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PEHSC

Pennsylvania Emergency Health Services Council

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INDEPENDENT REGULATORY
REVIEW COMMISSION

November 21, 2006

Mr. Gerald Radke, Director
Bureau of Facility Licensure and Certification
PA Department of Health
Room 932, Health and Welfare Building
7th and Forester Streets
Harrisburg, PA 17120

VIA E-mail: gradke@state.pa.us

Dear Mr. Radke:

On behalf of the Pennsylvania Emergency Health Services Council (PEHSC), we are pleased to provide our comments related to the proposed Sexual Assault Victim Emergency Services Code.

The PEHSC acts as the statewide advocacy group that has been fostering improvements in the quality and delivery of emergency health services throughout the Commonwealth for over 30 years. Since 1985, the PEHSC has been recognized as the official advisory body to the Pennsylvania Department of Health and all other appropriate agencies on matters pertaining to emergency medical services.

The Council established a task force to review the proposed regulations. The Task Force has identified several issues within the proposed code that will impact emergency Medical Services (EMS) within the Commonwealth.

Specifically, most of the issues dealt with hospitals having the ability to determine if they intend to provide sexual assault services. This decision generates specific concerns for EMS organizations:

1. Transportation of Patients to the Closest Facility
2. Delayed Treatment and Transportation to a "designated" facility
3. Limiting Patient Choice

Transportation of Patients to the Closest Facility

The transportation of patients to the closest facility for emergency treatment is a fundamental component of the EMS system in the United States. Patients are typically transported to the closest appropriate "receiving facility" (designated emergency department) when their condition is emergent. Otherwise, patients are delivered to the facility of their choice as long as it is within a reasonable distance of the closest facility.

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The option for hospitals to determine if they will provide certain services will negatively impact the current procedures of Pennsylvania's EMS system. For example, if the local emergency department opts out to provide services to sexual assault victims, ambulance services could extend their transport times significantly. This time extension would leave the residents in their home territories with coverage from another ambulance service which could extend response times to the next emergency situation.

Delayed Treatment and Transportation to a "designated" Facility

The ability for hospitals to opt out of the delivery of sexual assault services will negatively impact patient care as the delay of in-hospital treatment is directly related to the bypass of existing facilities to reach the destination hospital. An example of this negative impact is related to an assaulted patient who is also intoxicated. The medical concern in this situation is two-fold. The level of intoxication could also be masking further serious injuries which could potentially be dangerous to the patient should an extended transport time to another facility. Simply, EMS may not know if there is another underlying problem other than the sexual assault. It is our belief that every designated emergency department (EMS receiving facility) should be capable of treating STD's and basic evidence collection; thereby ensuring that patients receive needed in-facility emergency treatment as do each and every other patient within the Commonwealth presenting with any other complaint. The closest facility should be able to provide basic emergency care and evidence collection on the patient. There are time constraints with emergency contraception, evidence collection, etc. so in the best interest of the patient they should be transported to the closest facility without delay for proper treatment.

Limiting Patient Choice

Another issue that was discussed by the task force was the ability of a patient to choose a hospital for treatment. If facilities choose not to provide sexual assault services, then the patient loses their ability to choose a destination hospital. Typically, a patient living in an area where there are several hospitals within a close proximity are able to select the hospital where they would like to be transported. If emergency departments chose not to provide basic sexual assault care, and EMS is required to essentially bypass a facility to take a patient to another facility that provides such services, then patient has essentially lost their ability to choose. The emergency department in which the patient is seeking treatment needs to inform the patient that they do not provide sexual assault care and advise the patient as to what hospitals do provide such care. In this case, the patient should then be given a choice of facility for transfer. This transfer situation is an added cost to the health care system.

In conclusion, several other issues were discussed among the task force members. The issue of reimbursement generated additional discussion. The proposed code states, "a hospital that does not provide sexual assault emergency services to inform the victim of this fact and to arrange for transportation of the victim, at no cost, to a Pennsylvania hospital that does provide the service." Are they suggesting the use of ambulances for this transfer? The out of pocket cost for an ambulance service to perform such a task is

unreasonable. Who will pay for the service of transferring patient to another facility that provides such services?

Most insurance companies will only pay for a non-emergency transport if it is medically necessary. Transporting a patient from one facility to another simply because the first facility could not provide the appropriate services may not pass the medical necessity test.

Further, it is obvious that education within both the pre-hospital level and the emergency department level is needed. However, an educational component is not addressed within the proposed regulations. Education is needed at all levels to ensure appropriate basic care of sexual assault victims and the preservation of evidence.

The staff and Board of Directors are dedicated to the improvement and enhancement of Pennsylvania's EMS system to effectively support the emergency health needs of the citizens and visitors of the Commonwealth.

With our history and the resources of our staff and hundreds of volunteer participants, we are at your service to continue the dialogue regarding the treatment and transport of sexual assault victims.

Sincerely,

A handwritten signature in black ink, appearing to read "J M Kearney", with a long, sweeping flourish extending to the right.

Jenette M. Kearney
Director