

Regulatory Analysis Form

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INDEPENDENT REGULATORY
REVIEW COMMISSION

IRRC Number: 2527

(1) Agency
Department of State, Bureau of Professional and Occupational Affairs, State Board of Medicine and State Board of Osteopathic Medicine

(2) I.D. Number (Governor's Office Use)
16A-4915

(3) Short Title

Athletic Trainers

(4) PA Code Cite
49 Pa. Code §§ 16.1, 16.13, 16.61, 18.501 – 18.511, 25.231 and 25.701 – 25.711.

(5) Agency Contacts & Telephone Numbers
 Primary Contacts: Sabina I. Howell, Counsel, State Board of Medicine; Beth Sender Miehlovitz, Counsel, State Board of Osteopathic Medicine (717) 783-7200
 Secondary Contact: Joyce McKeever, Deputy Chief Counsel, Department of State (717) 783-7200

(6) Type of Rulemaking (check one)
 Proposed Rulemaking
 Final Order Adopting Regulation
 Policy Statement

(7) Is a 120-Day Emergency Certification Attached?
 No
 Yes: By the Attorney General
 Yes: By the Governor

(8) Briefly explain the regulation in clear and nontechnical language.

The amendments define the certification, circumstances and protocol under which a certified athletic trainer may perform athletic training services, and defines the supervision and personal direction required by the standards of acceptable medical practice embraced by the medical community in the Commonwealth.

(9) State the statutory authority for the regulation and any relevant state or federal court decisions.

The amendments implement Acts 92 and 93 of 2001, which authorize the State Board of Medicine and the State Board of Osteopathic Medicine to jointly promulgate regulations to provide for the certification of athletic trainers and to establish procedures for the certification and protocols for the practice of athletic trainers.

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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.

Section 51.1(d) of the Medical Practice Act of 1985, 63 P. S. § 422.51a(d) and section 7.1(d) of the Osteopathic Medical Practice Act, 63 P.S. § 271.7a(d), mandate that the Boards jointly promulgate these regulations.

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

The amendments will expand the utilization of athletic trainers in a manner comparable to other physician extenders of similar education and training. The amendments will enhance patient access to care by allowing more flexible use of athletic trainers in all practice settings. The amendments will further provide for the management and provision of care of injuries to a physically active person.

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

The rulemaking has been mandated by legislative initiative.

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

Access by patients and physically active persons on a more rapid basis because of the latitude given to athletic trainers will improve patient safety. It will also support the provision of better care for the physically active person by having the scope of practice of athletic trainers clearly defined.

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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.)

The Boards have not identified anyone who will be adversely affected by this rulemaking.

(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.)

There are approximately 45,000 medical doctors and 6,000 osteopathic doctors who may refer patients to certified athletic trainers. There are approximately 1,400 certified athletic trainers currently certified by the State Board of Physical Therapy who 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.

In compliance with Executive Order 1996-1, in drafting and promulgating this proposed rulemaking, the Boards solicited input and suggestions from the regulated community and other parties who identified themselves as interested in the Boards' regulatory agendas. Proposed rulemaking was published on March 18, 2006, at 36 Pa.B. 1233, followed by a 30-day public comment period. During that time, the Boards received comments from the Pennsylvania Athletic Trainers' Association, the Pennsylvania Physical Therapy Association, and one individual certified athletic trainer. The Boards revised the amendments as a result of comments received.

(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.

No costs or savings are generated by this regulation.

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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.

No costs or savings are generated by these amendments.

(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.

No costs or savings are generated by these amendments.

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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.

	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						
Total Savings	N/A	N/A	N/A	N/A	N/A	N/A
COSTS:						
Regulated Community						
Local Government						
State Government						
Total Costs	N/A	N/A	N/A	N/A	N/A	N/A
REVENUE LOSSES:						
Regulated Community						
Local Government						
State Government						
Total Revenue Losses	N/A	N/A	N/A	N/A	N/A	N/A

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

No costs or savings are generated by these amendments.

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

Program	FY -3 FY 03-04	FY -2 FY 04-05	FY -1 FY 05-06	Current FY FY 06-07
State Board of Medicine	\$4,426,129.18	\$5,621,389.18	\$8,794,000.00	\$9,348,000.00
State Board of Osteopathic Medicine	\$ 457,338.63	\$ 503,718.72	\$1,172,000.00	\$1,245,000.00

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

N/A

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

The amendments are legislatively mandated.

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

Alternative regulation would mandate procedural and specialty processes that would even further hamper the provision of athletic training services to Commonwealth residents. This regulatory scheme replaces outdated regulations and strengthens the health care relationship between the physician community and certified athletic trainers.

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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?

These amendments clearly define the scope of responsibility of certified athletic trainers. It allows all physically active persons access to the same quality care provided to the Commonwealth's athletes, and further allows the physician/certified athletic trainer team to provide quality care to a much broader population. The regulation will not put the Commonwealth at a disadvantage.

Our bordering states regulate athletic trainers as noted below.

New Jersey regulates athletic trainers under its Board of Medical Examiners. The Athletic Trainer Advisory Commission has the direct oversight of athletic trainers. The licensure and training requirements are similar to those of these amendments.

New York licensure requirements are set forth by the Department of Education law. The practice of the profession falls under the health professions laws. Athletic trainers appear to more closely perform their profession under the direction of physicians.

Ohio regulates athletic trainers under the Occupational Therapy, Physical Therapy and Athletic Trainers Board. The licensure requirements, scope of practice and referral process from licensed physicians is not dissimilar to these amendments.

Delaware provides for the supervision of athletic trainers in clinical settings by physical therapists, and in non-clinical settings by referral or consultation from a health care practitioner. The certification requirements do not appear to be as comprehensive as those of these amendments.

Virginia licenses athletic trainers under their Board of Medicine. The certification and licensure process is similar to that of the proposed regulations. Virginia places supervision of athletic trainers' practice under the direction of licensed physical therapists and the patients, physician or any doctor.

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

The amendments will replace the regulations currently in effect under the State Board of Physical Therapy, 49 Pa. Code § 40.71 – 40.121.

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

No public hearings are scheduled.

(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. The amendments will transfer reporting, record keeping and paperwork requirements from the State Board of Physical Therapy to the State Board of Medicine and the State Board of Osteopathic Medicine as required by Acts 92 and 93, but will not result in changes to existing requirements for certification or renewal with the exception of the continuing education requirement for applicants for renewal of an athletic trainer certificate.

(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.

The Boards have not identified any affected groups or persons that need to be accommodated in any way.

(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?

The amendments will become effective upon final-form publication.

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

The Boards continuously monitor the effectiveness of their regulations.

FACE SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU

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REVIEW COMMISSION

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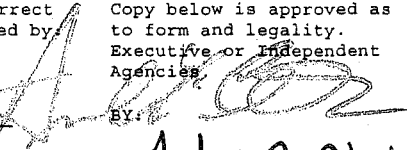
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Executive or Independent
Agencies

STATE BOARD OF MEDICINE AND
STATE BOARD OF OSTEOPATHIC MEDICINE

(AGENCY)

BY: 
Andrew C. Clark

BY: _____
(DEPUTY ATTORNEY GENERAL)

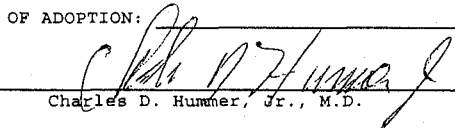
DOCUMENT/FISCAL NOTE NO. 16A-4915

MAR 29 2007

DATE OF APPROVAL

DATE OF ADOPTION: _____

DATE OF APPROVAL

BY: 
Charles D. Hummer, Jr., M.D.

(~~Executive~~ Deputy General
(~~Chief~~ Counsel,
Independent
Strike
title)

Counsel
Agency
inapplicable

TITLE: Chairman
(EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)

- Check if applicable
Copy not approved.
Objections attached.
- Check if applicable. No Attorney
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objection within 30 day
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FINAL RULEMAKING
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE
AND
STATE BOARD OF OSTEOPATHIC MEDICINE
49 PA. CODE, CHAPTERS 16, 18 AND 25
ATHLETIC TRAINERS

The State Boards of Medicine and Osteopathic Medicine (Boards) hereby amend the regulations providing for the certification and regulation of athletic trainers, Chapters 16, 18 and 25, to read as set forth in Annex A.

A. *Effective Date*

The amendments will be effective upon final-form publication in the *Pennsylvania Bulletin*.

B. *Statutory Authority*

Section 51.1(d) of the Medical Practice Act of 1985 (63 P.S. § 422.51a (d)) and section 7.1 (d) of the Osteopathic Medical Practice Act (63 P.S. § 271.7a(d)) (medical practice acts) authorize the Boards to jointly promulgate regulations that establish approved education and training programs for certification of athletic trainers and define the circumstances and protocol under which a certified athletic trainer may perform athletic training services.

C. *Background and Purpose*

Under the Physical Therapy Practice Act (formerly 63 P.S. §§ 1301, 1310.1 and 1310.2), the State Board of Physical Therapy certified and regulated athletic trainers in this Commonwealth.

The acts of December 10, 2001 (P.L. 859, No. 92) and (P.L. 863, No. 93) (Acts 92 and 93) repealed these provisions insofar as they are inconsistent with the medical practice acts. Acts 92 and 93 added section 51.1(d) to the Medical Practice Act of 1985 and section 7.1(d) to the Osteopathic Medical Practice Act to provide for the certification and regulation of athletic trainers by the Boards. Acts 92 and 93, effective February 8, 2002, further provided that until the Boards adopt final regulations, the regulations of the State Board of Physical Therapy in 49 Pa. Code Chapter 40, Subchapter B (relating to athletic trainers) govern the activities of athletic trainers, which are not inconsistent with amendments to the medical practice acts. The Boards are now adopting these amendments to establish procedures for certification and protocols for the practice of athletic trainers.

D. *Summary of Comments to Proposed Rulemaking and the Boards' Responses*

Proposed rulemaking was published at 36 Pa.B. 1233 on March 18, 2006. The Boards entertained public comment for a period of 30 days, during which time the Boards received comments from the Pennsylvania Athletic Trainers' Society, Inc. (PATs), the Pennsylvania Physical Therapy Association (PPTA), and an individual certified athletic trainer. Following the close of the public comment period, the Boards received comments from the House Professional Licensure Committee (HPLC) and the

Independent Regulatory Review Commission (IRRC). The following summarizes the comments received and provides the Boards' responses.

§ 16.61 (relating to unprofessional and immoral conduct).

The HPLC noted that paragraph (18) makes it unprofessional conduct for a Board-regulated practitioner to fail to complete reports needed for reimbursement by an insurance company of the medical expenses of a patient. In light of the change in focus in this section from "physicians" to "Board-regulated practitioners", the HPLC suggested this language be amended to refer to expenses that result from the practice of the healing arts. The Medical Board has no objection to this suggestion and has made the change to the final rulemaking.

§§ 18.502 and 25.702 (relating to definitions).

The HPLC commented that there was a minor discrepancy in the definition of "direction" between the two Boards' versions in that § 18.502 used the word "via", while § 25.702 used "by means of". The Legislative Reference Bureau corrected this situation when the proposed rulemaking was published so that both versions use the generally accepted "by means of".

The HPLC also noted that the word "and" appears in the definition of "written protocol" in § 18.502, but is absent from the same definition in § 25.702. This situation has been remedied by deleting it from § 18.502.

§§ 18.503 and 25.703 (relating to certification requirement).

The HPLC sought clarification regarding the exceptions to the general rule that a person may not use the title of athletic trainer or perform athletic training services unless certified by the Board. The HPLC observed that the exceptions in subsection (b) seem to permit other types of licensees to call themselves athletic trainers. The intent of the exceptions was to permit other duly licensed practitioners of the healing arts to perform services within the scope of practice for which they were trained, not to permit them to call themselves athletic trainers. The IRRC agreed that this section should be rewritten to clarify the Boards' intentions. In the final rulemaking, the Boards have amended these sections to clarify their intent. Subsection (a) discusses the use of the title "athletic trainer" and subsection (b) discusses the general prohibition on the practice of athletic training unless certified, with the exceptions provided for other duly licensed practitioners of the various healing arts practicing within the scope of practice for which they were trained, athletic trainers licensed or certified in other jurisdictions who are employed by a visiting athletic team or organization, and students whose performance of athletic training services is coincidental to their education and training.

PPTA suggested adding a notice requirement for out-of-state athletic trainers who are required to be in the Commonwealth for an extended period of time. The Boards have elected not to adopt this suggestion.

The HPLC noted an inconsistency between §§ 18.503(c) and 25.703(c) regarding former certificateholders under the Physical Therapy Board. Section 18.503(c) has been amended to remedy the inconsistency.

§§ 18.504 and 25.704 (relating to application for certification).

The HPLC noted that both Boards are setting a minimum age for certification as an athletic trainer at 20 years of age although the enabling acts are silent with regard to an age requirement. The Boards adopted the age limitation that had been established by the Physical Therapy Board, and which has been in effect since 1987. Under this rulemaking, an applicant must complete an approved athletic training education program to be eligible for certification. These programs are available at the bachelor's degree and master's degree levels. Normally, an individual would be at least 20 years of age by the time they meet the educational requirements for certification. Therefore, the Boards find this age limitation reasonable. In addition, the Boards are not aware of any situation where the age limitation became a barrier to an applicant for certification since its original adoption by the Physical Therapy Board in 1987. The Boards may reevaluate this requirement if it proves to be an impediment to otherwise qualified applicants.

The IRRC asked how the Boards intend to determine whether an applicant meets the requirement that "an applicant may not be addicted to alcohol or hallucinogenic, narcotic or other drugs which tend to impair judgment or coordination." This requirement is standard language required for licensure or certification in any of the health-related professions in this Commonwealth. In order to enforce this provision, the Boards require applicants to certify that they are not addicted to drugs or alcohol. In addition, the Boards ask a number of questions on the licensure/certification applications that may indicate drug or alcohol related problems, such as prior convictions, disciplinary actions in other jurisdictions, loss of hospital privileges, and so forth. If an applicant supplies an answer that indicates potential problems with drugs or alcohol, the application is reviewed by the Bureau's Professional Health Monitoring Program. Any false statement on an application subjects the applicant to criminal penalties under 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and to disciplinary action including the refusal or revocation of a license or certificate.

The HPLC also noted a typographical error in § 25.704(a)(4), which has been corrected in the final rulemaking.

§§ 18.505 and 25.705 (relating to educational requirements).

The HPLC and the IRRC asked for clarification of the educational requirements. Sections 18.505 and 25.705 require that applicants for certification as an athletic trainer be a graduate of an accredited athletic training education program or hold and maintain current credentialing as a certified athletic trainer (ATC) by the Board of Certification, Inc. (BOC). Entry-level athletic training education programs are accredited by the

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Commission on Accreditation of Athletic Training Education (CAATE). CAATE and the National Athletic Trainers Association (NATA) accredit master's degree programs in athletic training. All accredited programs offer either a baccalaureate or master's degree in athletic training. Accredited programs generally include basic coursework in applied mathematics, biology, chemistry, psychology, communications and so forth, as well as courses in medical terminology, anatomy and physiology, kinesiology and biomechanics, therapeutic modalities, injury evaluation and prevention, strength and conditioning, rehabilitation sciences, exercise physiology and related courses. During their education, athletic training students participate in clinical education in a variety of practice settings such as high schools, colleges, universities, hospitals, physicians' offices, and health care clinics. There are currently 19 accredited athletic training education programs operating at colleges and universities within the Commonwealth.

Currently, in order to obtain the ATC credential from BOC, a candidate must be a graduate of an entry-level athletic training education program accredited by CAATE. Prior to 2004, internship was an alternative route to BOC certification. The BOC has eliminated the internship route to BOC certification and all new candidates must now graduate from a CAATE-accredited program. In order to maintain BOC certification, an ATC must adhere to the BOC Standards of Professional Practice, maintain certification in emergency cardiac care, and complete 75 continuing education contact hours every 3 years. At the present time, the BOC is the only organization that offers this type of credential to athletic trainers. The regulations refer to "another credentialing body approved by the Board" to recognize that the profession is dynamic and there may be other organizations formed in the future for this purpose. If another credentialing body is approved by the Boards, the Boards will provide notice to certificateholders through the Boards' websites and newsletters. In addition, the application for certification will include all approved credentials accepted by the Board.

The HPLC also asked whether the registered trademark symbol should be removed from the abbreviation ATC® in paragraph (2). The Boards agree and have deleted the symbol.

The IRRC requested that these sections be amended to use the defined term "approved athletic training education program" in place of "accredited educational program for athletic trainers" and "accredited education program". The Boards have made the requested changes.

§§ 18.507 and 25.707 (relating to temporary certification).

The HPLC noted that section 51.1(b) of the Medical Practice Act of 1985 (63 P.S. § 422.51a (b)) and section 7.1(b) of the Osteopathic Medical Practice Act (63 P.S. § 271.7a(b)) provide for temporary certification of athletic trainers who were previously certified by the State Board of Physical Therapy prior to the amendments made by Acts 92 and 93. However, §§ 18.507 and 25.707 appear to be creating another type of temporary certificate. Therefore, the HPLC requested an explanation of the effect of this provision.

In order to become certified as an athletic trainer, a graduate of an accredited athletic training education program must pass the certification examination administered by the BOC. The BOC offers the examination several times throughout the year at approximately sixteen locations across the United States. However, some applicants for examination may find the next test date at their chosen location is full and may have to wait until a subsequent administration of the examination or travel to another test site. The BOC will be transitioning to a computer-based examination that will eventually be offered at over 200 exam sites across the United States and Canada. Until then, the Boards felt it necessary to create a mechanism to provide graduates of accredited athletic education programs the ability to begin their athletic training careers under the direct onsite supervision of a certified athletic trainer until they have the opportunity to take the certification exam.

The IRRC and PATS both suggested that the reference to CAAHEP be deleted from this section. In light of the fact that CAATE now accredits athletic trainer education programs, and in order to avoid having to amend the regulations in the future should this organization again change, the Boards have adopted the IRRC's suggestion and use the defined term "approved athletic training education programs" in these sections.

PATS suggested that temporary certificateholders be required to report to the Board whether the temporary certificateholder had passed, failed or failed to take the certification examination within 30 days of the expiration of the temporary certification period. The Boards have elected not to adopt this recommendation believing it to be unnecessary. If a temporary certificateholder passes the examination, it is the temporary certificateholder's responsibility to report it to the Board in order to be certified. If no report is made to the Board within 1 year, the temporary certificate will expire and may not be renewed.

Additionally, the HPLC noted that § 25.707 included the additional statement that temporary certificates may not be renewed. This statement has been added to § 18.507 in the final rulemaking.

§§ 18.508 and 25.708 (relating to renewal of certification).

The HPLC noted that the State Board of Medicine requires that continuing education certificates be maintained for 2 years, while the State Board of Osteopathic Medicine requires them to be maintained for 4 years. The difference is due to the different administrative capacities of the two Boards in conducting continuing education audits. These requirements were intended to be consistent within each Board, not between the two Boards. Act 92 and 93 place jurisdiction over athletic trainers who are supervised by medical doctors with the State Board of Medicine and those supervised by doctors of osteopathic medicine with the State Board of Osteopathic Medicine. An athletic trainer who is supervised by more than one physician from both Boards could comply with both regulations simply by maintaining all continuing education certificates for 4 years.

In addition, the HPLC noted that with respect to §§ 18.508(d) and 25.708(d), the medical regulations provide for a \$5 penalty fee for untimely renewals and the osteopathic medical regulations do not. The \$5 late fee is provided for in section 225 of the Bureau of Professional and Occupational Affairs Fee Act (Fee Act), 63 P.S. §1401-225, and applies to all of the board and commissions that fall under the Bureau of Professional and Occupational Affairs. The Medical Board included it in the rulemaking to provide certificateholders with additional notice of the fee for late renewal. Therefore, § 25.708(d) is amended in the final rulemaking to likewise provide notice to athletic trainers certified by the State Board of Osteopathic Medicine. The IRRC commented that a cross-reference to the Fee Act should be added to the final-form rulemaking. The Boards have done so.

The IRRC suggested that subsection (e) be deleted from this section and a new section relating to continuing education be created. The Boards have responded to this suggestion by adding §§ 18.511 and 25.711 (relating to continuing education).

One individual certified athletic trainer who was originally certified by the State Board of Physical Therapy in 1987 expressed concern about whether he would be able to comply with the BOC continuing education requirements because he is not certified by the BOC and is not eligible to take the BOC certification exam. All former certificateholders under the State Board of Physical Therapy are deemed certified under the regulations without further action. However, in order to renew their certificates, they will need to comply with the continuing education requirements. It is not the Board's intent to require certificateholders to become BOC certified. In addition, the BOC has confirmed that one does not have to be an ATC in order to take continuing education courses from BOC approved providers, colleges and universities. Therefore, current certificateholders will be able to comply with the continuing education requirements without becoming certified by the BOC.

§§ 18.509 and 25.709 (relating to practice standards for athletic trainers).

The HPLC and the IRRC asked whether a physically active person being referred by a podiatrist or dentist should have the results of the required medical exam reviewed by the dentist or podiatrist. The Boards note that this section is inconsistent with § 25.709 (relating to practice standards for athletic trainers), which includes review by a dentist or podiatrist. Therefore, section 18.509(a)(3) has been amended to include review by the referring dentist or podiatrist.

In addition, the HPLC noted that these sections permit a podiatrist or dentist to issue a standing written prescription or protocol. The HPLC notes that with respect to a protocol, both enabling acts only mention a physician. These sections have been amended to clarify that an athletic trainer must ensure that the physically active person have a referral or prescription for athletic trainer services from a physician, podiatrist or dentist, or be subject to a written protocol from a physician.

The IRRC noted that the Pennsylvania Physical Therapists Association recommends that the review of the written protocol occur more frequently than annually and asked how the Boards determined that an annual review is appropriate. The Boards believe that an annual review of the written protocol is an appropriate standard within the profession. The regulations already provide for on-going communication between the athletic trainer and the supervising physician. In fact, the written protocol itself is required to describe the manner and frequency of communications between the athletic trainer and the supervising physician. However, the intent was to establish a minimum requirement. Therefore, the final-form rulemaking has been amended to require the review occur "at least" annually.

Finally, the HPLC noted that in the medical regulations, the responsibility is on the athletic trainer to obtain the standing written prescription or protocol, where the osteopathic physician regulations place the responsibility on the supervising physician, dentist or podiatrist to provide the standing written prescription or protocol. In recognition of the fact that this rulemaking is intended to regulate the conduct of athletic trainers, § 25.709(c) has been rewritten to mirror the language in § 18.509(c).

E. *Description of the Amendments*

With regard to the State Board of Medicine, § 16.1 (relating to definitions) is amended to define "treatment regimen" to describe the service provided by athletic trainers. This term is also of a broad enough nature that the clinical service provided by other State Board of Medicine-regulated practitioners could come under this umbrella term. It provides flexibility to the State Board of Medicine in regulating its licensees and certificateholders and ensures uniformity in regulation. Section 16.61 (relating to unprofessional and immoral conduct) is also amended by replacing the term "physician" with "Board-regulated practitioner", so that athletic trainers and other practitioners licensed by the Medical Board would be subject to the regulation. At the request of the HPLC, § 16.61(a)(18) has been amended to refer to payment by a third party of the expenses of a patient that result from treatment of the healing arts.

The Boards are amending §§ 16.13 and 25.31 (relating to licensure, certification, examination and registration fees; and schedule of fees) to carry over the fees currently in place under the regulations of the State Board of Physical Therapy in § 40.5 (relating to fees).

The Boards are adding Chapter 18, Subchapter H and Chapter 25, Subchapter M (relating to athletic trainers) to provide for the certification and regulation of athletic trainers.

Sections 18.501 and 25.701 (relating to purpose) provide a general statement of the purpose of this rulemaking. Sections 18.502 and 25.702 (relating to definitions) define key terms used throughout the subchapters. The definitions of "direction" and "standing written prescription" have been amended in the final rulemaking in response to

the HPLC's observation that the legislation refers to the written protocol in conjunction with physicians only, not dentists or podiatrists.

Sections 18.503 and 25.703 (relating to certification requirements) set forth the requirement for certification of persons using the title of or performing athletic trainer services in this Commonwealth. The final rulemaking was amended in response to comments from the HPLC and the IRRC. Subsection (a) was amended to refer solely to the use of the title. Subsection (b) now prohibits the practice of athletic training unless certified, with exceptions provided for duly licensed practitioners of the healing arts practicing within the scope of practice for which they are trained, a duly licensed or certified athletic trainer from another jurisdiction who is employed by a visiting athletic team or organization competing in this Commonwealth, and student athletic trainers whose practice of athletic training is coincidental to the student's education.

In addition, §§18.503(c) and 25.703(c) with regard to former athletic training certifiatholders under the Physical Therapy Board have been amended in the final-form rulemaking to mirror each other.

Sections 18.504 and 25.704 (relating to application for certification) delineate the documentation and information required to apply for certification.

Sections 18.505 and 25.705 (relating to educational requirements) set forth the educational requirements for certification. The requisite education can met by having graduated from an approved athletic training education program or by holding a current credential as a certified athletic trainer from the Board of Certification, Inc. (BOC) or another accrediting body approved by the Board.

Sections 18.506 and 25.706 (relating to examination requirement) provides that applicants must achieve a passing score on the BOC examination or an equivalent examination approved by the Board.

Sections 18.507 and 25.707 (relating to temporary certification) provide for temporary certification for applicants who have completed their education and have applied to take the examination. An applicant may practice under a temporary certificate under the direct supervision of a certified athletic trainer for up to one year or until certification, whichever occurs first. Section 18.507 has been amended in the final-form rulemaking to delete the reference to the Commission for Accreditation of Allied Health Education Programs (CAAHEP) because athletic training programs are now accredited by the Commission on Accreditation of Athletic Training Education (CAATE). In order to avoid the need to amend this section every time the accrediting body changes, the section now simply refers to "approved athletic training education programs" as suggested by the IRRC. This section was also amended to mirror § 25.707 by adding the phrase "and may not be renewed".

Section 18.508 and 25.708 (relating to renewal of certification) provide for biennial renewal of certificates. Section 25.708 has been amended in the final rulemaking to clarify that all athletic trainer certifications under both boards must be

December 8, 2006

renewed by December 31 of even-numbered years. At the suggestion of the IRRC, a cross-reference to the Bureau of Professional and Occupational Affairs Fee Act has been added. In addition, at the suggestion of the IRRC, the continuing education requirements have been removed from these sections and §§ 18.511 and 25.711 (relating to continuing education) have been added to the final-form rulemaking.

Sections 18.509 and 25.709 (relating to practice standards for athletic trainers) contain provisions regarding referrals and protocols for treatment, retention of records and circumstances under which consultation with or referral to a physician, dentist or podiatrist is required. Subsection (a) also makes these standards applicable to an athletic trainer certified by any other state, commonwealth, Canadian province or territory or the District of Columbia when providing services to a team or organization in this Commonwealth. These sections have been amended in the final-form rulemaking to clarify that an athletic trainer must secure a written referral or prescription from a licensed physician, dentist or podiatrist, or must be subject to a written protocol from a licensed physician. Sections 18.509(a)(3) and 25.709(a)(3) have been amended to require the referring physician, dentist or podiatrist to review the results of a-recently performed medical diagnostic examination prior to treatment by an athletic trainer. Finally, §§ 18.509(c) and 25.709(c) have been amended to require the athletic trainer to obtain the protocol or standing written prescription from the supervising physician and to require review of the written protocol or standing written prescription at least annually.

Sections 18.510(a) and 25.710(a) (relating to refusal, suspension or revocation of certificate) authorize the Boards to impose disciplinary action against athletic trainers under section 41 of the Medical Practice Act of 1985 (63 P.S. §422.41) as set forth in § 16.61, and section 15(b) of the Osteopathic Practice Act (63 P.S. § 271.15(b)). Subsection (b) provides for the applicability of 2 Pa.C.S. §§ 501-508 and 701-704 (relating to the Administrative Agency Law) to the activities of and proceedings before the Boards regarding athletic trainers. The language is included to direct applicants and certificateholders to the procedural provisions that govern the Boards' actions.

Finally, §§ 18.511 and 25.711 have been added to the final rulemaking to provide for the continuing education of athletic trainers.

F. *Fiscal Impact and Paperwork Requirements*

The amendments will have no adverse fiscal impact on the Commonwealth or its political subdivisions because the sole purpose of the amendments is to transfer regulatory authority over athletic trainers from the State Board of Physical Therapy to the Boards. For this reason also, the amendments will impose no additional paperwork requirements on the public sector.

G. *Sunset Date*

The Boards continuously monitor the effectiveness of their regulations. Therefore, no sunset date has been assigned.

H. *Regulatory Review*

Under section 5(a) of the Regulatory Review Act (71 P.S. § 745.5(a)), on March 8, 2006, the Board submitted a copy of the notice of proposed rulemaking, published on March 18, 2006, at 36 Pa.B. 1233, to the Independent Regulatory Review Commission (IRRC) and to the Chairpersons of the House Professional Licensure Committee (HPLC) and the Senate Consumer Protection and Professional Licensure Committee (SCP/PLC) for review and comment.

Under section 5(c) of the Regulatory Review Act, IRRC, the HPLC and the SCP/PLC were provided with copies of the comments received during the public comment period, as well as other documents when requested. In preparing the final-form rulemaking, the Board has considered all comments from IRRC, the HPLC, the SCP/PLC and the public.

Under section 5.1(j.2) of the Regulatory Review Act (71 P.S. § 745.5a(j.2)), on _____, this final-form rulemaking was approved by the HPLC. On _____, the final-form rulemaking was deemed approved by the SCP/PLC. Under section 5.1(e) of the Regulatory Review Act, IRRC met on _____, and approved the final-form rulemaking.

I. *Contact Persons*

Further information may be obtained by contacting Sabina I. Howell, Board Counsel, State Board of Medicine, or Beth Sender Michlovitz, Counsel, State Board of Osteopathic Medicine, P.O. Box 2649, Harrisburg, PA 17105-2649.

J. *Findings*

The Boards find that:

(1) Public notice of proposed rulemaking was given under sections 201 and 202 of the act of July 31, 1968 (P.L. 769, No. 240) (45 P.S. §§ 1201 and 1202) and the regulations promulgated thereunder, 1 Pa. Code §§ 7.1 and 7.2.

(2) A public comment period was provided as required by law and all comments were considered.

(3) This final-form rulemaking does not enlarge the purpose of proposed rulemaking published at 36 Pa.B. 1233.

(4) This final-form rulemaking is necessary and appropriate for administering and enforcing the authorizing acts identified in Part B of this Preamble.

K. *Order*

The Boards, acting under their authorizing statutes, order that:

- (a) The regulations of the Boards at 49 Pa. Code, Chapters 16, 18 and 25, are amended to read as set forth in Annex A.
- (b) The Boards shall submit this order and Annex A to the Office of General Counsel and the Office of Attorney General as required by law.
- (c) The Boards shall certify this order and Annex A and deposit them with the Legislative Reference Bureau as required by law.
- (d) This order shall take effect on publication in the *Pennsylvania Bulletin*.

Charles D. Hummer, Jr., M.D.
Chairperson
State Board of Medicine

Oliver Bullock, D.O.
Chairperson
State Board of Osteopathic Medicine

ANNEX A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CHAPTER 16. STATE BOARD OF MEDICINE—GENERAL PROVISIONS

Subchapter A. BASIC DEFINITIONS AND INFORMATION

§16.1. Definitions.

The following words and terms, when used in this chapter and Chapters 17 and 18 (relating to State Board of Medicine—medical doctors; and State Board of Medicine—practitioners other than medical doctors), have the following meanings, unless the context clearly indicates otherwise:

* * * * *

Treatment regimen – The provision of care and practice of a component of the healing arts by a Board-regulated practitioner.

* * * * *

Subchapter B. GENERAL LICENSE, CERTIFICATION AND REGISTRATION

PROVISIONS

* * * * *

§16.13. Licensure, certification, examination and registration fees.

* * * * *

(h) Athletic Trainer

Application for certification.....\$20

Biennial Renewal.....\$37

(i) *Verification or Certification:*

* * * * *

[(i)](i) * * *

* * * * *

Subchapter E. MEDICAL DISCIPLINARY PROCESS AND PROCEDURES

COMPLAINTS

§16.61. Unprofessional and immoral conduct.

(a) A [physician] Board-regulated practitioner who engages in unprofessional or immoral conduct is subject to disciplinary action under section 41 of the act (63 P. S. § 422.41). Unprofessional conduct includes, but is not limited to, the following:

(1) Revealing personally identifiable facts, obtained as the result of a [physician] practitioner-patient relationship, without the prior consent of the patient, except as authorized or required by statute.

(2) Violating a statute, or a regulation adopted thereunder, which imposes a standard for the practice of [medicine] the healing arts as regulated by the Board in this Commonwealth. The Board, in reaching a decision on whether there has been a violation of a statute, rule or regulation, will be guided by adjudications of the agency or court which administers or enforces the standard.

(3) Performing a medical act or treatment regimen incompetently or performing a medical act or treatment regimen which the [physician] Board-

regulated practitioner knows or has reason to know that [he] the practitioner is not competent to perform.

(4) Unconditionally guaranteeing that a cure will result from the performance of medical services or treatment regimen.

(5) Advertising of a medical business which is intended to or has a tendency to deceive the public.

(6) Practicing [medicine] the healing arts fraudulently, or with reckless indifference to the interests of a patient on a particular occasion, or with negligence on repeated occasions.

(7) Practicing [medicine] the healing arts while the ability to practice is impaired by alcohol, drugs or physical or mental disability.

* * * * *

(9) Continuing to practice while the [physician's] Board-regulated practitioner's license or certificate has expired, is not registered or is suspended or revoked.

* * * * *

(13) Charging a patient or a third-party payor for a medical service or treatment regimen not performed. This paragraph does not apply to charging for an unkept office visit.

* * * * *

(18) Failing to make available to the patient or to another designated health care practitioner, upon a patient's written request, the medical record or a copy of the medical record relating to the patient which is in the possession or under the

control of the [physician] Board-regulated practitioner; or failing to complete those forms or reports, or components of forms or reports, which are required to be completed by the [physician] Board-regulated practitioner as a precondition to the reimbursement or direct payment BY A THIRD PARTY of the ~~medical~~ expenses of a patient ~~by a third party~~ THAT RESULT FROM THE PRACTICE OF THE HEALING ARTS. Reasonable fees may be charged for making available copies, forms or reports. Prior payment for professional services to which the records relate—this does not apply to fees charged for reports—may not be required as a condition for making the records available. A ~~physician~~ BOARD-REGULATED PRACTITIONER may withhold information from a patient if, in the reasonable exercise of his professional judgment, he believes release of the information would adversely affect the patient's health.

* * * * *

(b) Immoral conduct includes, but is not limited to, the following:

(1) Misrepresentation or concealment of a material fact in obtaining a license [to practice medicine] or a certificate issued by the Board or a reinstatement thereof.

* * * * *

**CHAPTER 18. STATE BOARD OF MEDICINE – PRACTITIONERS OTHER
THAN MEDICAL DOCTORS**

SUBCHAPTER H. ATHLETIC TRAINERS

§ 18.501 Purpose.

This subchapter implements section 51.1 of the act (63 P.S. §422.51a) to provide for the certification and practice standards of athletic trainers.

§ 18.502 Definitions.

The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

Approved athletic training education programs – An athletic training education program that is accredited by a Board-approved Nationally recognized accrediting agency.

Athletic training services – The management and provision of care of injuries to a physically active person, with the direction of a licensed physician.

- (i) The term includes the rendering of emergency care, development of injury prevention programs and providing appropriate preventative and supportive devices for the physically active person.
- (ii) The term also includes the assessment, management, treatment, rehabilitation and reconditioning of the physically active person whose conditions are within the professional preparation and education of a certified athletic trainer.

(iii) The term also includes the use of modalities such as: mechanical stimulation, heat, cold, light, air, water, electricity, sound, massage and the use of therapeutic exercise, reconditioning exercise and fitness programs.

(iv) The term does not include surgery, invasive procedures or prescription of any MEDICATION OR controlled substance.

BOC – The Board of Certification, Inc., a National credentialing organization for athletic trainers.

Certified athletic trainer – A person who is certified to perform athletic training services by the Board or by the State Board of Osteopathic Medicine.

Direction – Supervision over the actions of a certified athletic trainer by means of referral by prescription to treat conditions for a physically active person from a licensed physician, dentist or podiatrist or written protocol approved by a supervising physician, dentist or podiatrist, except that the physical presence of the supervising physician, dentist or podiatrist is not required if the supervising physician, dentist or podiatrist is readily available for consultation by direct communication, radio, telephone, facsimile, telecommunications or by other electronic means.

Physically active person – An individual who participates in organized, individual or team sports, athletic games or recreational sports activities.

Referral – An order from a licensed physician, dentist or podiatrist to a certified athletic trainer for athletic training services. An order may be written or oral, except that an oral order must be reduced to writing within 72 hours of issuance.

Standing written prescription – A portion of the written protocol or a separate document from a supervising physician, ~~dentist or podiatrist~~, which includes an order to treat approved individuals in accordance with the protocol.

Written protocol – A written agreement or other document developed in conjunction with one or more supervising physicians, which identifies and is signed by the supervising physician and the certified athletic trainer, and describes the manner and frequency in which the certified athletic trainer regularly communicates with the supervising physician and includes standard operating procedures, developed in agreement with the supervising physician and certified athletic trainer, that the certified athletic trainer follows when not directly supervised onsite by the supervising physician.

§ 18.503. Certification requirement.

(a) A person may not use the title “athletic trainer” or “certified athletic trainer” or use any abbreviation including “A.T.”, “A.T.C.” or “C.A.T.” or any similar designation to indicate that the person is an athletic trainer, or perform the duties thereof, unless that person has been certified by the Board.

(b) Subsection (a) does not apply to EXCEPT AS OTHERWISE PROVIDED IN THIS SUBSECTION, A PERSON MAY NOT PERFORM THE DUTIES OF AN ATHLETIC TRAINER UNLESS THAT PERSON IS CERTIFIED BY THE BOARD. THIS PROVISION IS NOT INTENDED TO PREVENT the following:

(1) A person trained and licensed or certified under any other law from engaging in the licensed or certified practice in which the person is trained.

(2) An athletic trainer from another state, province, territory or the District of Columbia, who is employed by an athletic team or organization that is competing in this Commonwealth only on a visiting basis, from providing athletic training services, provided the practice of the athletic trainer is limited to the members of the team or organization.

(3) An athletic training student practicing athletic training that is coincidental to required clinical education and is within the scope of the student's education and training.

(c) Athletic FORMER ATHLETIC training certificateholders certified under the Physical Therapy Practice Act (63 P.S. §§1301 – 1313) prior to _____ *(Editor's note: The blank refers to the effective date of adoption of this proposed rulemaking)* are deemed certified by the Board.

(d) Athletic training certificateholders certified by the State Board of Osteopathic Medicine are deemed certified by the Board.

§ 18.504. Application for certification.

(a) The applicant shall submit the following on forms supplied by the Board:

(1) A completed application and the fee set forth in § 16.13 (relating to licensure, certification, examination and registration fees).

(2) Verification of professional education in athletic training in accordance with § 18.505 (relating to educational requirements).

(3) Documentation of passage of the National examination in accordance with § 18.506 (relating to examination requirement).

(4) Documentation of practice as an athletic trainer, if licensed or certified in any other jurisdiction, and verification as to whether there has been any disciplinary action taken in that jurisdiction.

(b) To qualify for certification, an applicant shall be at least 20 years of age and may not be addicted to alcohol or hallucinogenic, narcotic or other drugs which tend to impair judgment or coordination.

§ 18.505. Educational requirements.

An applicant for certification shall comply with one of the following:

(1) Be a graduate of an ~~accredited educational~~ APPROVED ATHLETIC TRAINING EDUCATION program for athletic trainers.

(2) Hold and maintain current credentialing as a certified athletic trainer (ATC®) from the BOC or another credentialing body approved by the Board.

§ 18.506. Examination requirement.

An applicant for a certificate to practice as a certified athletic trainer shall submit to the Board written evidence that the applicant has passed the BOC certification examination for athletic trainers, or its equivalent as determined by the Board.

§ 18.507. Temporary certification.

An applicant who is a graduate of an approved athletic training EDUCATION program ~~accredited by the Commission for Accreditation of Allied Health Education Programs (CAAHEP)~~, and who has applied to take the certification examination may be

granted a temporary certificate to practice athletic training under the onsite direct supervision of a certified athletic trainer. The temporary certification expires 1 year from issuance or upon certification as an athletic trainer by the Board, whichever comes first, AND MAY NOT BE RENEWED.

§ 18.508. Renewal of certification.

(a) A certification issued under this subchapter expires on December 31 of every even-numbered year unless renewed for the next biennium.

(b) Biennial renewal forms and other forms and literature to be distributed by the Board will be forwarded to the last mailing address given to the Board.

(c) To retain the right to engage in practice, the certificateholder shall renew certification in the manner prescribed by the Board and pay the required fee prior to the expiration of the next biennium.

(d) When a certification is renewed after December 31 of an even numbered year, a penalty fee of \$5 for each month or part of a month of practice beyond the renewal date will be charged in addition to the renewal fee AS SET FORTH IN SECTION 225 OF THE BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS FEE ACT, 63 P.S. § 1401-225.

(e) Continuing education requirements are as follows.

~~(1) Beginning with the biennial period commencing on the next biennial renewal period following _____ (Editor's Note: The blank refers to the effective date of adoption of this proposed rulemaking.), athletic trainers shall complete the continuing education requirements prescribed by the BOC.~~

~~(2) Applicants for renewal of a certificate shall provide a signed statement verifying that the continuing education requirement has been met.~~

~~(3) Proof of completion of the required continuing education shall be retained for 2 years after completion.~~ AS A CONDITION OF RENEWAL, A CERTIFICATEHOLDER SHALL COMPLY WITH THE CONTINUING EDUCATION REQUIREMENTS SET FORTH IN § 18.511 (RELATING TO CONTINUING EDUCATION).

§ 18.509. Practice standards for athletic trainers.

~~(a) Athletic trainers certified by the Board or by the proper licensing authority of any other state, province, territory or the District of Columbia shall comply with the following:~~

~~(1) Ensure that the physically active person has secured a written referral OR PRESCRIPTION FROM A LICENSED PHYSICIAN, DENTIST OR PODIATRIST or is subject to a written protocol for treatment by a certified athletic trainer from a licensed physician, dentist or podiatrist.~~

~~(2) Comply strictly with conditions or restrictions that may be placed on the course of athletic training services by the referring physician, dentist or podiatrist.~~

- (3) Ensure that the physically active person has undergone a medical diagnostic examination or has had the results of a recently performed medical diagnostic examination reviewed by a ~~licensed~~ THE REFERRING physician, DENTIST OR PODIATRIST.
- (4) Keep a copy of the referral OR PRESCRIPTION and the results of the medical diagnostic examination in the physically active person's file.
- (5) Consult promptly with the referring physician, dentist or podiatrist regarding a new ailment or condition or a worsened ailment or condition of the physically active person.
- (6) Consult with the referring physician, dentist or podiatrist upon request of either the referring physician, dentist or podiatrist or the physically active person.
- (7) Refer a physically active person with conditions outside the scope of athletic training services to a licensed physician, dentist or podiatrist.
- (b) Athletic trainers certified by the Board, or by the proper licensing authority of any other state, province, territory or the District of Columbia who are working in a team setting, treating injuries which arise in the course of practices or team sports events, may treat the participant at the events under the conditions of the referral, or the standing written prescription or written protocol.
- (c) An athletic trainer shall obtain the standing written prescription or protocol annually from the supervising physician, ~~dentist or podiatrist~~ and review it AT LEAST

annually. The standing written prescription or written protocol shall be retained at or near the treatment location or facility. An individual referral OR PRESCRIPTION from a supervising REFERRING physician, dentist or podiatrist is required in the absence of a standing written prescription or written protocol.

§ 18.510. Refusal, suspension or revocation of certificate.

(a) The Board may refuse to issue a certificate, and after notice and hearing, may suspend or revoke the certificate of a person who is subject to disciplinary action under section 41 of the act (63 P.S. § 422.41) as set forth in § 16.61 (relating to unprofessional and immoral conduct).

(b) Actions taken by the Board regarding the refusal, suspension or revocation of a certificate are taken subject to the right of notice, hearing and adjudication and appeal under 2 Pa.C.S. §§ 501 – 508 and 701 – 704 (relating to the Administrative Agency Law).

§ 18.511. CONTINUING EDUCATION.

(a) BEGINNING WITH THE BIENNIAL PERIOD COMMENCING ON THE NEXT BIENNIAL RENEWAL PERIOD FOLLOWING _____
(Editor's Note: The blank refers to the effective date of adoption of this final rulemaking), ATHLETIC TRAINERS SHALL COMPLETE THE CONTINUING EDUCATION REQUIREMENTS PRESCRIBED BY THE BOC.

(b) APPLICANTS FOR RENEWAL OF A CERTIFICATE SHALL PROVIDE A SIGNED STATEMENT VERIFYING THAT THE CONTINUING EDUCATION REQUIREMENT HAS BEEN MET.

(c) PROOF OF COMPLETION OF THE REQUIRED CONTINUING EDUCATION MUST BE RETAINED FOR AT LEAST 2 YEARS AFTER COMPLETION.

* * * * *

CHAPTER 25. STATE BOARD OF OSTEOPATHIC MEDICINE

Subchapter F. FEES

§ 25.231. Schedule of fees.

An applicant for a license, certificate, registration or service shall pay the following fees at the time of application:

* * * * *

Uncertified verification of any license, <u>certification</u> or permit.....	\$15
Certification of any licenses, <u>certifications</u> , examination grades or hours.....	\$25
<u>Application for athletic trainer certification.....</u>	<u>\$20</u>
<u>Biennial renewal – athletic trainer.....</u>	<u>\$37</u>

* * * * *

Subchapter M. ATHLETIC TRAINERS

§ 25.701. Purpose.

This subchapter implements section 7.1 of the act (63 P.S. §271.7a) to provide for the certification of athletic trainers.

§ 25.702. Definitions.

The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

Approved athletic training education programs – An athletic training education program that is accredited by a Board-approved Nationally recognized accrediting agency.

Athletic training services – The management and provision of care of injuries to a physically active person, with the direction of a licensed physician.

(i) The term includes the rendering of emergency care, development of injury prevention programs and providing appropriate preventative and supportive devices for the physically active person.

(ii) The term also includes the assessment, management, treatment, rehabilitation and reconditioning of the physically active person whose conditions are within the professional preparation and education of a certified athletic trainer.

(iii) The term also includes the use of modalities such as: mechanical stimulation, heat, cold, light, air, water, electricity, sound, massage, and the use of therapeutic exercise, reconditioning exercise and fitness programs.

(iv) The term does not include surgery, invasive procedures or prescription of any MEDICATION OR controlled substance.

BOC - The Board of Certification, Inc., a National credentialing organization for athletic trainers.

Certified athletic trainer – A person who is certified to perform athletic training services by the Board or the State Board of Medicine.

Direction – Supervision over the actions of a certified athletic trainer by means of referral by prescription to treat conditions for a physically active person from a licensed physician, dentist or podiatrist or written protocol approved by a supervising physician, dentist or podiatrist, except that the physical presence of the supervising physician, dentist or podiatrist is not required if the supervising physician, dentist or podiatrist is readily available for consultation by direct communication, radio, telephone, facsimile, telecommunications or by other electronic means.

Physically active person – An individual who participates in organized, individual or team sports, athletic games or recreational sports activities.

Referral – An order from a licensed physician, dentist or podiatrist to a certified athletic trainer for athletic training services. An order may be written or oral, except that an oral order must be reduced to writing within 72 hours of issuance.

Standing written prescription – A portion of the written protocol or a separate document from a supervision physician, dentist or podiatrist which includes an order to treat approved individuals in accordance with the protocol.

Written protocol – A written agreement or other document developed in conjunction with one or more supervising physicians, which identifies and is signed by

the supervising physician and the certified athletic trainer, describes the manner and frequency in which the certified athletic trainer regularly communicates with the supervising physician and includes standard operating procedures, developed in agreement with the supervising physician and certified athletic trainer, which the certified athletic trainer follows when not directly supervised on-site by the supervising physician.

§ 25.703. Certification requirement.

(a) A person may not use the title of “athletic trainer” or “certified athletic trainer” or use any abbreviation including “A.T.C.”, “C.A.T.”, or “A.T.” or any similar designation to indicate that the person is an athletic trainer, or perform the duties thereof, unless that person has been certified by the Board.

(b) ~~Subsection (a) does not apply to~~ EXCEPT AS OTHERWISE PROVIDED BY THIS SUBSECTION, A PERSON MAY NOT PERFORM THE DUTIES OF AN ATHLETIC TRAINER UNLESS THAT PERSON HAS BEEN CERTIFIED BY THE BOARD. THIS PROVISION IS NOT INTENDED TO PREVENT the following:

(1) A person trained and licensed or certified under any other law from engaging in the licensed or certified practice in which the person is trained.

(2) An athletic trainer from another state, province, territory or the District of Columbia, who is employed by an athletic team or organization that is competing in this Commonwealth on a visiting basis, who provides athletic training services to the members of their respective athletic team or organization.

- (3) An athletic training student who practices athletic training that is coincidental to required clinical education and is within the scope of the student's education and training.
- (c) Former athletic training certificateholders under the Physical Therapy Practice Act (63 P.S. §§1301 – 1313) prior to _____ (*Editor's Note: The blank refers to the effective date of adoption of this proposed rulemaking*) are deemed certified by the Board. ~~Renewal of certification may be accomplished through renewal with the Board or with the State Board of Medicine.~~
- (d) Athletic training certificateholders certified by the State Board of Medicine are deemed certified by the Board.

§ 25.704. Application for certification.

- (a) The applicant shall submit the following on forms supplied by the Board:
- (1) A completed application and the fee set forth in § 25.231 (relating to schedule of fees).
 - (2) Verification of professional education in athletic training in accordance with § 25.705 (relating to educational requirements).
 - (3) Documentation of passage of the national examination in accordance with § 25.706 (relating to examination requirement).
 - (4) Documentation of practice as an athletic trainer, if licensed or certified in any other jurisdiction, and verification as to whether there has been any disciplinary action taken in that jurisdiction.

(b) To qualify for certification, an applicant shall be at least 20 years of age and may not be addicted to alcohol or hallucinogenic, narcotic or other drugs which tend to impair judgment or coordination.

§ 25.705. Educational requirements.

An applicant for certification shall comply with one of the following:

- (1) Be a graduate of an ~~accredited educational~~ APPROVED ATHLETIC TRAINING EDUCATION program ~~for athletic trainers.~~
- (2) Hold current credentialing as a Certified Athletic Trainer (ATC®) from the BOC or another credentialing body approved by the Board.

§ 25.706. Examination requirement.

An applicant for a certificate to practice as a certified athletic trainer shall submit to the Board written evidence that the applicant has passed the BOC certification examination for athletic trainers or its equivalent, as determined by the Board.

§ 25.707. Temporary certification.

An applicant who is a graduate of an ~~accredited~~ APPROVED ATHLETIC TRAINING ~~education program for athletic trainers~~ and who has applied to take the certification examination may be granted a temporary certificate to practice athletic training under the onsite direct supervision of a certified athletic trainer. The temporary certification expires 1 year from issuance or upon certification as an athletic trainer by the Board, whichever comes first, and may not be renewed.

§ 25.708. Renewal of certificate.

(a) A certificate issued under this subchapter shall be renewed biennially. An application form will be mailed to the most recent address of the certificateholder as it appears on the records of the Board. The certificateholder shall complete the renewal application and return it to the Board with a renewal fee before ~~October~~ DECEMBER 31 of the year in which the application was received. Certificates other than temporary certificates shall expire on ~~October~~ DECEMBER 31 of each even-numbered year. Upon receipt of an application and renewal fee, the Board will verify the accuracy of the application and issue to the applicant a certificate of renewal for the next biennial period.

(b) Continuing education requirements are as follows:

(1) ~~Beginning with the biennial period commencing on the next biennial renewal period following _____ (Editor's note: the blank refers to the effective date of adoption of proposed rulemaking.), athletic trainers shall complete the continuing education requirements prescribed by the BOC.~~

(2) ~~Applicants for renewal of a certificate shall provide a signed statement verifying that the continuing education requirement has been met.~~

(3) ~~Proof of completion of the required continuing education shall be retained for 4 years after completion.~~ WHEN A CERTIFICATION IS RENEWED AFTER DECEMBER 31 OF AN EVEN-NUMBERED YEAR, A PENALTY FEE OF \$5 FOR EACH MONTH OR PART OF A MONTH OF PRACTICE BEYOND THE RENEWAL DATE WILL BE CHARGED IN ADDITION TO THE RENEWAL FEE, AS SET FORTH IN SECTION 225 OF THE BUREAU

OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS FEE ACT, 63 P.S. §
1401-225.

(c) AS A CONDITION OF RENEWAL, A CERTIFICATEHOLDER SHALL COMPLY WITH THE CONTINUING EDUCATION REQUIREMENTS SET FORTH IN § 25.711 (RELATING TO CONTINUING EDUCATION).

§ 25.709. Practice standards for athletic trainers.

(a) Athletic trainers certified by the Board or by the proper licensing or certification authority of any other state, province, territory or the District of Columbia shall comply with the following:

(1) Ensure that the physically active person has secured a written referral OR PRESCRIPTION FROM A LICENSED PHYSICIAN, DENTIST OR PODIATRIST or is subject to a written protocol for treatment by a certified athletic trainer from a licensed physician, dentist or podiatrist.

(2) Comply strictly with conditions or restrictions that may be placed on the course of athletic training services by the referring physician, dentist or podiatrist.

(3) Ensure that the physically active person has undergone a medical diagnostic examination or has had the results of a recently performed medical diagnostic examination reviewed by a licensed THE REFERRING physician, dentist or podiatrist.

(4) Keep a copy of the referral OR PRESCRIPTION and the results of the medical diagnostic examination in the physically active person's file.

(5) Consult promptly with the referring physician, dentist or podiatrist regarding a new ailment or condition or a worsened ailment or condition of the physically active person.

(6) Consult with the referring physician, dentist or podiatrist upon request of either the referring physician, dentist or podiatrist or the physically active person.

(7) Refer a physically active person with conditions outside the scope of athletic training services to a licensed physician, dentist or podiatrist.

(b) Athletic trainers certified by the Board or by the proper licensing authority of any other state, province, territory or the District of Columbia who are working in a team setting, treating injuries which arise in the course of practices or team sports events, may treat the participant at the events under the conditions of the referral, the standing written prescription or written protocol.

(c) ~~The supervising physician, dentist or podiatrist shall provide~~ AN ATHLETIC TRAINER SHALL OBTAIN the standing written prescription or written protocol annually to the athletic trainer FROM THE SUPERVISING PHYSICIAN and review it AT LEAST annually. This standing written prescription or protocol must be in writing and retained at or near the treatment location or facility. An individual referral OR PRESCRIPTION from a supervising REFERRING physician, dentist or podiatrist is required in the absence of a written protocol.

§ 25.710. Refusal, suspension or revocation of certificate.

(a) The Board may refuse to issue a certificate, and after notice and hearing, may suspend or revoke the certificate of a person who is subject to disciplinary action under section 15(b) of the act (63 P.S. § 271.15(b)).

(b) Actions taken by the Board regarding the refusal, suspension or revocation of a certificate are taken subject to the right of notice, hearing and adjudication and appeal under 2 Pa. C.S. §§501-508 and 701-704 (relating to Administrative Agency Law).

§ 25.711. CONTINUING EDUCATION.

(a) BEGINNING WITH THE BIENNIAL PERIOD COMMENCING ON THE NEXT BIENNIAL RENEWAL PERIOD FOLLOWING _____

(Editor's Note: The blank refers to the effective date of adoption of this final rulemaking), ATHLETIC TRAINERS SHALL COMPLETE THE CONTINUING EDUCATION REQUIREMENTS PRESCRIBED BY THE BOC.

(b) APPLICANTS FOR RENEWAL OF A CERTIFICATE SHALL PROVIDE A SIGNED STATEMENT VERIFYING THAT THE CONTINUING EDUCATION REQUIREMENT HAS BEEN MET.

(c) PROOF OF COMPLETION OF THE REQUIRED CONTINUING EDUCATION MUST BE RETAINED FOR 4 YEARS AFTER COMPLETION.

absence is to exceed 2 weeks, the manager shall notify the Board in writing of the absence. A notice identifying the temporary manager shall be displayed in the shop. A temporary manager assumes the responsibilities of shop manager as set forth in § 7.64(b) (relating to responsibilities of shop manager).] The designated person in charge shall be a licensed cosmetologist.

(1) In the case of a cosmetician shop, the designated person in charge may be either a licensed cosmetologist or a licensed cosmetician.

(2) In the case of a manicurist shop, the designated person in charge may be either a licensed cosmetologist or a licensed manicurist.

(c) Both the owner and the designated person in charge are responsible for posting the name of the owner or designated person in charge in a conspicuous place in the shop as required by section 4.4(b) of the act.

(d) The owner or designated person in charge of the shop shall be readily available in person to Bureau inspectors during regular business hours.

§ 7.63. [Previous owner-managers] (Reserved).

[(a) Those beauty shop owners operating as their own managers prior to September 15, 1975, may continue to manage their own shops. The owners shall obtain a certificate of prior management from the Board and shall request this certificate by February 1, 1977.

(b) A certificate of prior management shall be on display.]

§ 7.64. Responsibilities of shop [manager] owner or designated person in charge.

(a) The primary responsibilities of a shop [manager] owner and designated person in charge are the administration of the business and personnel affairs of the shop and to assure compliance within the shop [of] with all laws of the Commonwealth, this chapter and the Pennsylvania Human Relations Act (43 P.S. §§ 951—963).

(b) A shop [manager] owner or designated person in charge will be subject to disciplinary action by the Board for a violation of the act or this chapter committed by a licensed [employe] employee of the shop, if the [manager] owner or designated person in charge had knowledge of, or control over, the violation or should have had knowledge or control.

LICENSURE AND ADMINISTRATION OF SCHOOLS OF COSMETOLOGY

§ 7.111. Application for a school license.

(a) An owner-applicant for a school license shall submit a license application to the Board with the following:

* * * * *

(2) The name, signature and license number of the school supervisor, together with proof that the supervisor meets the following qualifications:

* * * * *

(ii) Has done one of the following:

* * * * *

(B) Acquired [1250] 1,250 hours of satisfactory experience as a cosmetology teacher and [1800] 1,800 hours of satisfactory experience as [a manager] the designated person in charge of a cosmetology shop.

* * * * *

§ 7.128. Mandatory offering of cosmetology curriculum.

* * * * *

(b) A school may offer instruction in the curriculum for teachers, [managers,] cosmeticians and manicurists as prescribed in § 7.129.

§ 7.129. Curriculum requirements.

* * * * *

(d) [A school's manager curriculum, excluding electives, shall comprise 300 hours and cover the following subjects; the accompanying breakdown of hours by subject is recommended:

MANAGER CURRICULUM	Recommended Hours
Career Development	50
Money Management	25
Salon Management	150
Salon Advertising	25
Merchandising	50
	Total 300

(e)] A school's cosmetician curriculum, excluding electives, [shall] must comprise 300 hours and cover the following subjects; the accompanying breakdown of hours by subject is recommended:

* * * * *

[(f)] (e) * * *

* * * * *

[Pa.B. Doc. No. 06-426. Filed for public inspection March 17, 2006, 9:00 a.m.]

STATE BOARD OF MEDICINE STATE BOARD OF OSTEOPATHIC MEDICINE

[49 PA. CODE CHS. 16 AND 17]

Athletic Trainers

The State Boards of Medicine and Osteopathic Medicine (Boards) propose to amend the regulations providing for the certification and regulation of athletic trainers in Chapters 16, 18 and 25 to read as set forth in Annex A.

A. Effective Date

The proposed amendments will be effective upon final publication in the Pennsylvania Bulletin.

B. Statutory Authority

Section 51.1(d) of the Medical Practice Act of 1985 (63 P.S. § 422.51a(d) and section 7.1 (d) of the Osteopathic Medical Practice Act (63 P.S. § 271.7a(d)) (medical prac-

tice acts) authorize the Boards to jointly promulgate regulations that establish approved education and training programs for certification and define the circumstances and protocol under which a certified athletic trainer may perform athletic training services.

C. Background and Purpose

Under the Physical Therapy Practice Act (formerly 63 P. S. §§ 1301, 1310.1 and 1310.2), the State Board of Physical Therapy certified and regulated athletic trainers in this Commonwealth.

The acts of December 10, 2001 (P. L. 859, No. 92) and (P. L. 863, No. 93) (Acts 92 and 93) repealed these provisions insofar as they are inconsistent with the medical practice acts. Acts 92 and 93 added section 51.1(d) of the Medical Practice Act of 1985 and section 7.1(d) of the Osteopathic Medical Practice Act to provide for the certification and regulation of athletic trainers by the Boards. Acts 92 and 93, effective February 8, 2002, further provided that until the Boards adopt final regulations, the regulations of the State Board of Physical Therapy in 49 Pa. Code Chapter 40, Subchapter B (relating to athletic trainers) govern the activities of athletic trainers, which are not inconsistent with amendments to the medical practice acts. The Boards now propose these amendments to establish procedures for certification and protocols for the practice of athletic trainers.

D. Description of Proposed Amendments

With regard to the State Board of Medicine, the proposed rulemaking amends § 16.1 (relating to definitions) to define "treatment regimen" to describe the service provided by athletic trainers. This term is also of a broad enough nature that the clinical service provided by other State Board of Medicine-regulated practitioners could come under this umbrella term. It provides flexibility to the State Board of Medicine in regulating its licensees and ensures uniformity in regulation. The proposed rulemaking also amends § 16.61 (relating to unprofessional and immoral conduct) by replacing the term "physician" with "Board-regulated practitioners" so that athletic trainers and other practitioners licensed by the Board would be subject to the regulation.

The Boards propose to amend §§ 16.13 and 25.231 (relating to licensure, certification, examination and registration fees; and schedule of fees) to carry-over of the fees currently in place under the regulations of the State Board of Physical Therapy in § 40.5 (relating to fees).

The Boards also propose to add Chapter 18, Subchapter H and Chapter 25, Subchapter M (relating to athletic trainers).

Sections 18.501 and 25.701 (relating to purpose) provide a general statement. Sections 18.502 and 25.702 (relating to definitions) define key terms used throughout the subchapters.

Sections 18.503 and 25.703 (relating to certification requirement) set forth the requirement for certification of persons using the title of or performing athletic trainer services in this Commonwealth. These sections also provide for exclusions for persons authorized under other law, persons employed by visiting athletic teams or organizations competing in this Commonwealth and students in training.

Sections 18.504 and 25.704 (relating to application for certification) delineate the documentation and information required for a completed application for certification.

Sections 18.505, 18.506, 25.705 and 25.706 set forth the educational and examination requirements for certifica-

tion. The requisite education could be met by having graduated from an accredited education program for athletic trainers or holding a current credential as a certified athletic trainer from the Board of Certification, Inc. (BOC) or another accrediting body approved by the Board. Applicants must achieve a passing score on the BOC examination or an equivalent examination approved by the Board.

Sections 18.507 and 25.707 (relating to temporary certification) provide for temporary certification for applicants who have completed their education and have applied to take the examination. An applicant may practice under a temporary certificate under direct supervision for up to 1 year or until certification.

Section 18.508 and 25.708 (relating to renewal of certification) provide for biennial renewal of certificates in accordance with the renewal period of each Board. The Boards would also adopt the continuing education requirement of the BOC. The continuing education would have to be completed during the first biennial period following the effective date of the final-form rulemaking to renew a certification for the following biennium. By adopting the continuing education requirements of a Nationally recognized professional organization, the Board can assure that state-of-the-art information and education will keep certificateholders in this Commonwealth at the forefront of clinical skills.

Sections 18.509 and 25.709 (relating to practice standards for athletic trainers) contain provisions regarding referrals and protocols for treatment, retention of records and circumstances under which consultation or referral to a physician, dentist or podiatrist is required. Subsection (a) also makes these standards applicable to an athletic trainer certified by another state, commonwealth, Canadian province or territory or the District of Columbia when providing services to a team or organization in this Commonwealth.

Sections 18.510(a) and 25.710(a) (relating to refusal, suspension or revocation of certificate) authorize the Boards to impose disciplinary action against athletic trainers under section 41 of the Medical Practice Act of 1985 (63 P. S. § 422.41), § 16.61 and section 15(b) of the Osteopathic Practice Act (63 P. S. § 271.15(b)). Subsection (b) provides for the applicability of 2 Pa.C.S. §§ 501—508 and 701—704 (relating to the Administrative Agency Law) to the activities of and proceedings before the Boards regarding athletic trainers. The language is included to direct applicants and certificateholders to the procedural provisions that govern the Boards' actions.

E. Fiscal Impact and Paperwork Requirements

The proposed rulemaking will have no adverse fiscal impact on the Commonwealth or its political subdivisions because it transfers regulatory authority over athletic trainers from the State Board of Physical Therapy to the Boards. For this reason also, the proposal will impose no additional paperwork requirements on the public sector.

F. Sunset Date

The Boards continuously monitor the effectiveness of their regulations. Therefore, no sunset date has been assigned.

G. Regulatory Review

Under section 5(a) of the Regulatory Review Act (71 P. S. § 745.5(a)), on March 8, 2006, the Board submitted a copy of this proposed rulemaking and a copy of a Regulatory Analysis Form to the Independent Regulatory

Review Commission (IRRC) and to the Chairpersons of the Senate Consumer Protection and Professional Licensure Committee and the House Professional Licensure Committee. A copy of this material is available to the public upon request.

Under section 5(g) of the Regulatory Review Act, IRRC may convey any comments, recommendations or objections to the proposed rulemaking within 30 days of the close of the public comment period. The comments, recommendations or objections must specify the regulatory review criteria which have not been met. The Regulatory Review Act specifies detailed procedures for review, prior to final publication of the rulemaking, by the Department, the General Assembly and the Governor of comments, recommendations or objections raised.

H. Public Comment

Interested persons are invited to submit written comments, recommendations or objections regarding the proposed rulemaking to Sabina I. Howell, Board Counsel, State Board of Medicine or Beth Sender Michlovitz, Counsel, State Board of Osteopathic Medicine, P. O. Box 2649, Harrisburg, PA 17105-2649 within 30 days following publication of the proposed rulemaking in the Pennsylvania Bulletin.

CHARLES D. HUMMER, Jr., M. D.,
Chairperson
State Board of Medicine
OLIVER BULLOCK, D. O.,
Chairperson
State Board of Osteopathic Medicine

Fiscal Note: 16A-49155314. No fiscal impact; (8) recommends adoption.

Annex A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CHAPTER 16. STATE BOARD OF MEDICINE—GENERAL PROVISIONS

Subchapter A. BASIC DEFINITIONS AND INFORMATION

§ 16.1. Definitions.

The following words and terms, when used in this chapter and Chapters 17 and 18 (relating to State Board of Medicine—medical doctors; and State Board of Medicine—practitioners other than medical doctors), have the following meanings, unless the context clearly indicates otherwise:

* * * * *

Treatment regimen—The provision of care and practice of a component of the healing arts by a Board-regulated practitioner.

* * * * *

Subchapter B. GENERAL LICENSE, CERTIFICATION AND REGISTRATION PROVISIONS

§ 16.13. Licensure, certification, examination and registration fees.

* * * * *

(h) Athletic Trainer:

Application for certification..... \$20
Biennial renewal..... \$37

(i) Verification or Certification:

* * * * *

[(i)] (j) * * *

* * * * *

Subchapter E. MEDICAL DISCIPLINARY PROCESS AND PROCEDURES
COMPLAINTS

§ 16.61. Unprofessional and immoral conduct.

(a) A [physician] Board-regulated practitioner who engages in unprofessional or immoral conduct is subject to disciplinary action under section 41 of the act (63 P. S. § 422.41). Unprofessional conduct includes, but is not limited to, the following:

(1) Revealing personally identifiable facts, obtained as the result of a [physician] practitioner-patient relationship, without the prior consent of the patient, except as authorized or required by statute.

(2) Violating a statute, or a regulation adopted thereunder, which imposes a standard for the practice of [medicine] the healing arts as regulated by the Board in this Commonwealth. The Board, in reaching a decision on whether there has been a violation of a statute, rule or regulation, will be guided by adjudications of the agency or court which administers or enforces the standard.

(3) Performing a medical act or treatment regimen incompetently or performing a medical act or treatment regimen which the [physician] Board-regulated practitioner knows or has reason to know that [he] the practitioner is not competent to perform.

(4) Unconditionally guaranteeing that a cure will result from the performance of medical services or treatment regimen.

(5) Advertising of a medical business which is intended to or has a tendency to deceive the public.

(6) Practicing [medicine] the healing arts fraudulently, or with reckless indifference to the interests of a patient on a particular occasion, or with negligence on repeated occasions.

(7) Practicing [medicine] the healing arts while the ability to practice is impaired by alcohol, drugs or physical or mental disability.

* * * * *

(9) Continuing to practice while the [physician's] Board-regulated practitioner's license or certificate has expired, is not registered or is suspended or revoked.

* * * * *

(13) Charging a patient or a third-party payer for a medical service or treatment regimen not performed. This paragraph does not apply to charging for an unkept office visit.

* * * * *

(18) Failing to make available to the patient or to another designated health care practitioner, upon a patient's written request, the medical record or a copy of the medical record relating to the patient which is in the possession or under the control of the [physician]

Board-regulated practitioner; or failing to complete those forms or reports, or components of forms or reports, which are required to be completed by the [**physician**] **Board-regulated practitioner** as a precondition to the reimbursement or direct payment of the medical expenses of a patient by a third party. Reasonable fees may be charged for making available copies, forms or reports. Prior payment for professional services to which the records relate—this does not apply to fees charged for reports—may not be required as a condition for making the records available. A physician may withhold information from a patient if, in the reasonable exercise of his professional judgment, the physician believes release of the information would adversely affect the patient's health.

* * * * *

(b) Immoral conduct includes, but is not limited to, the following:

(1) Misrepresentation or concealment of a material fact in obtaining a license [**to practice medicine**] or a **certificate issued by the Board** or a reinstatement thereof.

* * * * *

CHAPTER 18. STATE BOARD OF MEDICINE—PRACTITIONERS OTHER THAN MEDICAL DOCTORS

(*Editor's Note:* The following text is new and is printed in regular type to enhance readability.)

Subchapter H. ATHLETIC TRAINERS

Sec.	Purpose.
18.501	Purpose.
18.502	Definitions.
18.503	Certification requirement.
18.504	Application for certification.
18.505	Educational requirements.
18.506	Examination requirement.
18.507	Temporary certification.
18.508	Renewal of certification.
18.509	Practice standards for athletic trainers.
18.510	Refusal, suspension or revocation of certificate.

§ 18.501. Purpose.

This subchapter implements section 51.1 of the act (63 P. S. § 422.51a) to provide for the certification and practice standards of athletic trainers.

§ 18.502. Definitions.

The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

Approved athletic training education programs—An athletic training education program that is accredited by a Board-approved Nationally recognized accrediting agency.

Athletic training services—The management and provision of care of injuries to a physically active person, with the direction of a licensed physician.

(i) The term includes the rendering of emergency care, development of injury prevention programs and providing appropriate preventative and supportive devices for the physically active person.

(ii) The term also includes the assessment, management, treatment, rehabilitation and reconditioning of the physically active person whose conditions are within the professional preparation and education of a certified athletic trainer.

(iii) The term also includes the use of modalities such as: mechanical stimulation, heat, cold, light, air, water,

electricity, sound, massage and the use of therapeutic exercise, reconditioning exercise and fitness programs.

(iv) The term does not include surgery, invasive procedures or prescription of any controlled substance.

BOC—The Board of Certification, Inc., a National credentialing organization for athletic trainers.

Certified athletic trainer—A person who is certified to perform athletic training services by the Board or by the State Board of Osteopathic Medicine.

Direction—Supervision over the actions of a certified athletic trainer by means of referral by prescription to treat conditions for a physically active person from a licensed physician, dentist or podiatrist or written protocol approved by a supervising physician, dentist or podiatrist, except that the physical presence of the supervising physician, dentist or podiatrist is not required if the supervising physician, dentist or podiatrist is readily available for consultation by direct communication, radio, telephone, facsimile, telecommunications or by other electronic means.

Physically active person—An individual who participates in organized, individual or team sports, athletic games or recreational sports activities.

Referral—An order from a licensed physician, dentist or podiatrist to a certified athletic trainer for athletic training services. An order may be written or oral, except that an oral order must be reduced to writing within 72 hours of issuance.

Standing written prescription—A portion of the written protocol or a separate document from a supervising physician, dentist or podiatrist, which includes an order to treat approved individuals in accordance with the protocol.

Written protocol—A written agreement or other document developed in conjunction with one or more supervising physicians, which identifies and is signed by the supervising physician and the certified athletic trainer, and describes the manner and frequency in which the certified athletic trainer regularly communicates with the supervising physician and includes standard operating procedures, developed in agreement with the supervising physician and certified athletic trainer, that the certified athletic trainer follows when not directly supervised onsite by the supervising physician.

§ 18.503. Certification requirement.

(a) A person may not use the title "athletic trainer" or "certified athletic trainer" or use any abbreviation including "A.T.," "A.T.C." or "C.A.T." or any similar designation to indicate that the person is an athletic trainer, or perform the duties thereof, unless that person has been certified by the Board.

(b) Subsection (a) does not apply to the following:

(1) A person trained and licensed or certified under any other law from engaging in the licensed or certified practice in which the person is trained.

(2) An athletic trainer from another state, province, territory or the District of Columbia, who is employed by an athletic team or organization that is competing in this Commonwealth only on a visiting basis, from providing athletic training services, provided the practice of the athletic trainer is limited to the members of the team or organization.

(3) An athletic training student practicing athletic training that is coincidental to required clinical education and is within the scope of the student's education and training.

(c) Athletic training certificateholders certified under the Physical Therapy Practice Act (63 P. S. §§ 1301—1313) prior to _____ (*Editor's Note:* The blank refers to the effective date of adoption of this proposed rulemaking.) are deemed certified by the Board.

(d) Athletic training certificateholders certified by the State Board of Osteopathic Medicine are deemed certified by the Board.

§ 18.504. Application for certification.

(a) The applicant shall submit the following on forms supplied by the Board:

(1) A completed application and the fee set forth in § 16.13 (relating to licensure, certification, examination and registration fees).

(2) Verification of professional education in athletic training in accordance with § 18.505 (relating to educational requirements).

(3) Documentation of passage of the National examination in accordance with § 18.506 (relating to examination requirement).

(4) Documentation of practice as an athletic trainer, if licensed or certified in any other jurisdiction, and verification as to whether there has been any disciplinary action taken in that jurisdiction.

(b) To qualify for certification, an applicant shall be at least 20 years of age and may not be addicted to alcohol or hallucinogenic, narcotic or other drugs which tend to impair judgment or coordination.

§ 18.505. Educational requirements.

An applicant for certification shall comply with one of the following:

(1) Be a graduate of an accredited educational program for athletic trainers.

(2) Hold and maintain current credentialing as a certified athletic trainer (ATC®) from the BOC or another credentialing body approved by the Board.

§ 18.506. Examination requirement.

An applicant for a certificate to practice as a certified athletic trainer shall submit to the Board written evidence that the applicant has passed the BOC certification examination for athletic trainers, or its equivalent as determined by the Board.

§ 18.507. Temporary certification.

An applicant who is a graduate of an approved athletic training program accredited by the Commission for Accreditation of Allied Health Education Programs (CAAHEP), and who has applied to take the certification examination may be granted a temporary certificate to practice athletic training under the onsite direct supervision of a certified athletic trainer. The temporary certification expires 1 year from issuance or upon certification as an athletic trainer by the Board, whichever comes first.

§ 18.508. Renewal of certification.

(a) A certification issued under this subchapter expires on December 31 of every even-numbered year unless renewed for the next biennium.

(b) Biennial renewal forms and other forms and literature to be distributed by the Board will be forwarded to the last mailing address given to the Board.

(c) To retain the right to engage in practice, the certificateholder shall renew certification in the manner

prescribed by the Board and pay the required fee prior to the expiration of the next biennium.

(d) When a certification is renewed after December 31 of an even numbered year, a penalty fee of \$5 for each month or part of a month of practice beyond the renewal date will be charged in addition to the renewal fee.

(e) Continuing education requirements are as follows.

(1) Beginning with the biennial period commencing on the next biennial renewal period following _____ (*Editor's Note:* The blank refers to the effective date of adoption of this proposed rulemaking.), athletic trainers shall complete the continuing education requirements prescribed by the BOC.

(2) Applicants for renewal of a certificate shall provide a signed statement verifying that the continuing education requirement has been met.

(3) Proof of completion of the required continuing education shall be retained for 2 years after completion.

§ 18.509. Practice standards for athletic trainers.

(a) Athletic trainers certified by the Board or by the proper licensing authority of any other state, province, territory or the District of Columbia shall comply with the following:

(1) Ensure that the physically active person has secured a written referral or is subject to a written protocol for treatment by a certified athletic trainer from a licensed physician, dentist or podiatrist.

(2) Comply strictly with conditions or restrictions that may be placed on the course of athletic training services by the referring physician, dentist or podiatrist.

(3) Ensure that the physically active person has undergone a medical diagnostic examination or has had the results of a recently performed medical diagnostic examination reviewed by a licensed physician.

(4) Keep a copy of the referral and the results of the medical diagnostic examination in the physically active person's file.

(5) Consult promptly with the referring physician, dentist or podiatrist regarding a new ailment or condition or a worsened ailment or condition of the physically active person.

(6) Consult with the referring physician, dentist or podiatrist upon request of either the referring physician, dentist or podiatrist or the physically active person.

(7) Refer a physically active person with conditions outside the scope of athletic training services to a licensed physician, dentist or podiatrist.

(b) Athletic trainers certified by the Board, or by the proper licensing authority of any other state, province, territory or the District of Columbia who are working in a team setting, treating injuries which arise in the course of practices or team sports events, may treat the participant at the events under the conditions of the referral, or the standing written prescription or written protocol.

(c) An athletic trainer shall obtain the standing written prescription or protocol annually from the supervising physician, dentist or podiatrist and review it annually. The standing written prescription or written protocol shall be retained at or near the treatment location or facility. An individual referral from a supervising physician, dentist or podiatrist is required in the absence of a standing written prescription or written protocol.

§ 18.510. Refusal, suspension or revocation of certificate.

(a) The Board may refuse to issue a certificate, and after notice and hearing, may suspend or revoke the certificate of a person who is subject to disciplinary action under section 41 of the act (63 P. S. § 422.41) as set forth in § 16.61 (relating to unprofessional and immoral conduct).

(b) Actions taken by the Board regarding the refusal, suspension or revocation of a certificate are taken subject to the right of notice, hearing and adjudication and appeal under 2 Pa.C.S. §§ 501—508 and 701—704 (relating to the Administrative Agency Law).

CHAPTER 25. STATE BOARD OF OSTEOPATHIC MEDICINE

Subchapter F. FEES

§ 25.231. Schedule of fees.

An applicant for a license, certificate, registration or service shall pay the following fees at the time of application:

	* * * * *	
Uncertified verification of any license, certification or permit.....		\$15
Certification of any licenses, certifications, examination grades or hours.....		\$25
Application for athletic trainer certification....		\$20
Biennial renewal—athletic trainer.....		\$37
	* * * * *	

(Editor's Note: The following text is new and is printed in regular type to enhance readability.)

Subchapter M. ATHLETIC TRAINERS

Sec.	Purpose.
25.701.	Definitions.
25.702.	Certification requirement.
25.703.	Application for certification.
25.704.	Educational requirements.
25.705.	Examination requirement.
25.706.	Temporary certification.
25.707.	Renewal of certificate.
25.708.	Practice standards for athletic trainers.
25.709.	Refusal, suspension or revocation of certificate.

§ 25.701. Purpose.

This subchapter implements section 7.1 of the act (63 P. S. § 271.7a) to provide for the certification of athletic trainers.

§ 25.702. Definitions.

The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

Approved athletic training education programs—An athletic training education program that is accredited by a Board-approved Nationally recognized accrediting agency.

Athletic training services—The management and provision of care of injuries to a physically active person, with the direction of a licensed physician.

(i) The term includes the rendering of emergency care, development of injury prevention programs and providing appropriate preventative and supportive devices for the physically active person.

(ii) The term also includes the assessment, management, treatment, rehabilitation and reconditioning of the

physically active person whose conditions are within the professional preparation and education of a certified athletic trainer.

(iii) The term also includes the use of modalities such as: mechanical stimulation, heat, cold, light, air, water, electricity, sound, massage, and the use of therapeutic exercise, reconditioning exercise and fitness programs.

(iv) The term does not include surgery, invasive procedures or prescription of any controlled substance.

BOC—The Board of Certification, Inc., a National credentialing organization for athletic trainers.

Certified athletic trainer—A person who is certified to perform athletic training services by the Board or the State Board of Medicine.

Direction—Supervision over the actions of a certified athletic trainer by means of referral by prescription to treat conditions for a physically active person from a licensed physician, dentist or podiatrist or written protocol approved by a supervising physician, dentist or podiatrist, except that the physical presence of the supervising physician, dentist or podiatrist is not required if the supervising physician, dentist or podiatrist is readily available for consultation by direct communication, radio, telephone, facsimile, telecommunications or by other electronic means.

Physically active person—An individual who participates in organized, individual or team sports, athletic games or recreational sports activities.

Referral—An order from a licensed physician, dentist or podiatrist to a certified athletic trainer for athletic training services. An order may be written or oral, except that an oral order must be reduced to writing within 72 hours of issuance.

Standing written prescription—A portion of the written protocol or a separate document from a supervision physician, dentist or podiatrist which includes an order to treat approved individuals in accordance with the protocol.

Written protocol—A written agreement or other document developed in conjunction with one or more supervising physicians, which identifies and is signed by the supervising physician and the certified athletic trainer, describes the manner and frequency in which the certified athletic trainer regularly communicates with the supervising physician and includes standard operating procedures, developed in agreement with the supervising physician and certified athletic trainer, which the certified athletic trainer follows when not directly supervised onsite by the supervising physician.

§ 25.703. Certification requirement.

(a) A person may not use the title of "athletic trainer" or "certified athletic trainer" or use any abbreviation including "A.T.C.," "C.A.T." or "A.T." or any similar designation to indicate that the person is an athletic trainer, or perform the duties thereof, unless that person has been certified by the Board.

(b) Subsection (a) does not apply to the following:

(1) A person trained and licensed or certified under any other law from engaging in the licensed or certified practice in which the person is trained.

(2) An athletic trainer from another state, province, territory or the District of Columbia, who is employed by an athletic team or organization that is competing in this Commonwealth on a visiting basis, who provides athletic

training services to the members of their respective athletic team or organization.

(3) An athletic training student who practices athletic training that is coincidental to required clinical education and is within the scope of the student's education and training.

(c) Former athletic training certificateholders under the Physical Therapy Practice Act (63 P. S. §§ 1301—1313) prior to _____ (*Editor's Note:* The blank refers to the effective date of adoption of this proposed rulemaking.) are deemed certified by the Board. Renewal of certification may be accomplished through renewal with the Board or with the State Board of Medicine.

(d) Athletic training certificateholders certified by the State Board of Medicine are deemed certified by the Board.

§ 25.704. Application for certification.

(a) The applicant shall submit the following on forms supplied by the Board:

(1) A completed application and the fee set forth in § 25.231 (relating to schedule of fees).

(2) Verification of professional education in athletic training in accordance with § 25.705 (relating to educational requirements).

(3) Documentation of passage of the national examination in accordance with § 25.706 (relating to examination requirement).

(4) Documentation of practice as an athletic trainer, if licensed or certified in any other jurisdiction, and verification as to whether there has been any disciplinary action taken in that jurisdiction.

(b) To qualify for certification, an applicant shall be at least 20 years of age and may not be addicted to alcohol or hallucinogenic, narcotic or other drugs which tend to impair judgment or coordination.

§ 25.705. Educational requirements.

An applicant for certification shall comply with one of the following:

(1) Be a graduate of an accredited educational program for athletic trainers.

(2) Hold current credentialing as a Certified Athletic Trainer (ATC®) from the BOC or another credentialing body approved by the Board.

§ 25.706. Examination requirement.

An applicant for a certificate to practice as a certified athletic trainer shall submit to the Board written evidence that the applicant has passed the BOC certification examination for athletic trainers or its equivalent, as determined by the Board.

§ 25.707. Temporary certification.

An applicant who is a graduate of an accredited education program for athletic trainers and who has applied to take the certification examination may be granted a temporary certificate to practice athletic training under the on site direct supervision of a certified athletic trainer. The temporary certification expires 1 year from issuance or upon certification as an athletic trainer by the Board, whichever comes first, and may not be renewed.

§ 25.708. Renewal of certificate.

(a) A certificate issued under this subchapter shall be renewed biennially. An application form will be mailed to

the most recent address of the certificateholder as it appears on the records of the Board. The certificateholder shall complete the renewal application and return it to the Board with a renewal fee before October 31 of the year in which the application was received. Certificates other than temporary certificates shall expire on October 31 of each even-numbered year. Upon receipt of an application and renewal fee, the Board will verify the accuracy of the application and issue to the applicant a certificate of renewal for the next biennial period.

(b) Continuing education requirements are as follows:

(1) Beginning with the biennial period commencing on the next biennial renewal period following _____ (*Editor's Note:* The blank refers to the effective date of adoption of this proposed rulemaking.), athletic trainers shall complete the continuing education requirements prescribed by the BOC.

(2) Applicants for renewal of a certificate shall provide a signed statement verifying that the continuing education requirement has been met.

(3) Proof of completion of the required continuing education shall be retained for 4 years after completion.

§ 25.709. Practice standards for athletic trainers.

(a) Athletic trainers certified by the Board or by the proper licensing or certification authority of any other state, province, territory or the District of Columbia shall comply with the following:

(1) Ensure that the physically active person has secured a written referral or is subject to a written protocol for treatment by a certified athletic trainer from a licensed physician, dentist or podiatrist.

(2) Comply strictly with conditions or restrictions that may be placed on the course of athletic training services by the referring physician, dentist or podiatrist.

(3) Ensure that the physically active person has undergone a medical diagnostic examination or has had the results of a recently performed medical diagnostic examination reviewed by a licensed physician, dentist or podiatrist.

(4) Keep a copy of the referral and the results of the medical diagnostic examination in the physically active person's file.

(5) Consult promptly with the referring physician, dentist or podiatrist regarding a new ailment or condition or a worsened ailment or condition of the physically active person.

(6) Consult with the referring physician, dentist or podiatrist upon request of either the referring physician, dentist or podiatrist or the physically active person.

(7) Refer a physically active person with conditions outside the scope of athletic training services to a licensed physician, dentist or podiatrist.

(b) Athletic trainers certified by the Board or by the proper licensing authority of any other state, province, territory or the District of Columbia who are working in a team setting, treating injuries which arise in the course of practices or team sports events, may treat the participant at the events under the conditions of the referral, the standing written prescription or written protocol.

(c) The supervising physician, dentist or podiatrist shall provide the standing written prescription or written protocol annually to the athletic trainer and review it annually. This standing written prescription or protocol must be in writing and retained at or near the treatment

location or facility. An individual referral from a supervising physician, dentist or podiatrist is required in the absence of a written protocol.

§ 25.710. Refusal, suspension or revocation of certificate.

(a) The Board may refuse to issue a certificate, and after notice and hearing, may suspend or revoke the certificate of a person who is subject to disciplinary action under section 15(b) of the act (63 P. S. § 271.15(b)).

(b) Actions taken by the Board regarding the refusal, suspension or revocation of a certificate are taken subject to the right of notice, hearing and adjudication and appeal under 2 Pa.C.S. §§ 501—508 and 701—704 (relating to Administrative Agency Law).

[Pa.B. Doc. No. 06-427. Filed for public inspection March 17, 2006, 9:00 a.m.]

STATE BOARD OF VETERINARY MEDICINE

[49 PA. CODE CH. 31]

Certified Veterinary Technician Specialists

The State Board of Veterinary Medicine (Board) proposes to amend § 31.38 (relating to code of ethics for certified veterinary technicians) to read as set forth in Annex A. The proposed amendment would bar a certified veterinary technician (CVT) from making false, deceptive or misleading statements or claims, including a representation that the CVT is a specialist, a Veterinary Technician Specialist or a VTS unless the CVT holds current certification from a National Association of Veterinary Technicians in America (NAVTA), recognized specialty organization. The proposed amendment parallels Principle 5(a)(4) in § 31.21 (relating to Rules of Professional Conduct for Veterinarians), which regulates advertising by a veterinarian.

Effective Date

The proposed amendments will be effective upon final-form publication in the *Pennsylvania Bulletin*.

Statutory Authority

Section 11 of the Veterinary Medicine Practice Act (63 P. S. § 485.11) authorizes the Board "to promulgate by regulation the qualifications and requirements for the certification and regulation of veterinary technicians . . . to provide for disciplinary action and . . . [to] prescribe the grounds for such action." This proposed rulemaking provides requirements necessary for the regulation of veterinary technicians and, through § 31.39(1) (relating to grounds for disciplinary proceedings), provides for disciplinary action against the certification of a CVT.

Background and Need for Proposed Amendments

Over the past several years, it has become increasingly common for CVTs to obtain specialized education and training in a specialty area beyond the minimum education required for certification. In addition, it has become increasingly common for CVTs to hold themselves out to the public and coworkers as specialists.

For example, a CVT may belong to a veterinary technician society, which is a group of individuals who associate together to exchange information among mem-

bers. Currently, no accrediting agency has established specialty training, testing or continuing education standards for membership in such a society. A CVT may belong to a topic-specific academy. NAVTA is the Nationally-recognized entity that provides accreditation services for schools of veterinary technology and CVT specialty academies. For a CVT specialty academy to obtain accreditation (known as "recognition"), the academy must undergo a rigorous review of the academy's education, examination and continuing education requirements. Both veterinarians and CVTs conduct this review. Once a specialty academy has been recognized by NAVTA, all veterinarians, CVTs and the public are ensured a uniform level of preparation and competence in the individuals who are granted certification as specialists of the academy. There are currently three veterinary technician academies recognized by NAVTA to confer a specialty certification upon a veterinary technician. These three academies are the Academy of Veterinary Emergency Critical Care Technicians, the Academy of Veterinary Technician Anesthetists and the Academy of Veterinary Dental Technicians.

The Board believes that it is a departure from the acceptable standards of ethical conduct for a CVT to hold himself out as a specialist because the term, in both human and animal medicine, implies a high degree of achievement including third-party peer reviewed education and examination in a particular subject area. The Board is aware that Federal and State Constitutional law limits governmental regulation of commercial speech so that regulation is permissible if it targets only commercial speech that is misleading and if the governmental regulation employs the least restrictive means possible to avoid misleading the public. The Board believes that a CVT who holds himself out as a specialist, as that term is commonly understood by the public, a Veterinary Technician Specialist or a VTS when the CVT has not been granted specialist status by a National accrediting body that ensures the competence of the CVT in a particular area is misleading the public into believing that the CVT's competence in a particular area has been subject to the rigorous review of a National accrediting body. In addition, the Board believes that its proposed rulemaking is the least restrictive means possible to avoid misleading the public. First, the proposed rulemaking does not restrict a CVT from noting membership in a veterinary technician academy or society. Second, the proposed rulemaking is consistent with National standards of conduct in the profession of veterinary technology.

The rulemaking also proposes to amend § 31.38(e)(2) to conform to the *Pennsylvania Code and Bulletin Style Manual*, which prefers the use of gender-neutral terms.

Description of Proposed Amendments

The Board proposes to amend the code of ethics for CVTs to use the gender-neutral term "the technician" in place of the term "his" in § 31.38(e)(2).

The Board proposes to add § 31.38(g). This subsection, through § 31.39(1), would authorize the Board to discipline a CVT who makes a false, deceptive or misleading statement or claim, including a statement or claim that includes a representation that the CVT is a specialist, a Veterinary Technician Specialist or a VTS unless the CVT holds current certification from a NAVTA-recognized organization. The provision parallels an existing provision for veterinarians.

In drafting and promulgating this proposed rulemaking, the Board sent the text of the proposed rule-

16A-4915 – ATHLETIC TRAINER REGULATIONS
LIST OF COMMENTATORS

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DEPARTMENT OF STATE
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May 3, 2007

The Honorable, Arthur Coccodrilli, Chairman
INDEPENDENT REGULATORY REVIEW COMMISSION
14th Floor, Harristown 2, 333 Market Street
Harrisburg, Pennsylvania 17101

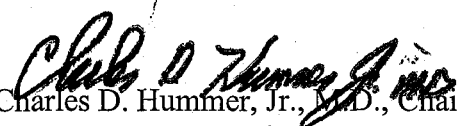
Re: Final Regulation
State Board of Medicine
State Board of Osteopathic Medicine
Regulation: 16A-4915

Dear Chairman Coccodrilli:

Enclosed is a copy of a final rulemaking package of the State Board of Medicine and State Board of Osteopathic Medicine pertaining to Athletic Trainers.

The Board will be pleased to provide whatever information the Commission may require during the course of its review of the rulemaking.

Sincerely,


Charles D. Hummer, Jr., M.D., Chairperson
State Board of Medicine

CKM/pah

Enclosure

cc: Basil L. Merenda, Commissioner, Bureau of Professional and Occupational Affairs
Albert H. Masland, Chief Counsel, Department of State
Joyce McKeever, Deputy Chief Counsel, Department of State
Cynthia Montgomery, Regulatory Counsel, Department of State
Herbert Abramson, Senior Counsel in Charge, Department of State
Sabina I. Howell, Counsel, State Board of Medicine
Beth Sender-Michlovitz, Counsel, State Board of Osteopathic Medicine
State Board of Medicine
State Board of Osteopathic Medicine

TRANSMITTAL SHEET FOR REGULATIONS SUBJECT TO THE
REGULATORY REVIEW ACT

I.D. NUMBER: 16A-4915
SUBJECT: ATHLETIC TRAINERS
AGENCY: DEPARTMENT OF STATE - STATE BOARD OF MEDICINE AND STATE
BOARD OF OSTEOPATHIC MEDICINE

TYPE OF REGULATION

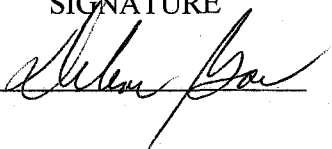
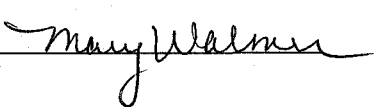
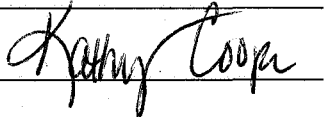
- Proposed Regulation
X Final Regulation
Final Regulation with Notice of Proposed Rulemaking Omitted
120-day Emergency Certification of the Attorney General
120-day Emergency Certification of the Governor
Delivery of Tolled Regulation
a. With Revisions b. Without Revisions

INDEPENDENT REGULATORY
REVIEW COMMISSION

2007 MAY -3 AM 11:13

RECEIVED

FILING OF REGULATION

DATE	SIGNATURE	DESIGNATION
5/3/07		HOUSE COMMITTEE ON PROFESSIONAL LICENSURE
5/3/07		SENATE COMMITTEE ON CONSUMER PROTECTION & PROFESSIONAL LICENSURE
5/3/07		INDEPENDENT REGULATORY REVIEW COMMISSION
		ATTORNEY GENERAL (for Final Omitted only)
		LEGISLATIVE REFERENCE BUREAU (for Proposed only)