed the Balanced Budget Act of 1997 (BBA), which included a revised definition of "emergency medical condition." To be consistent with BBA, the Department, in consultation with the Pennsylvania Chapter of the American College of Emergency Physicians and the Hospital and Healthservices Association of Pennsylvania, is deleting the current Section 1101.21 definition of an "emergency situation" and replacing it with the definition of an "emergency medical condition." Effective with the publication of the Notice of Rule Change published at 28 Pa.B. 3623 on August 1, 1998, effective July 1, 1998, "emergency medical condition" was defined as:

Emergency Medical Condition - A medical condition manifesting 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 any or all of the following three conditions. To place the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, or to risk serious impairment to bodily functions, or a serious dysfunction of any bodily organ or part.

Emergency medical care is defined as medical care rendered in response to an emergency medical condition as defined above. The purpose of this regulation is to codify the change which adds a new definition of "emergency medical condition" and "emergency medical care", revise the Medical Assistance definition of "emergency admission" to delete the definition of "emergency situation" and "emergency accident care", and to delete Appendix A of 55 Pa. Code, Chapter 1221, relating to Clinic and Emergency Room Services.

The estimated ten-month cost for Fiscal Year 1998-1999 is \$1.103 million (\$0.529 million in State funds). The annualized cost for Fiscal Year 1999-2000 is \$1.323 million (\$0.623 million in State funds).

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(20) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

(Dollar Amounts In Thousands)

	Current FY Year	FY +1 Year	FY +2 Year	FY +3 Year	FY +4 Year	FY +5 Year
SAVINGS:						
Regulated Community						
Local Government						
State Government	\$0	\$0	\$0	\$0	\$0	\$0
Total Savings	\$0	\$0	\$0	\$0	\$0	\$0
COSTS:						
Regulated Community						
Local Government						
State Government	\$529	\$623	\$623	\$623	\$623	\$623
Total Costs	\$529	\$623	\$623	\$623	\$623	\$623
REVENUE LOSSES:						
Regulated Community						
Local Government						
State Government						
Total Revenue Losses	\$0	\$0	\$0	\$0	\$0	\$0

(20a) Explain how the estimates listed above were derived.

The cost estimate is based on an increase in the number of emergency room services anticipated to be provided in the Medical Assistance-Outpatient appropriation.

Regulatory Analysis Form

(20b) Provide the past three years expenditure history for programs affected by the regulation.

(Dollar Amounts In Thousands)

Program	FY -3	FY -2	FY -1	Current FY
MA-Outpatient	\$792,293	\$798,836	\$662,740	\$695,935

(21) Using the cost-benefit information provided above, explain how the benefits of the regulation outweigh the adverse effects and costs.

Failure to conform State regulations with the provision of Federal legislation will seriously jeopardize Federal Financial Participation (FFP) and might subject the Commonwealth to the imposition of legal sanctions from the Health Care Financing Administration. This would be contrary to the public interest.

(22) Describe the nonregulatory alternatives considered and the costs associated with those alternatives. Provide the reasons for their dismissal.

(23) Describe alternative regulatory schemes considered and the costs associated with those schemes. Provide the reasons for their dismissal.

Regulatory Analysis Form

(20b) Provide the past three year expenditure history for programs affected by the regulation.

Program	FY -3	FY -2	FY -1	Current FY

(21) Using the cost-benefit information provided above, explain how the benefits of the regulation outweigh the adverse effects and costs.

(22) Describe the nonregulatory alternatives considered and the costs associated with those alternatives. Provide the reasons for their dismissal.

None.

(23) Describe alternative regulatory schemes considered and the costs associated with those schemes. Provide the reasons for their dismissal.

None.

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(24) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulation.

No.

(25) How does this regulation compare with those of other states? Will the regulation put Pennsylvania at a competitive disadvantage with other states?

Since the revised definition of "emergency medical condition" was included in the Balanced Budget Act of 1997, other states may be revising their regulations accordingly. Therefore, this will not put Pennsylvania at a competitive disadvantage.

(26) Will the regulation affect existing or proposed regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

No.

(27) Will any public hearings or informational meetings be scheduled? Please provide the dates, times, and locations, if available.

No public hearings were conducted.

The Department shared a draft of the regulation with the Medical Assistance Advisory Committee (MAAC) and the Consumer Subcommittee of the MAAC, as well as the Pennsylvania Chapter of the American College of Emergency Physicians and the Hospital and Healthservices Association of Pennsylvania.

Regulatory Analysis Form

(28) Will the regulation change existing reporting, record keeping, or other paperwork requirements? Describe the changes and attach copies of forms or reports which will be required as a result of implementation, if available.

No.

(29) Please list any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, elderly, small businesses, and farmers.

None.

(30) What is the anticipated effective date of the regulation; the date by which compliance with the regulation will be required; and the date by which any required permits, licenses or other approvals must be obtained?

A Notice of Rule Change was published at 28 Pa.B. 3623 on August 1, 1998, effective July 1, 1998.

(31) Provide the schedule for continual review of the regulation.

The Department's Office of Medical Assistance Programs will evaluate the effectiveness of this regulation on an on-going basis. Necessary and appropriate changes will be made in response to letters, recommendations and comments from other offices, agencies and individuals and as a result of Departmental findings.

FACE SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU

(Pursuant to Commonwealth Documents Law)

RECEIVED

1999 OCT -7 PM 2:29

INDEPENDENT REGULATORY
REVIEW COMMISSION

H 2072

DO NOT WRITE IN THIS SPACE

Copy below is hereby approved as to
form and legality. Attorney General

BY: _____
(Deputy Attorney General)

Date of Approval

Check if applicable
Copy not approved. Objections
attached.

Copy below is hereby certified to be a true and correct copy
of a document issued, prescribed or promulgated by:

Department of Public Welfare
(Agency)

LEGAL COUNSEL: _____

DOCUMENT/FISCAL NOTE NO. #14-463

DATE OF ADOPTION: _____

BY: [Signature]

TITLE: Secretary of Public Welfare
(Executive Officer, Chairman or Secretary)

Copy below is hereby approved as to
form and legality. Executive or Independ-
ent Agencies.

[Signature]

9/28/91
Date of Approval

(Deputy General Counsel)
(Chief Counsel, Independent Agency)
(Strike inapplicable title)

Check if applicable. No Attorney Gen-
eral approval or objection within 30
days after submission.

NOTICE OF FINAL RULEMAKING WITHOUT PUBLICATION AS PROPOSED

DEPARTMENT OF PUBLIC WELFARE

OFFICE OF MEDICAL ASSISTANCE PROGRAMS

[55 PA CODE]

CHAPTER 1101 - GENERAL PROVISIONS

CHAPTER 1141 - PHYSICIANS' SERVICES

CHAPTER 1150 - MEDICAL ASSISTANCE PROGRAM PAYMENT POLICIES

CHAPTER 1221 - CLINIC AND EMERGENCY ROOM SERVICES

EMERGENCY MEDICAL CONDITION

Statutory Authority

The Department of Public Welfare, by this Order, adopts the amendments to 55 Pa. Code, Chapter 1101, 1141, 1150 and 1221, set forth in Annex A, pursuant to the authority of Section 443.3(1) of the Public Welfare Code, Act of June 13, 1967 (P.L. 31, No. 21) (62 P.S. §§ 443.3(1)). Notice of Rule Change was published at 28 Pa.B. 3623 on August 1, 1998, effective July 1, 1998.

Notice of proposed rulemaking is omitted in accordance with § 204(1)(iv) of the Commonwealth Documents Law (CDL) (45 P.S. §1204(1)(iv)) and 1 Pa. Code § 7.4(1)(iv) because these regulations relate to Commonwealth benefits. Additionally, notice of proposed rulemaking is omitted for good cause as impractical, unnecessary and contrary to the public interest in accordance with § 204(3) of the CDL (45 P.S. § 1204(3)) and 1 Pa. Code § 7.4(3) as this regulation codifies the definition of "emergency medical condition" as set forth in Section 4704 of the Balanced Budget Act of 1997, Pub. L. 105-33, codified at 42 U.S.C. § 1396u-2(b)(2)(C).

Purpose

The purpose of this regulation is to:

1. revise the Department's definition of "emergency admission";
2. add new definitions of "emergency medical condition" and "emergency medical care";
3. delete the definitions of "emergency situation" and "emergency accident care"; and
4. delete Appendix A of Chapter 1221, relating to Clinic and Emergency Room Services.

Background

The Balanced Budget Act of 1997 (BBA), includes a revised definition of "emergency medical condition". To be consistent with the BBA, the Department is deleting the current definition of an "emergency situation" in 55 Pa. Code, Chapter 1101, § 1101.21, and replacing it with the definition of "emergency medical condition." The Pennsylvania Chapter of the American College of Emergency Physicians, the Hospital and Healthservices Association of Pennsylvania and the Medical Assistance Advisory Committee have endorsed the change to the Department's regulation.

As a result of deleting the definition of "emergency situation" in Chapter 1101 and replacing it with the BBA definition of "emergency medical condition", amendments were needed in other chapters of 55 Pa. Code to reflect the revised terminology.

Need for Regulation

This amendment is needed to codify changes issued under Notice of Rule Change published at 28 Pa.B. 3623 on August 1, 1998, effective July 1, 1998.

Affected Individuals

All recipients receiving emergency room services are subject to these regulatory changes.

All providers of emergency room services are subject to these regulatory changes.

Summary of Amendment

Chapter 1101, § 1101.21, "Definitions", is revised by eliminating the definition of "Emergency Situation" and replacing it with the BBA definition of "Emergency Medical Condition".

Chapter 1141, § 1141.2, "Definitions", is revised by eliminating the definition of "Emergency Situation" and replacing it with a definition of "Emergency Medical Condition". Also, § 1141.59, "Noncompensable services", is revised to include (17), "Non-emergency use of the emergency room".

Chapter 1150, § 1150.2, "Definitions", is revised by modifying the definition of "Emergency Admission".

Chapter 1221, § 1221.2, "Definitions", is revised by eliminating the definition of "Emergency Accident Care" and modifying the definition of "Emergency Medical Care". Section 1221.59(9), "Non-emergency use of the emergency room", is revised to remove the reference to Appendix A of Chapter 1221. Also, because of the unlimited numbers of medical conditions that could constitute an emergency situation, the list of symptoms and diagnoses in Appendix A, "Medical Emergency Care Symptoms", has become unintentionally restrictive. As a result, the Department is deleting Appendix A and all references to Appendix A throughout the regulations.

Fiscal Impact

PUBLIC SECTOR

To the extent that the Department has been providing these services under Notice of Rule Change published at 28 Pa.B. 3623 on August 1, 1998, effective July 1, 1998, we do not anticipate any future impact on the public sector if these amendments are adopted.

PRIVATE SECTOR

The Office of Medical Assistance Programs does not anticipate any future fiscal impact on the private sector.

GENERAL PUBLIC

The Office of Medical Assistance Programs does not anticipate any future fiscal impact on the general public.

Paperwork Requirements

There are no additional reports or new forms needed to comply with the regulation changes.

Sunset Date

The Department's Office of Medical Assistance Programs will evaluate the effectiveness of this regulation on an on-going basis. Necessary and appropriate changes will be made in response to letters, recommendations and comments from other offices, agencies and individuals and as a result of Departmental findings. No sunset date is required.

Public Comment

Although these regulations are being adopted without prior notice, interested persons are invited to submit their written comments, within 30 days of the date of this publication. Comments should be sent to the Department of Public Welfare, Office of Medical Assistance Programs, c/o Deputy Secretary's Office, Attention: Regulations Coordinator, Room 515, Health and Welfare Building, Harrisburg, Pennsylvania 17120.

Persons with a disability may use the AT&T Relay Service by calling 1-800-654-5984 (TDD users) or 1-800-654-5988 (voice users). If another alternative is required, please contact Tom Vracarich at (717) 783-2209.

Regulatory Review Act

Under Section 5(f) of the Regulatory Review Act of June 30, 1989 (P.L. 73, No. 19) (71 P.S. §§ 745.1 – 745.15), the agency submitted a copy of this regulation with proposed rulemaking omitted on OCT 7 1999 to the Independent Regulatory Review Commission and to the Chairpersons of the House Committee on Health and Human Services and the Senate Committee on Public Health and Welfare. On the same date, the regulation was submitted to the Office of the Attorney General for review and approval pursuant to the Commonwealth Attorneys Act. In accordance with § 5(c) of the Act, this regulation was (deemed) approved by the Committees on and was (deemed) approved by the Commission on

The Department of Public Welfare finds:

- a. That notice of proposed rulemaking is omitted because this regulation relates to Commonwealth benefits in accordance with § 1204(1)(iv) of the Commonwealth Documents Law (45 P.S. § 1204(1)(iv)) and 1 Pa. Code § 7.4(1)(iv).
- b. That notice of proposed rulemaking is impracticable, unnecessary and contrary to the public interest under § 204(3) of the Commonwealth Documents Law (45 P.S. § 1204(3)) and 1 Pa. Code § 7.4(3).
- c. That the adoption of this regulation in the manner provided in this Order is necessary and appropriate for the administration and enforcement of the Public Welfare Code.

The Department of Public Welfare acting pursuant to the Public Welfare Code orders:

- a. The regulations of the Department of Public Welfare are amended to read as set forth in Annex A to this Order.
- b. The Secretary of the Department of Public Welfare shall submit this Order and Annex A hereto to the Attorney General and General Counsel for approval as to legality and form as required by law.
- c. The Secretary of the Department of Public Welfare shall duly certify this Order and Annex A hereto and deposit same in the Legislative Reference Bureau as required by law.
- d. This Order shall take effect immediately upon publication in the Pennsylvania Bulletin and shall apply retroactively to July 1, 1998.

ANNEX A
PART III. MEDICAL ASSISTANCE MANUAL
TITLE 55. PUBLIC WELFARE

CHAPTER 1101. GENERAL PROVISIONS.

§ 1101.21. Definitions.

EMERGENCY MEDICAL CONDITION - A MEDICAL CONDITION MANIFESTING 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--

- (i) PLACING THE HEALTH OF THE INDIVIDUAL (OR, WITH RESPECT TO A PREGNANT WOMAN, THE HEALTH OF THE WOMAN OR HER UNBORN CHILD) IN SERIOUS JEOPARDY,
- (ii) SERIOUS IMPAIRMENT TO BODILY FUNCTIONS, OR
- (iii) SERIOUS DYSFUNCTION OF ANY BODILY ORGAN OR PART.

~~EMERGENCY SITUATION - A condition in which immediate medical care is necessary to prevent the death or serious impairment of health of the individual.~~

CHAPTER 1141. PHYSICIANS' SERVICES.

§ 1141.2. Definitions.

EMERGENCY MEDICAL CARE - MEDICAL CARE RENDERED IN RESPONSE TO AN EMERGENCY MEDICAL CONDITION AS DEFINED IN § 1101.21 OF THIS TITLE.

~~**EMERGENCY SITUATION - A condition in which immediate medical care is necessary to prevent the death or serious impairment of health of the individual.**~~

§ 1141.59. Noncompensable services.

Payment will not be made for the following physician's services:

- (17) **NON-EMERGENCY USE OF THE EMERGENCY ROOM. SERVICES THAT DO NOT MEET THE DEFINITION OF EMERGENCY MEDICAL CARE OF THIS CHAPTER ARE NOT REIMBURSABLE UNLESS THE RECIPIENT DECLARES THAT HE/SHE DOES NOT HAVE ACCESS TO A PRIMARY CARE PHYSICIAN OR AN OUTPATIENT CLINIC TO RECEIVE NON-EMERGENCY CARE. THE HOSPITAL EMERGENCY ROOM STAFF AND/OR THE EMERGENCY ROOM PHYSICIAN MUST DOCUMENT IN THE PATIENT'S MEDICAL RECORD THE DECLARATION OF NO ACCESS TO PRIMARY CARE.**

CHAPTER 1150. MEDICAL ASSISTANCE PROGRAM PAYMENT POLICIES.

§ 1150.2. Definitions.

~~EMERGENCY ADMISSION - An admission to a hospital for a condition in which immediate medical care is necessary to prevent death, serious impairment or significant deterioration of the health of the patient~~ THE PURPOSE OF RENDERING MEDICAL CARE IN RESPONSE TO AN EMERGENCY MEDICAL CONDITION AS DEFINED IN § 1101.21 OF THIS TITLE.

CHAPTER 1221. CLINIC AND EMERGENCY ROOM SERVICES.

* * * * *

§ 1221.2. Definitions.

* * * * *

~~EMERGENCY ACCIDENT CARE—The initial examination and treatment performed in connection with and within 72 hours following an injury. Examples of emergency accident care include but is not limited to the following: removal of foreign body in the eye, treatment of abrasions, contusions, acute sprains or strains, nose bleeds caused by trauma, insect bites or stings, choking on food, drink or foreign body, resuscitation of drowning or smoke inhalation victims, or treatment of concussion, or poisoning—chemical or drug.~~

~~EMERGENCY MEDICAL CARE - Medical care rendered in response to the sudden onset of a medical condition requiring medical, nor surgical, intervention to sustain the life of the person or to prevent damage to the person's health and which the recipient secures immediately after the onset, or as soon thereafter as the care can be made available, but in no case later than 72 hours after the onset AN EMERGENCY MEDICAL CONDITION AS DEFINED IN § 1101.21 OF THIS TITLE. In order to determine whether a medical emergency existed and, therefore, whether benefits for outpatient services in connection with the treatment of the condition are payable on an emergency basis, the following criteria shall be applied:~~

- ~~(i) — Severe symptoms have to occur—The symptoms must be sufficiently severe to cause a person to seek immediate medical aid. Some symptoms or conditions indicating medical emergency care are listed in Appendix A.~~
- ~~(ii) — Severe symptoms must occur suddenly and unexpectedly—Subacute symptoms of a chronic condition would not qualify as a medical emergency. However, chronic symptoms that suddenly become severe enough to require immediate intervention would qualify.~~

* * * * *

§ 1221.59. Noncompensable services and items.

Payment will not be made to clinics or emergency rooms for the following services or items:

* * * * *

~~(9) Non-emergency use of the emergency room. Services to patients who do not exhibit symptoms or have a diagnosis that is listed in Appendix A THAT DO NOT MEET~~

THE DEFINITION OF EMERGENCY MEDICAL CARE OF THIS CHAPTER are not reimbursable unless the recipient declares that he/she does not have access to a primary care physician or an outpatient clinic to ~~treat nonemergency situations~~ RECEIVE NONEMERGENCY CARE. The hospital emergency room staff and/or the emergency room physician must document in the patient's medical record the declaration of no access to primary care.

*** * * * ***

APPENDIX A. ~~MEDICAL EMERGENCY CARE SYMPTOMS~~

Allergy Reactions, Acute (Except Allergy Tests)	Glaucoma, Severe
Appendicitis, Acute	Headache, Severe
Asthma, Acute	Heart Attack, Suspected
Breathing Difficulties or Shortness of Breath	Hemorrhage
Bronchitis, Severe	Hysteria
Bursitis, Severe Onset	Insulin Shock (Overdose)
Chest Pain, Severe	Kidney Stones
Choking	Maternity Complications, such As Suspected Miscarriage
Golitis	Pain, Sudden or Severe Onset
Coma	Pleurisy
Convulsions and/or Seizures	Pneumonitis
Cystitis	Poisoning (including overdose)
Dermatitis or Hives (Resulting From Internal or Unknown Causes)	Pyelitis
Diabetic Coma	Pyelonephritis (Shock)
Diarrhea, Severe	Spasms, Cerebral or Cardiac
Drug Reaction	Spontaneous Pneumothorax
Earache, Severe	Stomach Pain, Severe
Epistaxis (nosebleed)	Strangulated Hernia
Fainting	Stroke
	Sunstroke
	Swollen Ring Finger

~~Fecal Impaction, Severe~~

~~Tachycardia~~

~~Food Poisoning~~

~~Thrombosis and/or Phlebitis~~

~~Frost Bite~~

~~Unconsciousness~~

~~Gall Bladder, Acute Attack~~

~~Urinary Retention, Acute~~

~~Gastritis~~

~~Vision Loss, Sudden Onset~~

~~Gastro-intestinal Conditions,
Acute~~

~~Vomiting, Severe~~

PLEASE RETURN TO:
INDEPENDENT REGULATORY REVIEW COMMISSION
14TH FLOOR, HARRISTOWN II

TRANSMITTAL SHEET FOR REGULATORY REVIEW ACT

RECEIVED

I.D. NUMBER: 14-463

SUBJECT: General Provisions; Physicians' Services; Medical Assistance Program Payment
Policies; Clinic & Emergency Room Services - Emergency Medical Condition

AGENCY: DEPARTMENT OF PUBLIC WELFARE

1999 OCT -7 PM 2:29

INDEPENDENT REGULATORY
REVIEW COMMISSION

TYPE OF REGULATION

Proposed Regulation

Final Regulation

Final Regulation with Notice of Proposed Rulemaking Omitted

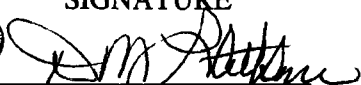
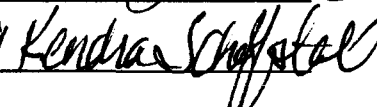


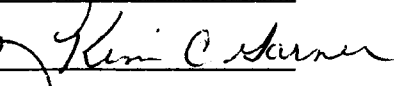

120-day Emergency Certification of the Attorney General

120-day Emergency Certification of the Governor

Delivery of Tolled Regulation

a. With Revisions b. Without Revisions

FILING OF REGULATION

DATE	SIGNATURE	DESIGNATION
10/7/99		HOUSE COMMITTEE ON HEALTH & WELFARE
10/7/99		
10/7/99		SENATE COMMITTEE ON PUBLIC HEALTH & WELFARE
10/7/99		
10/7/99		INDEPENDENT REGULATORY REVIEW COMMISSION
10/7/99		ATTORNEY GENERAL
		LEGISLATIVE REFERENCE BUREAU

October 4, 1999