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Regulatory Analysis Form (Completed by Promulgating Agency) (All Comments submitted on this regulation will appear on IRRO		INDEPENDENT REGULA REVIEW COMMISSIO	ON		
(1) Agency Department of State, Bureau of Professional and C Affairs, State Board of Osteopathic Medi	Occupational		2010 055 12		
(2) Agency Number: 16A			A 10: 25		
Identification Number: 5328		IRRC Number: 3043.	- C		
(3) PA Code Cite: 49 Pa. Code §§ 25.215, 25.231 ar	nd Subchapter	r O	Cr.		
(4) Short Title: Genetic Counselors					
(5) Agency Contacts (List Telephone Number and Em	nail Address):				
Primary Contact: Teresa Lazo, Board Counsel, State State; (717)783-7200; P.O. Box 2649, Harrisburg,		-			
Secondary Contact: Cynthia K. Montgomery, Regu 7200; P.O. Box 2649, Harrisburg, PA 17105-2649;	•		783-		
(6) Type of Rulemaking (check applicable box):					
X Proposed Regulation		y Certification Regulation; fication by the Governor			
Final Regulation Final Omitted Regulation		fication by the Attorney Genera	1		
(7) Briefly explain the regulation in clear and nontech	nical language	. (100 words or less)			
The rulemaking effectuates the act of December 22 licensure and regulation of genetic counselors.	2, 2011 (P.L. 5	81, No. 126), providing for the	e		
(8) State the statutory authority for the regulation. Inc	clude specific s	tatutory citation.			
The act of December 22, 2011 (P.L. 581, No. 126) (Act 126) amended the Osteopathic Medical Practice Act (act) (63 P.S. §§ 271.1 – 271.18), to require the Board to issue licenses to genetic counselors, to issue temporary permits to graduates of genetic counseling education programs, and to regulate the practice of genetic counseling and discipline licensees. Section 3 of Act 126 directs the Board to adopt regulations to implement the licensure of genetic counselors.					
(9) Is the regulation mandated by any federal or state any relevant state or federal court decisions? If yes, any deadlines for action.		•			
Was the ordered by section 3 of A	Act 126 of 201	1.			

(10) State why the regulation is needed. Explain the compelling public interest that justifies the regulation. Describe who will benefit from the regulation. Quantify the benefits as completely as possible and approximate the number of people who will benefit.

The proposed rulemaking is necessary to effectuate Act 126 and provide for the licensure and regulation of genetic counselors.

(11) 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 regulations.

There are no applicable Federal licensure standards.

(12) How does this regulation compare with those of the other states? How will this affect Pennsylvania's ability to compete with other states?

Genetic counselors are licensed in 15 states in addition to Pennsylvania: CA, DE, IL, IN, MA, NM, OK, SD, TN, UT and WA; and in HI, NE, NJ and OH bills have been passed, but regulations are not yet completed.

The laws in the 15 other states are substantially similar to the law in this Commonwealth; accordingly, the regulation will be consistent with the regulations of other states that license genetic counselors. Therefore, the proposed rulemaking will not adversely affect the Commonwealth's ability to compete with other states.

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

This proposed rulemaking would not affect other regulations of the Board

(14) Describe the communications with and solicitation of input from the public, any advisory council/group, small businesses and groups representing small businesses in the development and drafting of the regulation. List the specific persons and/or groups who were involved. ("Small business" is defined in Section 3 of the Regulatory Review Act, Act 76 of 2012.)

The Board met and discussed this proposed rulemaking at its public meetings. Board staff met with representatives from academia, practice and a statewide association of genetic counselors several times during the drafting of this proposed rulemaking.

(15) Identify the types and number of persons, businesses, small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012) and organizations which will be affected by the regulation. How are they affected?

All genetic counselors who wish to practice in this Commonwealth will be required to comply with the regulation. Based on the records of the American Board of Genetic Counseling, there are currently 177 Certified Genetic Counselors in Pennsylvania. There may be 5 individuals certified by the American Board of Medical Genetics that practice as a genetic counselor. The Board cannot estimate whether there are any uncertified genetic counselors who will seek licensure. For purposes of this rulemaking, the Board estimates approximately 180 genetic counselors could seek licensure. Act 125 requires an individual who provides genetic counseling services to become licensed, therefore all individuals who continue to practice will be affected by the regulation. The individuals will be affected in that they will be required to submit an application and pay an application fee. They will also be affected in that they will be required to pay a biennial renewal fee. Genetic counselors will also incur the cost of complying with the 30 hours of biennial continuing education mandated by the Act; however, these costs are attenuated by the fact that the Board has approved the national genetic counseling credentialing body and association as preapproved providers of continuing education and these are the same bodies that genetic counselors obtain continuing education from in order to maintain their National certification. Finally, genetic counselors will incur costs associated with obtaining and maintaining professional liability insurance as mandated by Act 125.

According to the Small Business Administration (SBA), there are approximately 982,692 businesses in Pennsylvania; of which 978,831 are small businesses; and 3,861 are large businesses. Of the 978,831 small businesses, 236,775 are small employers (those with fewer than 500 employees) and the remaining 772,056 are non-employers. Thus, the vast majority of businesses in Pennsylvania are considered small businesses. However, according to the state association, most genetic counselors are employed in hospitals or in academia. In fact, according to the Pennsylvania Department of Labor and Industry in 2008 (the most recent year for which data is available), 52% of genetic counselors in Pennsylvania work in general medical and surgical hospitals, psychiatric and substance abuse hospitals, and other hospitals; and 32% work in colleges and universities. About 5% work for government (federal, state and local), and only about 2% work in offices of physicians and other health care providers.

Small businesses are defined in Section 3 of the Regulatory Review Act, (71 P.S. § 745.3) which provides that a small business is defined by the SBA's Small Business Size Regulations under 13 CFR Ch. 1 Part 121. These size standards have been established for types of businesses under the North American Industry Classification System (NAICS). In applying the NAICS standards to the types of businesses where genetic counselors may work, the small business threshold for general medical and surgical hospitals (# 622110) or in psychiatric and substance abuse hospitals (# 622210) and other hospitals is \$34.5 million or less in average annual receipts. For colleges and universities, the small business threshold is \$25.5 million or less in average annual receipts. As for offices of physicians (#621111) is \$10 million or less in average annual receipts. Most hospitals and universities that employ genetic counselors in the Commonwealth are not considered "small businesses" because they exceed these thresholds. Therefore, this regulation will have little impact on small businesses.

(16) List the persons, groups or entities, including small businesses, that will be required to comply with the regulation. Approximate the number that will be required to comply.

All individuals who practice genetic counseling in the Commonwealth will be required to comply with the regulations. As noted in the response to question 15, the Board estimates approximately 180 individuals may seek licensure.

There is no requirement for any group or entity, including small businesses, to comply with the regulation. Some groups or entities, including small businesses, may voluntarily assume the cost of applying for licensure and making biennial registration of the license for their partners/associates/employees. However, the majority of genetic counselors work in hospitals, colleges and universities that do not meet the size standards to be considered small businesses.

(17) Identify the financial, economic and social impact of the regulation on individuals, small businesses, businesses and labor communities and other public and private organizations. Evaluate the benefits expected as a result of the regulation.

Genetic counselors will be required to pay an initial application for licensure fee of \$50 for those genetic counselors who have passed the National examination and are certified and \$100 for genetic counselors who seek licensure under the grandfathering provisions of Act 125. The application fee for individuals seeking licensure under the grandfathering provisions is higher because of the additional work required to review and verify the qualifications of the applicants. Once licensed, genetic counselors will be required to pay a biennial renewal fee of \$125 to renew their licenses. In addition, genetic counselors will incur some expense in completing continuing education mandated by Act 125; however, genetic counselors already engage in continuing education and the hours mandated by Act 125 are consistent with the number of hours individuals already take to maintain their National certification. The Board estimates the average biennial cost of completing 30 hours of continuing education is approximately \$425.

The General Assembly, in enacting Act 125, has determined that the licensure of genetic counselors is necessary to protect the public health, safety and welfare.

(18) Explain how the benefits of the regulation outweigh any cost and adverse effects.

The costs associated with the regulation are minimal and are outweighed by the public protection benefits to the regulation. Individual genetic counselors should achieve a net economic gain from the increased ability to bill insurance providers afforded by licensure.

(19) 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. Explain how the dollar estimates were derived.

The Board anticipates only minor costs to the regulated community associated with compliance with the rulemaking. In addition to the initial licensure fee and biennial license renewal fee, the statute requires licensed genetic counselors to maintain liability insurance and to complete at least 30 hours of continuing education biennially.

The initial license fee is \$50 (\$100 for those genetic counselors applying under the grandfathering provision). The biennial renewal fee is \$125. Regarding the cost of continuing education, 27.7 hours of CE can be earned at the annual NSGC conference, with a 2012 registration fee of \$350 for members and \$580 for non-members. The Board estimates that the average biennial cost to complete 30 hours of continuing education will be approximately \$425. The estimated annual premium for professional liability insurance for genetic counselors for the required coverage is approximately \$225.

There are approximately 180 genetic counselors practicing in Pennsylvania. The Board has no way to determine how many will seek licensure under the Board versus the State Board of Osteopathic Medicine. For purposes of this RAF, both Boards have used the total number of anticipated licensees to estimate the cost to the regulated community.

Initial licensure – 180 applicants x \$50 = \$9,000Annual professional liability insurance – 180 x \$225 = \$40,500Biennial renewal – 180 x \$125 = \$22,500Biennial CE – 180 x \$425 = \$76,500

Total Costs:

FY+1 - \$9,000 initial licensure + \$40,500 insurance = \$49,500

FY+2 - \$40,500 insurance

FY+3 - \$22,500 biennial renewal + \$40,500 insurance = \$63,000

(Continuing education is not required for the first renewal after licensure.)

FY+4 - \$40,500 insurance

FY+5 - \$22,500 biennial renewal + \$40,500 insurance + \$76,500 continuing education = \$139,500

(20) Provide a specific estimate of the costs and/or savings to the **local governments** associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

The Board does not anticipate either costs or savings to local governments associated with compliance with the rulemaking.

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

The Board does not anticipate either costs or savings to state government associated with the rulemaking. Costs to the Board of Osteopathic Medicine in implementing and administering the rules will be offset by fees paid by licensees.

(22) For each of the groups and entities identified in items (19)-(21) above, submit a statement of legal, accounting or consulting procedures and additional reporting, recordkeeping or other paperwork, including copies of forms or reports, which will be required for implementation of the regulation and an explanation of measures which have been taken to minimize these requirements.

There are no legal, accounting or consulting procedures associated with the rulemaking. Genetic counselors will be required to report to the Board any arrest or discipline by another state licensing authority. Genetic counselors will be required to renew their licenses biennially. Genetic counselors will be required to maintain certificates of completion demonstrating their attendance at continuing education programs. Minimal or no costs are associated with these activities.

(23) 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						
COSTS:						
Regulated Community	\$0	\$49,500	\$40,500	\$63,000	\$40,500	\$139,500
Local Government						
State Government						
Total Costs					-	
REVENUE LOSSES:						
Regulated Community						
Local Government						
State Government						
Total Revenue Losses						

(23a) Provide the past three year expenditure history for programs affected by the regulation.

Program	FY -3	FY -2	FY -1	Current FY
State Board of		2000 000 00		00000000
Osteo. Medicine	\$885,527.96	\$890,823.69	\$921,575.37	\$960,000.00

- (24) For any regulation that may have an adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), provide an economic impact statement that includes the following:
 - (a) An identification and estimate of the number of small businesses subject to the regulation.
 - (b) The projected reporting, recordkeeping and other administrative costs required for compliance with the proposed regulation, including the type of professional skills necessary for preparation of the report or record.
 - (c) A statement of probable effect on impacted small businesses.
 - (d) A description of any less intrusive or less costly alternative methods of achieving the purpose of the proposed regulation.
 - (a) There are approximately 180 genetic counselors practicing in the Commonwealth; it is not know how many are employed in small businesses. However, because the vast majority of genetic counselors work in hospitals, colleges and universities and most hospitals, colleges and universities in Pennsylvania are not considered small businesses, we estimate that very few small businesses will be impacted by the regulation.
 - (b) The only costs associated with the Act and these regulations are the fees for initial licensure and biennial renewal, the costs associated with mandated continuing education and the cost relating to professional liability insurance. Licensees must complete an initial application and provide supporting documentation to become licensed. Renewal of licenses is almost universally done online, so the paperwork requirement is slight. Licensees are required to retain documentation relating to completion of mandated continuing education and provide copies of that documentation when audited by the Board.
 - (c) The degree to which these costs affect small businesses depends on how many genetic counselors work in small businesses and whether the small business pays those costs on behalf of its employees. It is anticipated that the impact on small businesses is negligible.
 - (d) The Board sets fees based on an analysis of the expense of providing services to licensees; the Board sets the lowest fee to cover its estimated expenses. In addition, the Board adopted continuing education comparable to that which is already completed by genetic counselors to maintain their National certification. The Board can discern no less intrusive or less costly means of achieving licensure of genetic counselors as mandated by the General Assembly that would be consistent with the public health, safety and welfare.

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

The Board has not identified any affected groups or persons that might have particular needs relevant to this proposed rulemaking.

(26) Include a description of any alternative regulatory provisions which have been considered and rejected and a statement that the least burdensome acceptable alternative has been selected.

Representatives of the Board met extensively with the regulated community to discuss the provisions in this proposed rulemaking. The affected parties found that the current proposal places no significant burden on the regulated community.

(27) In conducting a regulatory flexibility analysis, explain whether regulatory methods were considered that will minimize any adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), including:

- a) The establishment of less stringent compliance or reporting requirements for small businesses;
- b) The establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses;
- c) The consolidation or simplification of compliance or reporting requirements for small businesses;
- d) The establishment of performing standards for small businesses to replace design or operational standards required in the regulation; and
- e) The exemption of small businesses from all or any part of the requirements contained in the regulation.

All genetic counselors will need to comply with the regulations. Because the Board does not collect, analyze and track information about the employment status of its licensees or whether licensees' employers meet the definition of a "small business" the Board cannot provide two separate sets of regulations for licensees who are or are employed by small businesses and those who are or are employed by big businesses. There are very few reporting requirements placed on licensees. The only deadlines in the regulations are deadlines to obtain and renew licensure and to complete continuing education. Licensees must report licenses held in other states, disciplinary actions taken by other states, and criminal convictions. None of these reporting requirements extend to the business. The Board does not anticipate any negative impact on small businesses stemming from the regulations, as the vast majority of genetic counselors work in hospitals, colleges and universities that are not considered small businesses. It would not be consistent with the public health, welfare and safety to exempt anyone from the requirements contained in the regulation.

(28) If data is the basis for this regulation, please provide a description of the data, explain <u>in detail</u> how the data was obtained, and how it meets the acceptability standard for empirical, replicable and testable data that is supported by documentation, statistics, reports, studies or research. Please submit data or supporting materials with the regulatory package. If the material exceeds 50 pages, please provide it in a searchable electronic format or provide a list of citations and internet links that, where possible, can be accessed in a searchable format in lieu of the actual material. If other data was considered but not used, please explain why that data was determined not to be acceptable.

The proposed rulemaking is not based on data.

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A. The date by which the agency must receive public comments:

30 days after publication

B. The date or dates on which public meetings or hearings will be held:

The Board meets in public session every other month

C. The expected date of promulgation of the proposed regulation as a final-form regulation:

2013

D. The expected effective date of the final-form regulation:

Upon final publication

E. The date by which compliance with the final-form regulation will be required:

Upon final publication

F. The date by which required permits, licenses or other approvals must be obtained:

Upon final publication

(30) Describe the plan developed for evaluating the continuing effectiveness of the regulations after its implementation.

The Board continually reviews the efficacy of its regulations, as part of its annual review process under Executive Order 1996-1. The Board reviews its regulatory proposals at regularly scheduled public meetings, which are set forth on the Board's website (www.dos.state.pa.us/osteo).

RECEIVED IRRC

FACE SHEET FOR FILING DOCUMENTS WITH THE LEGISLATIVE REFERENCE BUREAU

2013 DEC 12 AN 10: 25

(Pursuant to Commonwealth Documents Law)

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DATE OF APPROVAL

STATE BOARD O

STATE BOARD OF OSTEOPATHIC MEDICINE (AGENCY)

DOCUMENT/FISCAL NOTE NO. <u>16A-5328</u>

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

DATE OF ADOPTION:

BY: Jeffry Helmer D.O.

NOV 1 3 2013 DATE OF APPROVAL

Deputy General Counsel,

TITLE: Chair
(EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)

[] Check if applicable Copy not approved. Objections attached. [] Check if applicable.

Check if applicable.
 No Attorney General approval or objection within 30 day after submission.

NOTICE OF PROPOSED RULEMAKING

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF OSTEOPATHIC MEDICINE

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

49 Pa. Code §§ 25.215, 25.231 and Subchapter O

GENETIC COUNSELORS

The State Board of Osteopathic Medicine (Board) proposes to amend §§ 25.215 and 25.231 (relating to definitions; and schedule of fees), and to add a new Subchapter O (relating to Genetic Counselors), to read as set forth in Annex A.

Effective Date

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

Statutory Authority

The act of December 22, 2011 (P.L. 581, No. 126) (Act 126) amended the Osteopathic Medical Practice Act (act) (63 P.S. §§ 271.1 – 271.18), to require the Board to issue licenses to genetic counselors, to issue temporary permits to graduates of genetic counseling education programs, and to regulate the practice of genetic counseling and discipline licensees. Section 3 of Act 126 directs the Board to adopt regulations to implement the licensure of genetic counselors.

Description of Proposed Amendments

The proposed rulemaking would update § 25.251 (relating to definitions) to add genetic counselors to the list of Board-regulated practitioners. The proposed rulemaking would also amend § 25.231 (relating to schedule of fees) to provide for fees for the application for genetic counselor license, application for uncertified genetic counselor, biennial renewal of genetic counselor license, application for reactivation of genetic counselor license and application for temporary provisional genetic counselor license.

The proposed amendments would create a new Subchapter O setting forth the standards for licensure of genetic counselors. Proposed § 25.901 (relating to purpose) states the purpose of the subchapter, to implement the amendments to the act related to genetic counselors. Section 25.902 (relating to definitions) sets forth definitions of terms used in the subchapter.

Section 25.903 (relating to application for genetic counselor license) provides the information necessary for an applicant who holds National certification to apply for a license to practice as a genetic counselor. The qualifications for licensure are set forth in section 10.3(e) of the act (63 P.S. § 271.10c(e)), and are repeated here for clarity to applicants.

Section 25.904 (relating to application for genetic counselor license by uncertified persons) provides the information necessary for an applicant who does not hold National certification to apply for a license to practice as a genetic counselor. The qualifications for licensure are set forth in section 10.3(f) of the act, and are repeated here for clarity to applicants. Section 10.3(f) of the act provides that the Board may issue licenses to noncertified persons for a period of 3 years after the effective date of Act 126, which was February 20, 2012. The Board has included this limitation in § 25.904(b)(1).

Section 25.905 (relating to application for temporary provisional genetic counselor license) provides the information necessary for an applicant to apply for a temporary provisional

license, as authorized by section 10.3(g) of the act. The statutory provision recognizes, and the regulatory provision echoes, the fact that in the field of genetic counseling, it is common for graduates to take the certification examination twice. For this reason, section 10.3(g)(2) of the act provides that the provisional license would allow a person to practice, under supervision, until two examination cycles have elapsed. This unusual provision is echoed in § 25.905(d) and (e).

Section 25.906 (relating to biennial registration of genetic counselor license) provides for the biennial registration of the genetic counselor license, and effectuates the provisions of section 10.3(j) of the act pertaining to continuing education. Section 25.906(b)(5) requires a genetic counselor to verify that he or she has completed the continuing education mandated by the act as a condition of biennial renewal.

Section 25.907 (relating to inactive status of genetic counselor license; reactivation of inactive license) provides information to licensees about how a license becomes inactive, that a licensee whose license is inactive is not permitted to practice, and how to reactivate an inactive license. Section 25.907(d) provides that a licensee whose license has been inactive for 4 or more years will be required to demonstrate continued competence to practice by showing current certification by the ABGC. Late fees are addressed in § 25.907(e).

Section 25.908 (relating to disciplinary action for applicants and licensed genetic counselors) provides that licensees and applicants may be subject to discipline or refusal of licensure for any of the reasons in section 15 of the act (63 P.S. § 271.15), or for engaging in unprofessional or immoral conduct as defined in § 25.908(b) and (c).

Section 25.909 (relating to continuing education for genetic counselors) sets forth rules regarding continuing education. Section 10.3(j) of the act requires genetic counselors to complete 30 hours of continuing education as a condition of biennial renewal. Section 25.909 provides additional details about the continuing education requirement, including approved providers of continuing education and the documentation that licensees must maintain.

Section 25.910 (relating to professional liability insurance coverage for licensed genetic counselors) effectuates section 10.3(k) of the act, which requires licensed genetic counselors to maintain professional liability insurance coverage in the minimum amount of \$1,000,000 per occurrence or claims made.

Fiscal Impact and Paperwork Requirements

The statutory requirements that genetic counselors obtain and renew licenses to practice genetic counseling; obtain and maintain professional liability insurance; and complete at least 30 hours of continuing education biennially will have a fiscal impact and impose paperwork requirements on the regulated community of genetic counselors. Genetic counselors will be required to file applications, pay fees, and provide documentation evidencing professional liability insurance and continuing education. To the degree genetic counselors are employed by small businesses, and those businesses pay the licensure fees and costs associated with professional liability insurance and continuing education, the regulations may impact small

businesses. The proposed rulemaking should not have an adverse fiscal impact or impose additional paperwork requirements on the Commonwealth or its political subdivisions.

Sunset Date

The Board continuously monitors its regulations; therefore, no sunset date has been assigned.

Regulatory Review

Under section 5(a) of the Regulatory Review Act (71 P.S. § 745.5(a)), on December 12, 2013, 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 (SCP/PLC), and the House Professional Licensure Committee (HPLC). 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 that have not been met. The Regulatory Review Act specifies detailed procedures for review of comments, recommendations and objections by the Board, the General Assembly, and the Governor, prior to final publication of the rulemaking.

Public Comment

Interested persons are invited to submit written comments, recommendations or objections regarding this proposed rulemaking to Teresa Lazo, Board Counsel, State Board of Osteopathic Medicine, P.O. Box 2649, Harrisburg, Pennsylvania, 17105-2649, raosteopathic@pa.gov within 30 days following publication of this proposed rulemaking in the Pennsylvania Bulletin.

Annex A

PART I. DEPARTMENT OF STATE Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS CHAPTER 25. STATE BOARD OF OSTEOPATHIC MEDICINE

Subchapter D. MINIMUM STANDARDS OF PRACTICE

GENERAL PROVISIONS

§ 25.215. Definitions.

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

Board-regulated practitioner—An osteopathic physician, physician assistant, genetic counselor, respiratory [care practitioner] therapist, licensed athletic trainer, acupuncturist or an applicant for a license or certificate issued by the Board.

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:

Application for genetic counselor license......\$ 50

Application for uncertified genetic counselor license	\$100
Application for reactivation of genetic counselor license	\$ 50
Application for temporary provisional genetic counselor license	\$ 50
* * * *	
Biennial renewal—genetic counselors	\$125

Subchapter O. GENETIC COUNSELORS

§ 25.901. Purpose.

This subchapter implements section 10.3 of the act (63 P.S. § 271.10c) pertaining to genetic counselors, which was added by the act of December 22, 2011 (P.L. 581, No. 126), effective February 20, 2012.

§ 25.902. Definitions.

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

ABGC - The American Board of Genetic Counseling, or an equivalent successor.

ABMG – The American Board of Medical Genetics, or an equivalent successor.

Active candidate status – The designation awarded to individuals who have received approval from the ABGC or the ABMG to sit for their respective certification examinations.

<u>Genetic counselor – An individual who is licensed to practice genetic counseling by the</u>
Board or the State Board of Medicine.

Genetic counseling – The provision of services to individuals, couples, families and organizations by one or more appropriately trained individuals to address the physical and psychological issues associated with the occurrence or risk of occurrence of a genetic disorder,

2

birth defect or genetically influenced condition or disease in an individual or a family.

Hour of continuing education – At least 50 minutes of instruction (including relevant question and answer sessions) in an approved course of continuing education or an equivalent time that an on-line or correspondence course would be presented live.

NSGC- The National Society of Genetic Counselors, or an equivalent successor.

§ 25.903. Application for genetic counselor license.

- (a) An applicant for a license to practice as a genetic counselor shall submit, on forms made available by the Board, a completed application for a license to practice as a genetic counselor, including all necessary supporting documents, and pay the application fee set forth in § 25.231 (relating to schedule of fees).
- (b) The Board may issue a license to practice as a genetic counselor to an applicant who:
 - (1) Demonstrates that the applicant is at least 21 years of age and of good moral character, as required by section 10.3(e)(1) and (2) of the act (63 P.S. § 271.10c(e)(1) and (2)).
 - (2) Demonstrates that the applicant has received a master's degree or doctoral degree in human genetics or genetic counseling from an ABGC-accredited or ABMG-accredited educational program, or has met the requirements for certification by the ABGC or ABMG. Proof of the degree (if applicable) must be sent directly from the applicant's education program and must include an official transcript.
 - (3) Demonstrates that the applicant has passed the examination for certification as a genetic counselor by the ABGC or the ABMG or has passed the examination for certification as a Ph.D. medical geneticist by the ABMG. Proof that the applicant has passed the examination must be sent directly from ABGC or ABMG, and may include

proof of current certification.

- (4) Demonstrates that the applicant has obtained professional liability insurance, or is exempt from the requirement to obtain professional liability insurance, as set forth in § 25.910 (relating to professional liability insurance coverage for licensed genetic counselors).
- (c) The Board may deny an application for licensure as a genetic counselor upon the grounds for disciplinary action set forth in § 25.908 (relating to disciplinary action for applicants and licensed genetic counselors).

§ 25.904. Application for genetic counselor license by uncertified persons.

- (a) An applicant for a license to practice as a genetic counselor who has never passed the ABGC or ABMC certification examination shall submit, on forms made available by the Board, a completed application for a license to practice as a genetic counselor, including all necessary supporting documents, and pay the application fee set forth in § 25.213 (relating to schedule of fees).
- (b) The Board may issue a license to practice as a genetic counselor to an uncertified applicant who:
 - (1) Submits his or her application to the Board, along with any supporting documentation required, by February 20, 2015.
 - (2) Demonstrates that the applicant is at least 21 years of age and of good moral character as required by section 10.3(e)(1) and (2) of the act (63 P.S. § 271.10c(e)(1) and (2)).
 - (3) Demonstrates that the person has received a master's or higher degree in genetics or a related field of study and has worked as a genetic counselor for a minimum of 3

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continuous years preceding December 22, 2011, or has received a bachelor's degree in genetics or a related field of study and has been employed as a genetic counselor for at least 10 continuous years prior to December 22, 2011.

- (i) Proof of the degree must be sent directly from the applicant's educational program and must include an official transcript.
- (ii) Related fields of study must include core courses in genetics.
- (iii) Proof of employment as a genetic counselor may include Federal income tax forms or notarized letters from the applicant's employer or employers.
- (4) Submits at least three letters of recommendation, including one from a genetic counselor certified by ABGC or ABMG and one from either a clinical geneticist or medical geneticist certified by ABMG. A person who submits a letter of recommendation shall have worked with the applicant in an employment setting sometime during the previous 10 continuous years and be able to attest to the applicant's competency in providing genetic counseling services.

§ 25.905. Application for temporary provisional genetic counselor license.

- (a) An applicant for a temporary provisional genetic counselor license shall submit, on forms made available by the Board, a completed application, including all necessary supporting documents, and pay the fee in § 25.213 (schedule of fees) for an application for a temporary provisional genetic counselor license.
- (b) The Board may grant a temporary provisional genetic counselor license, which authorizes the license holder to practice only under the supervision of a genetic counselor or physician licensed under the act or under the Medical Practice Act of 1985 (63 P.S. §§ 422.1 422.51a), to an applicant, who:

- (1) Demonstrates that the applicant has been granted active candidate status establishing eligibility to sit for the next available certification examination offered by ABGC.
- Demonstrates that the applicant is at least 21 years old, of good moral character, and has completed an application form provided by the Board and paid the appropriate fee as required by section 10.3(e)(l)-(3) and (5) of the act (63 P.S. § 271.10c(e)(l)-(3) and (5)).
- (3) Otherwise complies with this subchapter.
- (c) The Board may deny an application for a temporary provisional genetic counselor license upon the grounds in § 25.908 (relating to disciplinary action for applicants and licensed genetic counselors).
- (d) A temporary provisional genetic counselor license will expire upon the close of the second examination period for which the holder is eligible to test following issuance of the temporary provisional license and may not be renewed.
- (e) A temporary provisional genetic counselor license will expire upon notice to the Board that the holder has not passed the certification examination within 2 examination cycles after receiving the temporary provisional license. The holder of a temporary provisional genetic counselor license who fails to pass the examination within 2 examination cycles shall immediately cease practicing and return the license to the Board.
- (f) The holder of a temporary provisional genetic counselor license may not use the title "genetic counselor." The holder of a temporary provisional genetic counselor license may use the title "graduate genetic counselor" but may not use an abbreviation of the title.

§ 25.906. Biennial renewal of genetic counselor license.

- (a) The license of a genetic counselor will expire biennially on October 31 of each even-numbered year, in accordance with § 25.271 (relating to requirements for renewal). A genetic counselor may not practice after October 31 of an even-numbered year unless the genetic counselor has completed the biennial renewal process and the Board has issued a renewed license.
- (b) As a condition of biennial renewal, a genetic counselor shall:
 - (1) Submit a completed application, including payment of the biennial renewal fee set forth in § 25.213 (relating to schedule of fees).
 - (2) Disclose on the application any license to practice as a genetic counselor in another state, territory, possession, or country.
 - (3) Disclose on the application any disciplinary action pending before or taken by the appropriate healthcare licensing authority in any other jurisdiction since the most recent application for biennial renewal, whether or not licensed to practice in that other jurisdiction.
 - (4) Disclose on the application any pending criminal charges and any finding or verdict of guilt, admission of guilt, plea of *nolo contendere*, probation without verdict, disposition in lieu of trial or accelerated rehabilitative disposition in any criminal matter since the most recent application for biennial renewal.
 - (5) Verify on the application that the licensed genetic counselor has complied with the continuing education requirements mandated by section 10.3(j) of the act (63 P.S. § 271.10c(j)) during the biennial period immediately preceding the period for which renewal is sought in accordance with § 25.909 (relating to continuing education for

licensed genetic counselor).

(6) Verify on the application that, if practicing as a genetic counselor in this Commonwealth, the licensee maintains professional liability insurance coverage in accordance with section 10.3(k) of the act (63 P.S. § 271.10c(k)).

§ 25.907. Inactive status of genetic counselor license; reactivation of inactive license.

- (a) A genetic counselor license will become inactive upon either of the following:
 - (1) The licensee requests in writing that the Board place the license on inactive status.

 Written confirmation of inactive status will be forwarded to the licensee.
 - (2) The licensee fails to renew the license by the expiration of the biennial renewal period, that is, by October 31 of each even-numbered year.
- (b) A genetic counselor whose license has become inactive may not practice as a genetic counselor in this Commonwealth until the license has been reactivated.
- (c) To reactivate an inactive license, the licensee shall apply on forms made available by the Board. The licensee shall:
 - (1) Include the documentation required under § 25.909 (relating to continuing education for licensed genetic counselors) for the immediately preceding biennium.

 Unless waived by the Board under section 10.3(j)(3) of the act (63 P.S. § 271.10c(j)(3)), the Board will not reactivate any license until the required continuing education for the preceding biennium has been successfully completed.
 - (2) Pay the current biennial renewal fee and the reactivation application fee specified in § 25.231 (relating to schedule of fees).
 - (3) Except as provided in subsection (e), verify that the licensee did not practice as a genetic counselor in this Commonwealth while the license was inactive.

- (d) A licensee whose license has been inactive for 4 or more years shall demonstrate continued competence by showing current certification by the ABGC.
- (e) A licensee who has practiced with an inactive license, and who cannot make the verification required by subsection (c)(3) shall also pay the late fees required by section 225 of the Bureau of Professional and Occupational Affairs Fee Act (63 P.S. § 1401-225) as more fully set forth in this subsection. Payment of a late fee does not preclude the Board from taking disciplinary action for practicing as a genetic counselor without a current active license.
 - (1) A licensee whose license was active at the end of the immediately preceding biennial renewal period and who practiced after the license became inactive shall pay a late fee of \$5 for each month or part of a month from the beginning of the current biennium until the date the reactivation application is filed.
 - A licensee whose license has been inactive since before the beginning of the current biennium shall pay the biennial renewal fee for each biennial period during which the licensee practiced and shall pay a late fee of \$5 for each month or part of a month from the first date the licensee practiced as a genetic counselor in this Commonwealth after the license became inactive until the date the reactivation application is filed.

§ 25.908. Disciplinary action for applicants and licensed genetic counselors.

(a) A licensed genetic counselor, graduate genetic counselor or applicant for any license is subject to refusal of license or disciplinary action under section 15 of the act (63 P.S. § 271.15). Following a final determination subject to the right of notice, hearing and adjudication and the right of appeal therefrom in accordance with the Administrative Agency Law (2 Pa.C.S. §§ 101-754), the Board may refuse licensure or impose any of the corrective actions of section 15(c) of the act (63 P.S. § 271.15(c)).

(b) Unprofessional conduct includes:

- (1) Engaging in any conduct prohibited under § 25.216 (relating to sexual misconduct).
- (2) Performing an act in a healthcare profession in a fraudulent, incompetent or negligent manner.
- (3) Violating a provision of the act or this chapter setting a standard of professional conduct.
- (4) Engaging in healthcare practice beyond the licensee's authority to practice.
- (5) Representing oneself to be a physician or other healthcare practitioner whose profession the genetic counselor is not licensed to practice.
- (6) Practicing while the licensee's ability to do so is impaired by alcohol, drugs, physical disability or mental instability.
- (7) Revealing personally identifiable facts obtained as the result of a practitionerpatient relationship without the prior consent of the patient, except as authorized or required by statute or regulation.
- (8) Failing to provide appropriate supervision to a genetic counselor student or a graduate genetic counselor practicing under a temporary provisional license. For purposes of this section, appropriate supervision of a genetic counselor student means that the student is under the overall direction of the chair or director of the educational program. For purposes of this section, appropriate supervision of a graduate genetic counselor means that the graduate genetic counselor is under the overall direction of the area supervisor and the supervisor conducts periodic review of the work of the graduate genetic counselor.

(9) Practicing outside the scope of practice for a genetic counselor, as set forth in section 10.3(c) of the act (63 P.S. § 271.10c(c)).

(c) Immoral conduct includes:

- (1) Misrepresenting or concealing a material fact in obtaining a license issued by the Board or renewal, reactivation or reinstatement thereof.
- (2) Being convicted of a crime involving moral turpitude, dishonesty or corruption in the courts of this Commonwealth, the United States, or another state, the District of Columbia, a territory of the United States, or another country.
- (3) Committing an act involving moral turpitude, dishonesty or corruption.

§ 25.909. Continuing education for licensed genetic counselors.

- (a) Credit hour requirements. A licensed genetic counselor shall satisfy the following continuing education credit hour requirements:
 - (1) As a condition for biennial renewal, a licensed genetic counselor shall complete at least 30 hours of continuing education applicable to the practice of genetic counseling. A licensee is not required to complete continuing education during the biennium in which the licensee was first licensed.
 - (2) Except when reactivating an inactive license, when the Board has granted a waiver, or when ordered by the Board, continuing education credits may be used to satisfy the continuing education credit hour requirements only for the biennial period in which the credits were earned. No hour of continuing education may be used to satisfy the requirement of paragraph (1) for more than one biennium.
 - (3) A licensed genetic counselor may request a waiver of the continuing education credit hour requirements because of serious illness, military service or other demonstrated

hardship by submitting a request for waiver with all supporting documentation to the Board at least 90 days prior to the end of the biennial renewal period for which the waiver is sought. The Board may grant the waiver request in whole or in part and may extend the deadline by which the credit hour requirements must be met.

- (4) A licensed genetic counselor may be subject to disciplinary sanction as provided in section 15 of the act (63 P.S. § 277.15), including the suspension or revocation of the license, imposition of a civil penalty or other corrective measure as determined by the Board, if the licensee either submits false information to the Board regarding completion of the continuing education credit hour requirements to complete biennial renewal, or fails to complete the continuing education hour requirements and practices as a genetic counselor after the end of the biennial period.
- (b) Continuing education activities. Credit for continuing education may be earned for activities approved by ABGC or NSGC.
- (c) Documentation of continuing education. Continuing education must be documented with a certificate of attendance or completion issued by the activity provider. The certificate must include the name of the course provider, the name and date of the course, the name of the licensee, the number of credit hours based on a 50-minute hour, and the category of continuing education, if applicable.

§ 25.910. Professional liability insurance coverage for licensed genetic counselor.

- (a) A licensed genetic counselor shall maintain a level of professional liability insurance coverage in the minimum amount of \$1,000,000 per occurrence or claims made as required by section 10.3(k) of the act (63 P.S. § 271.10c(k)).
- (b) Proof of professional liability insurance coverage may include either of the following:

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- (1) A certificate of insurance or copy of the declaration page from the insurance policy setting forth the effective date, expiration date, and dollar amounts of coverage.
- (2) Evidence of a plan of self-insurance approved by the insurance commissioner of the Commonwealth under regulations of the Department of Insurance at 31 Pa. Code §§ 243.1 243.11 (relating to medical malpractice and health-related self-insurance plans).
- (c) A license that was issued in reliance upon a letter from the applicant's insurance carrier indicating that the applicant will be covered against professional liability effective upon the issuance of the applicant's license as permitted under section 10.3(k)(3) of the act (63 P.S. § 271.10c(k)(3)) will become inactive as a matter of law 30 days after the date of issuance of the license if the licensee has not provided proof of professional liability insurance coverage and will remain inactive until the licensee provides proof of insurance coverage.
- (d) A licensee who does not have professional liability insurance coverage as required by section 10.3(k)(1) of the act may not practice as a genetic counselor in this Commonwealth.

OSTEOPATHIC MEDICAL PRACTICE ACT - REGULATION OF GENETIC COUNSELORS

Act of Dec. 22, 2011, P.L. 581, No. 126

C1. 63

Session of 2011 No. 2011-126

HB 333

AN ACT

Amending the act of October 5, 1978 (P.L.1109, No.261), entitled "An act requiring the licensing of practitioners of osteopathic medicine and surgery; regulating their practice; providing for certain funds and penalties for violations and repeals," further providing for definitions; and providing for regulation of genetic counselors.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. Section 2 of the act of October 5, 1978 (P.L.1109, No.261), known as the Osteopathic Medical Practice Act, is amended by adding definitions to read:
Section 2. Definitions.

The following words and phrases when used in this act shall have, unless the context clearly indicates otherwise, the meanings given to them in this section:

"ABGC." The American Board of Genetic Counseling.

"ABMG." The American Board of Medical Genetics.

"Active candidate status." The designation awarded to applicants who have received approval from the American Board of Genetic Counseling or the American Board of Medical Genetics to sit for their respective certification examinations.

"Genetic counseling." The provision of services to individuals, couples, families and organizations by one or more appropriately trained individuals to address the physical and psychological issues associated with the occurrence or risk of occurrence of a genetic disorder, birth defect or genetically influenced condition or disease in an individual or a family.

"Genetic counselor." An individual who is licensed to practice genetic counseling by the State Board of Medicine or the State Board of Osteopathic Medicine.

* * *

Section 2. The act is amended by adding a section to read: Section 10.3. Genetic counselor.

- (a) License required. -- Two years after the effective date of this section, it shall be unlawful for any person to hold himself out to the public as a genetic counselor or to practice or offer to practice genetic counseling unless the person holds a license issued by the board.
- (b) Use of title. -- An individual who holds an active license as provided by this act may hold himself out to the public by any title or description of services incorporating the term "genetic counselor" or use any words or symbols indicating that the individual is a genetic counselor, except as otherwise provided by this act.
 - (c) Scope of purely de .-

- (1) A genetic counselor may provide genetic counseling to clients, which includes:
 - (i) Obtain and evaluate individual and family medical histories to determine genetic risk for genetic or medical conditions and diseases in a patient and other family members.
 - (ii) Discuss the features, natural history, means of diagnosis, genetic and environmental factors and management of risk for the genetic or medical conditions and diseases.
 - (iii) Identify and coordinate genetic laboratory tests and other diagnostic studies as appropriate for the genetic assessment.
 - (iv) Integrate the genetic laboratory test results and other diagnostic studies with personal and family medical histories to assess and communicate risk factors for genetic or medical conditions and diseases.
 - (v) Explain the clinical implications of genetic laboratory tests and other diagnostic studies and their results.
 - (vi) Evaluate the client's or family's responses to the condition or risk of the recurrence and provide clientcentered counseling.
 - (vii) Identify and utilize community resources that provide medical, educational, financial and psychosocial support and advocacy.
 - (viii) Provide written documentation of medical, genetic and counseling information for families and health care professionals.
- (2) When in the course of providing genetic counseling services to a client, if a genetic counselor finds any indication of a disease or condition that requires diagnosis and treatment outside the scope of practice defined in this section, the genetic counselor shall refer the client to a licensed physician or appropriate health care practitioner.
- (3) Nothing in this subsection shall be construed to authorize a genetic counselor to diagnose, test or treat any genetic disease or condition or other disease or condition.
- (d) Exemptions.--The following persons may provide genetic counseling without holding the license required by this section as indicated:
 - (1) A person licensed under any other section of this act or any other law of this Commonwealth, while acting within the scope of practice of the person's license and training, provided the person does not hold himself out to the public as a genetic counselor.
 - (2) A person employed by the Federal Government to provide genetic counseling while in the discharge of the person's official duties.
 - (3) A student enrolled in an ABGC-accredited or ABMG-accredited genetic counseling educational program or an ABMG-accredited medical genetics educational program or a graduate nursing education program in genetics, if the counseling is an integral part of the student's course of study and is performed under the direct supervision of a genetic counselor, licensed physician, certified registered nurse practitioner with a specialty or subspecialty in genetics or clinical nurse specialist with a specialty or subspecialty in genetics.
- (4) A person trained as a genetic counselor who reapplies for MACC certification examination and is working under general in an approved genetic counseling training site.

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- (5) A person trained as a Ph.D. medical geneticist who reapplies for ABMG certification examination and documents the number of cases in a logbook under a supervisor identified in the training program's ABMG accreditation documents as a member of the training faculty.
- (e) Qualifications. -- An applicant shall be licensed to practice genetic counseling under this act if the applicant meets all of the following qualifications and has otherwise complied with the provisions of this act:
  - (1) The person is at least 21 years of age.
  - (2) The person is of good moral character.
  - (3) The person has received a master's degree or doctoral degree in human genetics or genetic counseling from AN ABGC-accredited or ABMG-accredited educational program, or has met the requirements for certification by ABGC or ABMG.
  - (4) The person has passed the examination for certification as a genetic counselor by ABGC or ABMG or has passed the examination for certification as a Ph.D. medical geneticist by ABMG, as approved by the board.
    - (5) The person has completed an application form provided

by the board and paid the appropriate fee.

- (f) Licensure of noncertified persons.—For a period of three years after the effective date of this section, the board may issue a license to a person who meets all of the qualifications for licensure except for the requirements of subsection (e)(3) and (4), provided:
  - (1) The person has received a master's or higher degree in genetics or a related field of study and has worked as a genetic counselor for a minimum of three continuous years preceding the enactment of this section or has received a bachelor of science degree in genetics or a related field of study and has been employed as a genetic counselor for at least ten continuous years prior to the enactment of this section.
  - (2) The person submits at least three letters of recommendation, one of which must be from a genetic counselor certified by ABGC or ABMG and one must be from either a clinical geneticist certified by ABMG or a medical geneticist certified by ABMG. A person who submits a letter of recommendation must have worked with the applicant in an employment setting during the previous ten continuous years and can attest to the applicant's competency in providing genetic counseling services.
  - (g) Provisional license. --
  - (1) The board may issue a provisional license to practice genetic counseling to a person who meets all of the qualifications for licensure except for the certification requirement of subsection (e) (4), provided the person has been granted active candidate status establishing eligibility to sit for the next available certification examination by ABGC or ABMG.
  - (2) A provisional license shall allow the person to practice under the supervision of a genetic counselor or a licensed physician until the person receives certification from ABGC or ABMG or two examination cycles have elapsed, whichever comes first.
- (3) Under no circumstances shall a person continue to practice on a provisional license upon notification that the person has not passed the examination within two examination cycles after receiving the provisional license.
- (h) Licensure fees. -- All application and licensure fees shall

be set by the board by regulation. Until such time as the board adopts a fee by regulation, applicants shall pay a biennial fee of \$125.

- Reciprocal disciplinary action. -- Disciplinary action taken by the board against a person who is a genetic counselor shall be enforceable by the State Board of Medicine against the person if the person holds or seeks a license to practice as a genetic counselor with the State Board of Medicine.
  - Continuing education . --
  - For each license renewal, a licensee shall complete within the immediately preceding two-year period at least 30 hours of continuing education as approved by the board. The licensee shall provide the board with evidence of the completion of the continuing education. No credit shall be given for any course in office management or practice building.
  - A person who applies for initial licensure in this Commonwealth shall be exempt from the continuing education requirements for the biennial renewal period following initial licensure.
  - The board may waive all or a portion of the continuing (3) education requirement for biennial renewal for a licensee who shows to the satisfaction of the board that the licensee was unable to complete the requirements due to serious illness, military service or other demonstrated hardship.
  - Continuing education programs and program providers under this subsection shall be approved by the board in accordance with standards and criteria established by the board by regulation. The regulation shall include any fees necessary to implement this provision and provide for waiver of the continuing education requirement due to illness or hardship in any licensing renewal period.
  - Liability insurance. --
  - A licensee under this section, practicing in this Commonwealth, shall maintain a level of professional liability insurance coverage in the minimum amount of \$1,000,000 per occurrence or claims made. Failure to maintain insurance coverage as required shall subject the licensee to disciplinary proceedings. The board shall accept as satisfactory evidence of insurance coverage any of the following:
    - self-insurance; (i)
    - personally purchased liability insurance; or professional liability insurance coverage provided by the genetic counselor's employer or similar insurance coverage acceptable to the board.
  - (2) An applicant shall provide proof that the applicant has obtained professional liability insurance in accordance with paragraph (1). It is sufficient if the applicant files with the application a copy of a letter from the applicant's professional liability insurance carrier indicating that the applicant will be covered against professional liability in the required amounts effective upon the issuance of the applicant's license to practice genetic counseling in this Commonwealth.
  - Upon issuance of a license, a licensee has 30 days to submit to the board the certificate of insurance or a copy of the policy declaration page.
  - The board shall adopt by regulation standards and procedures established by the Insurance Commissioner for selfinsurance. In the absence of these standards and procedures, the board, after consultation with the Insurance Commissioner, shall establish standards and procedures by regulation for

#### self-insurance under this subsection.

Section 3. The State Board of Osteopathic Medicine shall promulgate regulations to carry out the provisions of this act within 12 months of the effective date of this section. Pending the promulgation of regulations, the board shall promulgate a statement of policy setting forth the application form for initial licensure under this act. The statement of policy shall expire upon the approval of the final regulations.

Section 4. This act shall take effect in 60 days.

APPROVED--The 22nd day of December, A.D. 2011.

TOM CORBETT

# **FEE REPORT FORM**

Agency:

State - BPOA

Date: September 27, 2012

Contact:

Katie True

Commissioner, Bureau of Professional & Occupational Affairs

Phone No.

783-7192

# Fee Title, Rate and Estimated Collections:

Application for Genetic Counselor License:

\$50.00

Estimated Revenue:

\$9,000

(180 applications x \$50.00)

# Fee Description:

The fee will be charged to every applicant for a Genetic Counselor license.

# Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Osteopathic Medicine to process an application and (2) defray a portion of the Board's administrative overhead.

# Fee-Related Activities and Costs:

Staff time-process application

(.75 hr)

26.65

Attorney – avg. time to review legal issues (.25 hr)

13.46

Administrative Overhead:

Total Estimated Cost:

8.85 \$ 48.96

Proposed Fee:

\$ 50.00

# Analysis, Comment, and Recommendation:

It is recommended that a fee of \$50.00 be established for processing an application for a Genetic Counselor license.

# **Application for Genetic Counselor License**

Board Staff - receives application, reviews for completeness, verifies that supporting documents are attached, contacts applicant to request any missing information and/or documents. Information provided on the application regarding criminal conviction/chemical dependency/etc. may necessitate further research and review. Time to cover review and action by legal office has been averaged over total number of applications anticipated in a biennial cycle. Board staff issues license through computer when application is complete.

# FEE REPORT FORM

Agency:

State - BPOA

Date: September 27, 2012

Contact:

Katie True

Commissioner, Bureau of Professional & Occupational Affairs

Phone No.

783-7192

# Fee Title, Rate and Estimated Collections:

Application for Uncertified Genetic Counselor License:

\$100.00

Estimated Revenue:

\$1,000.00

(10 applications x \$100.00)

# Fee Description:

The fee will be charged to every applicant for an Uncertified Genetic Counselor license.

# Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Osteopathic Medicine to process an application and (2) defray a portion of the Board's administrative overhead.

# **Fee-Related Activities and Costs:**

Staff time-process application

(2.0 hrs)

71.08

Attorney – avg. time to review legal issues (.25 hr)

13.46

Administrative Overhead:

Total Estimated Cost:

10.98 \$ 95.52

Proposed Fee:

\$ 100.00

# Analysis, Comment, and Recommendation:

It is recommended that a fee of \$100.00 be established for processing an application for an Uncertified Genetic Counselor license.

# **Application for Uncertified Genetic Counselor License**

Board Staff - receives application, reviews for completeness, verifies that supporting documents are attached, contacts applicant to request any missing information and/or documents. Information provided on the application regarding criminal conviction/chemical dependency/etc. may necessitate further research and review. Time to cover review and action by legal office has been averaged over total number of applications anticipated in a biennial cycle. Board staff issues license through computer when application is complete.

### FEE REPORT FORM

Agency:

State - BPOA

Date: September 27, 2012

Contact:

Katie True

Commissioner, Bureau of Professional & Occupational Affairs

Phone No.

783-7192

# Fee Title, Rate and Estimated Collections:

Application for Temporary Provisional Genetic Counselor License:

\$50.00

Estimated Revenue:

\$500

 $(10 \text{ applications } \times \$50.00)$ 

# Fee Description:

The fee will be charged to every applicant for a Temporary Provisional Genetic Counselor license.

# Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Osteopathic Medicine to process an application and (2) defray a portion of the Board's administrative overhead.

#### **Fee-Related Activities and Costs:**

| Staff time-process application              | (.75  hr)             | 26.65       |
|---------------------------------------------|-----------------------|-------------|
| Attorney – avg. time to review legal issues | (.25  hr)             | 13.46       |
| Administrative Overhead:                    |                       | <u>8.85</u> |
| •                                           | Total Estimated Cost: | \$ 48.96    |
|                                             | Proposed Fee:         | \$ 50.00    |

# Analysis, Comment, and Recommendation:

It is recommended that a fee of \$50.00 be established for processing an application for a Temporary Provisional Genetic Counselor license.

## **Application for Temporary Provisional Genetic Counselor License**

Board Staff - receives application, reviews for completeness, verifies that supporting documents are attached, contacts applicant to request any missing information and/or documents. Information provided on the application regarding criminal conviction/chemical dependency/etc. may necessitate further research and review. Time to cover review and action by legal office has been averaged over total number of applications anticipated in a biennial cycle. Board staff issues license through computer when application is complete.

#### FEE REPORT FORM

Agency:

State - BPOA

Date: September 27, 2012

**Contact:** 

Katie True

Commissioner, Bureau of Professional & Occupational Affairs

Phone No.

783-7192

### Fee Title, Rate and Estimated Collections:

Application for Reactivation of Genetic Counselor License:

\$50.00

Estimated Revenue:

\$250

(5 applications x \$50.00)

### **Fee Description:**

The fee will be charged to every applicant for Reactivation of a Genetic Counselor license.

## Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Osteopathic Medicine to process an application and (2) defray a portion of the Board's administrative overhead.

## Fee-Related Activities and Costs:

| Staff time-process application              | (.75  hr)             | 26.65    |
|---------------------------------------------|-----------------------|----------|
| Attorney – avg. time to review legal issues | (.25 hr)              | 13.46    |
| Administrative Overhead:                    |                       | 8.85     |
|                                             | Total Estimated Cost: | \$ 48.96 |
|                                             | Proposed Fee:         | \$ 50.00 |

## Analysis, Comment, and Recommendation:

It is recommended that a fee of \$50.00 be established for processing an application for reactivation of a Genetic Counselor license.

## **Application for Reactivation of a Genetic Counselor License**

Board Staff - receives application, reviews for completeness, verifies that supporting documents are attached, contacts applicant to request any missing information and/or documents. Information provided on the application regarding criminal conviction/chemical dependency/etc. may necessitate further research and review. Time to cover review and action by legal office has been averaged over total number of applications anticipated in a biennial cycle. Board staff issues license through computer when application is complete.

### FEE REPORT FORM

Agency:

State - BPOA

Date: September 27, 2012

**Contact:** 

Katie True

Commissioner, Bureau of Professional & Occupational Affairs

Phone No.

783-7192

## Fee Title, Rate and Estimated Collections:

\$125.00

Biennial Renewal Fee - Genetic Counselor

Estimated Biennial Revenue: \$25,000.00

(200 applications x \$125.00)

## **Fee Description:**

The fee will be charged biennially to every Genetic Counselor applicant for license renewal.

## Fee Objective:

The fee should defray a portion of the State Board of Osteopathic Medicine's administrative overhead.

## Analysis, Comment, and Recommendation:

It is recommended that a renewal fee of \$125.00 be established for Genetic Counsel licensees, thereby causing those licensees to contribute to the operational costs of the State Board of Osteopathic Medicine.

Email: st-medicine@pa.gov st-osteopathic@pa.gov Courier Delivery Address
STATE BOARD OF MEDICINE
STATE BOARD OF OSTEOPATHIC MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110
Medicine — 717-783-1400/717-787-2381
Osteopathic — 717-783-4858

### APPLICATION FOR A GENETIC COUNSELOR LICENSE

#### SECTION 1 – GENETIC COUNSELOR LICENSE – STANDARD METHOD Submit the appropriate application fee via check or money order, made payable to the "Commonwealth of Pennsylvania." FEES ARE NOT REFUNDABLE. Note: A processing fee of \$20 will be charged for any check or money order returned 1. unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt. If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal 2. document evidencing the name change (i.e., marriage license, divorce decree, naturalization, etc.). 3. Applicant must be at least 21 years of age. During each biennial licensure period, individuals holding a license as a genetic counselor shall complete 30 hours of continuing education consistent with the Board's regulations. A genetic counselor applying for licensure in this 4. Commonwealth for the first time shall be exempt from the continuing medical education requirement for the biennial renewal period in which initial licensure is acquired. You may not practice in the Commonwealth of Pennsylvania until the Board has issued you a license and you have obtained professional liability insurance. PLEASE NOTE - If this application is not completed within six months, updates of certain sections and/or supporting documents will be required. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application (another application processing fee) and supporting documents, as necessary. 5. Complete pages 1 and 2 of the application and submit to the Board with the appropriate fee. Contact the educational program where you completed an ABGC or ABMG-accredited master's or doctoral degree educational program in human genetics or genetic counseling and have the Verification of Genetic Education Program form 6. along with an official transcript completed and sent directly to the Board in a sealed, official school envelope. Contact the ABGC or ABMG and request that an official verification of certification letter be sent directly to the Board in a 7. sealed, official organization envelope. Contact the state board office(s) where you hold or ever held licensure/certification to practice as a genetic counselor and request letters of good standing. The letter must include the following: license issue and expiration date, license status 8. (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Pennsylvania Board from each state board office in an official board envelope. Provide proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. The proof 9. of insurance/certificate must include your name and indicate that you are covered (or will be covered once licensed) under the policy while performing genetic counseling services in the Commonwealth of Pennsylvania. ALL APPLICANTS must provide an official notification of information (Self Query) from the National Practitioner Data Bank/Healthcare Integrity and Protection Data Bank. Please refer to the NPDB-HIPDB website for additional information. 10. When you receive the "Response to your Self Query," forward the entire report directly to the Board Office. (Verify that the "Responsive is sent to the Board and not the discrepancy letter.) You should make a copy for your records. Attach a colour Conform Move listing all periods of employment or unemployment (i.e., child rearing, etc.) from existencial free screek to present to be track be in chronological order, include the month and veer, and indicate the sum therefore as which the elemphosisem course out.

#### **SECTION 2**

## SECTION 2 – GENETIC COUNSELOR LICENSE – APPLICANTS WHO HAVE NOT PASSED THE ABGC OR ABMC CERTIFICATION EXAMINATION

#### IMPORTANT INFORMATION

Individuals who have never passed a certification examination for genetic counselors may apply for licensure for a period of three years after the effective date of this section of the Act.

Although an individual may apply for a license as a non-certified genetic counselor until February 13, 2015, <u>NO INDIVIDUAL</u> may practice genetic counseling or hold themselves out as a genetic counselor after <u>February 13, 2014</u> without having a license issued by the Board.

In addition to the items listed below, non-certified applicants must **ALSO** meet the requirements listed in items 1 through 5 and 8 through 11. In lieu of items 6 and 7 above, you must provide proof of the following two items.

ALL non-certified applicants who have never passed a genetic counselor certification examination must provide on official copy of their transcript and either:

A. MASTER'S DEGREE: Proof of a master's degree or higher in genetics/ genetic counseling or a related field and proof of continuous work as a genetic counselor for a minimum of thee CONTINUOUS years preceding the enactment of this section (December, 2008 through December, 2011). Verification of three continuous years of work as a genetic counselor must be verified by submitting copies of your Federal tax returns listing your occupation as a genetic counselor.

OR

1.

B. <u>BACHELOR'S DEGREE</u>: Proof of a bachelor of science degree in genetics/genetic counseling or another related field and <u>proof of continuous work as a genetic counselor</u> for a minimum of ten <u>CONTINUOUS</u> years preceding the enactment of this section (December, 2001 through December, 2011). Verification of three continuous years of work as a genetic counselor must be verified by submitting copies of your Federal tax returns listing your occupation as a genetic counselor.

ALL non-certified applicants who have never passed a genetic counselor certification examination must submit at least <a href="three">three</a> letters of recommendation from individuals who have worked with the applicant in an employment setting and <a href="can attest to the applicant's competency in providing genetic counseling services">to the applicant's competency in providing genetic counseling services</a> as follows:

- A. At least one letter must be from a genetic counselor certified by the ABGC or ABMG (verification of the individuals' ABCG or ABMG certification must be included with the recommendation letter) who has worked with the applicant in an employment setting and can attest to the applicant's competency in providing genetic counseling services;
- B. At least one must be from either a clinical geneticist certified by ABMG or a medical geneticist certified by the ABMG (verification of the individual's ABMG certification must be included with the letter) who has worked with the applicant in an employment setting and can attest to the applicant's competency in providing genetic counseling services]
- C. One letter may be from an individual who has worked with the applicant in an employment setting and can attest to the applicant's competency in providing genetic counseling services.

Each letter submitted must meet all the requirements listed above and include the required verification of certification for the individual submitting the recommendation.

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Email: st-medicine@pa.gov st-osteopathic@pa.gov Courier Delivery Address
STATE BOARD OF MEDICINE
STATE BOARD OF OSTEOPATHIC MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110
Medicine - 717-783-1400/717-787-2381
Osteopathic - 717-783-4858

## APPLICATION FOR A GENETIC COUNSELOR LICENSE

|                                                                                          |                            |                                    |                             | <del>-</del>                                           |                     |                               |           |          |      |  |  |
|------------------------------------------------------------------------------------------|----------------------------|------------------------------------|-----------------------------|--------------------------------------------------------|---------------------|-------------------------------|-----------|----------|------|--|--|
| Chec                                                                                     | k the method               | by which yo                        | u will be app               | olying for lic                                         | ensure/             | registration                  | •         |          |      |  |  |
| GENETIC COU<br>STANDARD ME                                                               | NSELOR LIC<br>ETHOD - \$50 | ENSE                               | D                           | GENETIC COUNSELOR LICENSE NON-CERTIFIED METHOD - \$100 |                     |                               |           |          |      |  |  |
|                                                                                          | Check the B                | oard under v                       | vhich you ar                | e applying to                                          | o be lice           | nsed:                         |           |          |      |  |  |
| □ State Board of                                                                         | Medicine                   |                                    | j l . 🗆                     | ☐ State Board of Osteopathic Medicine                  |                     |                               |           |          |      |  |  |
| Submit the appropriate fee via REFUNDABLE. Note: A procregardless of the reason for non- | essing fee of \$           | 20 will be cha                     | arged for any               | check or mon                                           | alth of Peney order | ennsylvania."<br>returned unp | FEES A    |          |      |  |  |
|                                                                                          |                            | The base of the later of the later | NT INFORM<br>se Print or Ty |                                                        |                     |                               |           |          |      |  |  |
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| TELEPHONE NUMBER:                                                                        |                            |                                    |                             |                                                        |                     |                               |           |          |      |  |  |
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| If <u>ANY</u> of your supporting                                                         | documents m                | ay be submi                        | itted to the B              | oard using                                             | another             | name(s), pl                   | ease list | belov    | v:   |  |  |
| Last                                                                                     |                            | First                              |                             |                                                        | Midd                | ile                           |           |          |      |  |  |
| NAME OF EDUCATION PRO                                                                    | OGRAM:                     |                                    |                             |                                                        |                     |                               |           |          |      |  |  |
| ADDRESS OF PROGRAM:                                                                      |                            |                                    |                             |                                                        |                     |                               |           |          |      |  |  |
| DATES OF ATTENDANCE: FROM                                                                | Month Day                  | Year                               | Month                       | Day Year                                               | DATI                | E OF<br>DUATION               | Month     | Day      | Year |  |  |
| DATE ABGC or ABMG EXA<br>(If applie                                                      |                            |                                    | Month                       |                                                        | Day                 |                               | Year      | -elive w |      |  |  |

## **LEGAL QUESTIONS**

#### YOU MUST ANSWER THE FOLLOWING QUESTIONS.

If you answer "YES" to #2 through #7, provide complete details on a separate sheet of paper as well as certified copies of relevant

|                                                                                                                                                                                                                                                                                                                                              | nents. Sign and date below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  | / /                                          |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------|--|--|--|--|--|
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| 1.                                                                                                                                                                                                                                                                                                                                           | Do you hold or have you ever held a license, certification, or registration (active or inactive, current or expired) to practice this profession in any jurisdiction?  If yes, list the jurisdiction(s) here:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                                              |  |  |  |  |  |
| 2.                                                                                                                                                                                                                                                                                                                                           | Have you ever withdrawn an application for a license, certificate or registration, had an application for a license denied or refused, or for any disciplinary reason agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                  |                                              |  |  |  |  |  |
| Have you ever had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                  |                                              |  |  |  |  |  |
| 4.                                                                                                                                                                                                                                                                                                                                           | Have you ever been convicted, found guilty or entered a plea of nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.  If you answer yes, you must obtain a criminal history background check for each state in which you have lived for the past 10 years and submit the report(s) with your application.                                                                  |                                                  |                                              |  |  |  |  |  |
| Have you ever had practice privileges denied, revoked or restricted in a hospital or other health care facility?  Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                  |                                              |  |  |  |  |  |
| Are you, or have you ever been, addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of any Pennsylvania Department of State Professional Health Monitoring Program. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                  |                                              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                              | SIGNED STATEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  |                                              |  |  |  |  |  |
| of the Pa. C. Depart disclose Data                                                                                                                                                                                                                                                                                                           | hat disclosing your social security number on this application is <u>mandatory</u> in order for the Board to comply with federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pe S. 4304.1(a). In order to enforce domestic child support orders, the Commonwealth's licensing boards must ment of Public Welfare information prescribed by DPW about the licensee, including the social security numbering the number is <u>mandatory</u> in order for this board to comply with the reporting requirements of the federal Nat Bank and the Healthcare Integrity and Protection Data Bank. Reports to the NPDB/HIPDB must include the sy number. | ennsylvan<br>st provide<br>er. Addi<br>ional Pra | ia at 23<br>to the<br>tionally,<br>ctitioner |  |  |  |  |  |
| false s<br>result<br>referer                                                                                                                                                                                                                                                                                                                 | that the statements in this application are true and correct to the best of my knowledge, information and belief. statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to autin the suspension or revocation of my license or certificate. I hereby authorize all hospitals, institutions or onces, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (location) to release to the Board any information, files or records requested by the Board.                                                                                                                                           | horities a<br>rganizati                          | ons, my                                      |  |  |  |  |  |
| Signa                                                                                                                                                                                                                                                                                                                                        | ture of Applicant Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                  |                                              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                  |                                              |  |  |  |  |  |
| Printe                                                                                                                                                                                                                                                                                                                                       | d Name of Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |                                              |  |  |  |  |  |

#### PENNSYLVANIA STATE BOARD OF MEDICINE/OSTEOPATHIC MEDICINE

## **VERIFICATION OF GENETIC COUNSELOR EDUCATION**

|           |                                      |        | SECTION     | l1 – TO | BE COMP                                  | LETED BY                     | APPLI   | CANT        |          |                          |  |
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|           | (Seal of Pro                         | ogram) |             |         |                                          |                              |         |             |          |                          |  |
|           | `                                    |        |             |         | DO NOT RETURN THIS FORM TO THE APPLICANT |                              |         |             |          |                          |  |
|           |                                      |        | ling Addres |         |                                          |                              |         |             |          |                          |  |

Regular Mailing Address
STATE BOARD OF MEDICINE
STATE BOARD OF OSTEOPATHIC MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
Medicine – 717-783-1400/717-787-2381
Osteopathic – 717-783-4858

Courier Delivery Address
STATE BOARD OF MEDICINE
STATE BOARD OF OSTEOPATHIC MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

Email: st-medicine@pa.gov st-osteopathic@pa.gov

**Courier Delivery Address** STATE BOARD OF MEDICINE STATE BOARD OF OSTEOPATHIC MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17110 Medicine - 717-783-1400/717-787-2381 Osteopathic - 717-783-4858

#### APPLICATION FOR A PROVISIONAL GENETIC COUNSELOR LICENSE

PLEASE NOTE - In order to be eliqible for a Provisional Genetic Counselor License, each applicant must:

- Have been granted active candidate status which established eligibility to sit for the next available certification examination by the ABGC or the ABMG.
- Practice ONLY under the supervision of a genetic counselor or a licensed physician until the person receives certification from the ABGC or the ABMG or two examination cycles have elapsed, whichever comes first.

Under no circumstances shall a person continue to practice on a provisional license upon

- notification that the person has not passed the examination within two examination cycles after receiving the provisional license. Submit the \$50 application fee via check or money order, made payable to the "Commonwealth of Pennsylvania." ARE NOT REFUNDABLE. Note: A processing fee of \$20 will be charged for any check or money order returned unpaid 1. by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt. If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal 2. document evidencing the name change (i.e., marriage license, divorce decree, naturalization, etc.). 3. Applicant must be at least 21 years of age. You may not practice in the Commonwealth of Pennsylvania until the Board has issued you a license and you have obtained professional liability insurance. PLEASE NOTE - If this application is not completed within six months, updates of certain sections and/or supporting documents will be required. If the application has not been completed within one year from the date it was received. applicants will be required to submit a new application (another application processing fee) and supporting documents, as necessary.
- 4. Complete pages 1 and 2 of the application and submit to the Board with the appropriate fee.
- Contact the educational program where you completed an ABGC or ABMG-accredited master's or doctoral degree educational program in human genetics or genetic counseling and have the Verification of Genetic Education Program form 5. along with an official transcript completed and sent directly to the Board in a sealed, official school envelope.
- Contact the state board office(s) where you hold or ever held licensure/certification to practice as a genetic counselor and request letters of good standing. The letter must include the following: license issue and expiration date, license status 6. (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Pennsylvania Board from each state board office in an official board envelope.
- Provide proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. The proof 7. of insurance/certificate must include your name and indicate that you are covered (or will be covered once licensed) under the policy while performing genetic counseling services in the Commonwealth of Pennsylvania.
- ALL APPLICANTS must provide an official notification of information (Self Query) from the National Practitioner Data Bank/Healthcare Integrity and Protection Data Bank. Please refer to the NPDB-HIPDB website for additional information. 8. When you receive the "Response to your Self Query," forward the entire report directly to the Board Office. (Verify that the "Response" is sent to the Board and not the discrepancy letter.) You should make a copy for your records.
- Attach a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, etc.) from 9. graduation from school to present. The list must be in chronological order, include the month and year, and indicate, the state/territory in which the employment occurred.

Email: st-medicine@pa.gov st-osteopathic@pa.gov Courier Delivery Address
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Medicine - 717-783-1400/717-787-2381
Osteopathic - 717-783-4858

## APPLICATION FOR A PROVISIONAL GENETIC COUNSELOR LICENSE

|                  |         |                                                   |                                       |                  |                         |                    |                       |            |                 | ·            |           |       |         |
|------------------|---------|---------------------------------------------------|---------------------------------------|------------------|-------------------------|--------------------|-----------------------|------------|-----------------|--------------|-----------|-------|---------|
| ·<br>-           |         | Ch                                                | eck the Bo                            | oard under       | r which                 | you are            | applyi                | ng to b    | be licens       | sed:         |           |       |         |
|                  | State I | Board of Me                                       | ☐ State Board of Osteopathic Medicine |                  |                         |                    |                       |            |                 |              |           |       |         |
| REFUNDA          | BLE. No | via check or<br>te: A processi<br>son for non-pay | ng fee of \$                          | 20 will be d     | harged                  | for any c          | heck or               |            |                 |              | FEES A    |       |         |
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| EMAIL AD         | DRESS:  |                                                   |                                       | · · · · ·        |                         |                    |                       |            |                 |              |           |       |         |
| If <u>ANY</u> of | your su | pporting doc                                      | uments m                              | ay be subr       | mitted                  | to the Bo          | oard us               | ing an     | other na        | ame(s), p    | lease lis | belov | V:      |
| Last             |         |                                                   |                                       | Fi               | irst                    |                    |                       |            | Middle          |              |           |       |         |
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| DATE AB          |         | BMG EXAM<br>KEN:                                  | able)                                 | Mo               | nth                     |                    | Day                   | <i>(</i> . |                 | Year         |           |       |         |

## LEGAL QUESTIONS

#### YOU MUST ANSWER THE FOLLOWING QUESTIONS.

If you answer "YES" to #2 through #7, provide complete details on a separate sheet of paper as well as certified copies of relevant documents. Sign and date below.

|                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes                                                | No                                          |  |  |  |  |  |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------|--|--|--|--|--|
| 1.                                                | Do you hold or have you ever held a license, certification, or registration (active or inactive, current or expired) to practice this profession in any jurisdiction?  If yes, list the jurisdiction(s) here:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                             |  |  |  |  |  |
| 2.                                                | Have you ever withdrawn an application for a license, certificate or registration, had an application for a license denied or refused, or for any disciplinary reason agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                             |  |  |  |  |  |
| 3.                                                | Have you ever had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                             |  |  |  |  |  |
| 4.                                                | Have you ever been convicted, found guilty or entered a plea of nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.  If you answer yes, you must obtain a criminal history background check for each state in which                                                                                                                                                   |                                                    |                                             |  |  |  |  |  |
|                                                   | you have lived for the past 10 years and submit the report(s) with your application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                             |  |  |  |  |  |
| 5.                                                | Have you ever had practice privileges denied, revoked or restricted in a hospital or other health care facility? Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                                             |  |  |  |  |  |
| 6.                                                | Are you, or have you ever been, addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of any Pennsylvania Department of State Professional Health Monitoring Program.                                                                                                                                                                                                                                                                                                                                                        |                                                    |                                             |  |  |  |  |  |
|                                                   | SIGNED STATEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |                                             |  |  |  |  |  |
| of the f<br>Pa. C.<br>Depart<br>disclos<br>Data E | nat disclosing your social security number on this application is <u>mandatory</u> in order for the Board to comply with federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pe S. 4304.1(a). In order to enforce domestic child support orders, the Commonwealth's licensing boards must ment of Public Welfare information prescribed by DPW about the licensee, including the social security numbing the number is <u>mandatory</u> in order for this board to comply with the reporting requirements of the federal Nat Bank and the Healthcare Integrity and Protection Data Bank. Reports to the NPDB/HIPDB must include the ynumber. | ennsylvani<br>st provide<br>er. Addi<br>ional Prad | a at 23<br>to the<br>tionally,<br>ctitioner |  |  |  |  |  |
| false s<br>result i<br>referer                    | that the statements in this application are true and correct to the best of my knowledge, information and belief, tatements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to aut in the suspension or revocation of my license or certificate. I hereby authorize all hospitals, institutions or onces, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (long) to release to the Board any information, files or records requested by the Board.                                                                                                                                           | thorities a<br>organizatio                         | nd may<br>ons, my                           |  |  |  |  |  |
| ,                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    |                                             |  |  |  |  |  |
| Signat                                            | ture of Applicant Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <del></del>                                        |                                             |  |  |  |  |  |
|                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    |                                             |  |  |  |  |  |
| Printe                                            | d Nama of Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                                             |  |  |  |  |  |
|                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    |                                             |  |  |  |  |  |

#### PENNSYLVANIA STATE BOARD OF MEDICINE/OSTEOPATHIC MEDICINE

### **VERIFICATION OF GENETIC COUNSELOR EDUCATION**

|                   | <b>V</b> L |        | 107  | ATION                      | n GL                                                                                                                                              | .NETTO    | COUNT     | LLUI    | LDU        |          |                  |  |
|-------------------|------------|--------|------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|---------|------------|----------|------------------|--|
|                   |            |        |      | SECTION                    | 1 – TO                                                                                                                                            | BE COMP   | LETED BY  | APPLI   | CANT       |          |                  |  |
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| (Seal of Program) |            |        |      |                            | Upon completion, program must return this completed form directly to the Board in an official envelope.  DO NOT RETURN THIS FORM TO THE APPLICANT |           |           |         |            |          |                  |  |
| ST/               | STAT       | E BOA  | ۱RD  | ing Addres OF MEDIC        | INE                                                                                                                                               | NNE       |           |         | urier Deli |          |                  |  |

Regular Mailing Address
STATE BOARD OF MEDICINE
ATE BOARD OF OSTEOPATHIC MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
Medicine - 717-783-1400/717-787-2381
Osteopathic - 717-783-4858

Courier Delivery Address
STATE BOARD OF MEDICINE
STATE BOARD OF OSTEOPATHIC MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110



# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS STATE BOARD OF OSTEOPATHIC MEDICINE

Post Office Box 2649 Harrisburg, Pennsylvania 17105-2649 (717) 783-4858

December 12, 2013

The Honorable Silvan B. Lutkewitte, III, Chairman INDEPENDENT REGULATORY REVIEW COMMISSION 14<sup>th</sup> Floor, Harristown 2, 333 Market Street Harrisburg, Pennsylvania 17101

Re:

**Proposed Regulation** 

State Board of Osteopathic Medicine 16A-5328 GENETIC COUNSELORS

Dear Chairman Lutkewitte:

Enclosed is a copy of a proposed rulemaking package of the State Board of Osteopathic Medicine pertaining to Genetic Counselors.

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

Sincerely,

geffrey Heebner Ao.

Jeffery A. Heebner, D.O., Chairperson State Board of Osteopathic Medicine

## JAH/TL:ld Enclosure

cc:

Travis N. Gery, Esq., Acting Commissioner

Professional and Occupational Affairs

Patricia Allen, Director of Policy, Department of State

Steven V. Turner, Chief Counsel

Department of State

Cynthia Montgomery, Regulatory Counsel

Department of State Wesley J. Rish, Counsel

State Board of Osteopathic Medicine

State Board of State Board of Osteopathic Medicine

## TRANSMITTAL SHEET FOR REGULATIONS SUBJECT TO THE REGULATORY REVIEW ACT

| I.D. NUMBER:  | 16A-5328                       |                |                |                                          |       |
|---------------|--------------------------------|----------------|----------------|------------------------------------------|-------|
| SUBJECT:      | GENETIC COU                    | JNSELORS       |                |                                          |       |
| AGENCY:       |                                | OF PROFESS     |                | OCCUPATIONAL AFFAIRS<br>MEDICINE         |       |
|               |                                | TYPE OF        | REGULATIO      | N                                        |       |
| X Pro         | posed Regulation               |                |                |                                          | 7017  |
| Fin           | al Regulation                  |                |                |                                          | 72    |
| Fin           | al Regulation with             | Notice of Pro  | posed Rulemal  | king Omitted                             | 2     |
| 120           | -day Emergency Ce              | rtification of | the Attorney G | eneral                                   | Ð. 25 |
| 120           | -day Emergency Ce              | rtification of | the Governor   |                                          | S     |
|               | ivery of Tolled Reg<br>With Re | ulation        | b.             | Without Revisions                        |       |
|               |                                | FILING OF      | REGULATIO      | ON .                                     |       |
| DATE SIG      | <u>NATURE</u>                  |                | DESIGNATIO     | <u> </u>                                 | ·     |
|               |                                | HOUSE CO       | MMITTEE ON     | PROFESSIONAL LICENSURE                   |       |
| MC Elaler     | Jele Warren                    | Ŋ              | MAJORITY CH    | AIR <u>Julie Harhart</u>                 |       |
|               |                                | N              | MINORITY CH    | AIR                                      |       |
|               |                                | SENATE C       |                | N CONSUMER PROTECTION &<br>IAL LICENSURE |       |
| 12/12/13 Mary | Walmer                         |                | MAJORITY CH    | AIR Robt. M. Tomlinson                   | 1     |
|               |                                | N              | MINORITY CH    | AIR                                      |       |
| 12/12/13      | Cooper                         | INDEPEN        | DENT REGULA    | ATORY REVIEW COMMISSION                  |       |
|               |                                | ATTORNE        | Y GENERAL (fo  | or Final Omitted only)                   |       |
| 121121B Semi  | et Husen                       | LEGISLATI      | VE REFERENC    | CE BUREAU (for Proposed only)            |       |